

OHIO SPECIAL RESPONSE TEAM

<b>HAZARD &amp; RISK ASSESSMENT</b>	1. EVENT NAME/IDENTIFIER		2. DATE	
<b>3. EVENT SUMMARY</b>				
UNIT (S) INVOLVED:		DATE OF EVENT:		TYPE OF EVENT:
INSTRUCTOR / OIC		ADDITIONAL INFORMATION		
START TIME	END TIME			
LOCATION				
STREET ADDRESS		CITY	STATE	ZIP CODE
<b>4. POTENTIAL HAZARDS</b>				
TRAINING HAZARDS? ( ✓ ) <input type="checkbox"/> YES <input type="checkbox"/> NO	WEATHER HAZARDS? ( ✓ ) <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL HAZARDS? ( ✓ ) <input type="checkbox"/> YES <input type="checkbox"/> NO	IDENTIFY HAZARDS IF "YES" TO ANY	
CULTURAL HAZARDS? ( ✓ ) <input type="checkbox"/> YES <input type="checkbox"/> NO	WATER HAZARDS? ( ✓ ) <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER HAZARDS? ( ✓ ) <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>5. HAZARD MITIGATION</b>				
WILL HAZARDS BE REVIEWED WITH PARTICIPANTS? ( ✓ ) <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF ON-SITE SAFETY OFFICER		
WILL THERE BE A CERTIFIED INSTRUCTOR ON SITE? ( ✓ ) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		NAME OF CERTIFIED INSTRUCTOR		
IS SAFETY EQUIPMENT REQUIRED? ( ✓ ) <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT SAFETY EQUIPMENT IS REQUIRED?		
DESCRIBE ANY OTHER MITIGATION STEPS				
<b>6. SPECIAL REQUEST</b>				
<b>OSRT 14-3</b>	7. APPROVED BY		8. SIGNATURE	
				9. INCIDENT DCN