

RISK ASSESSMENT PROGRAM

NFPA 1851 5.1.1 Prior to starting the selection process of structural fire fighting ensembles and ensemble elements and proximity fire fighting ensembles and ensemble elements, the organization shall perform a risk assessment.

5.1.2

1. Type of Duties Performed

Below, please check the appropriate boxes.

Demographic Details (Check appropriate boxes)

Size of Department

- ☐ 0 – 50
- ☐ 50 – 100
- ☐ 100 – 200
- ☐ 200 – 300
- ☐ 300 – 400
- ☐ 400 +

Population of District Served

- ☐ 0 – 50,000
- ☐ 50,000 – 100,000
- ☐ 100,000 – 250,000
- ☐ 250,000 – 500,000
- ☐ 500,000 – 750,000
- ☐ 750,000 +

Structural Firefighting

- ☐ Lay and connect hose lines
- ☐ Apparatus operation
- ☐ Hold nozzles – direct fire stream
- ☐ Carry, place and climb ladders
- ☐ Fire pump operation
- ☐ Ventilation of structure
- ☐ Salvage and overhaul
- ☐ Search and rescue
- ☐ Forcible entry

Proximity Firefighting

- ☐ Proximity Firefighting

ARFF Firefighting

- ☐ Apparatus operation
- ☐ Lay and connect hose lines
- ☐ Carry, place and climb ladders
- ☐ Search and rescue
- ☐ Salvage and overhaul
- ☐ Hold nozzles – direct fire stream
- ☐ Forcible entry

Specialty Rescue

- ☐ Mitigate hazardous material emergency
- ☐ Motor vehicle extrication / stabilization
- ☐ EMS
- ☐ High angle rescue
- ☐ Trench rescue
- ☐ Confined space rescue
- ☐ Collapse stabilization and rescue

RISK ASSESSMENT PROGRAM

5.1.2

2. Distinguishing Response Activities for Different Potential Incidents

FIRE	# OF CALLS
Residential Structures	_____
Non-Residential Structures	_____
Mobile Property	_____
Other Fires	_____
TOTAL FIRE	_____
RESCUE / EMS	# OF CALLS
Hazardous Material Emergency	_____
Motor Vehicle Extrication	_____
EMS	_____
High-Angle Rescue	_____
Trench Rescue	_____
Confined Space Rescue	_____
Collapse Stabilization and Rescue	_____
TOTAL RESCUE / EMS	_____
Percentage of Calls Fire	
Total Fire divided by the sum of Total Fire and Total Rescue/EMS	_____
Percentage of Calls Non-Fire	
Total Rescue/EMS divided by the sum of Total Fire and Total Rescue/EMS	_____

Definition of Terms

- “All Fires” includes structure fires, mobile property fires, and other fires.
- “Residential Structures” includes one- and two-family dwellings, apartments, manufactured homes, and other residences (motels, hotels, boarding houses and dormitories).
- “Nonresidential Structures” includes manufacturing, business and office, education, health care, storage and other commercial buildings.
- “Mobile Property” includes passenger vehicles, trucks, boats, aircraft, farm, and construction vehicles.
- “Other Fires” is a broad category made up of five different types of reportable fires; fires in cultivated vegetation, fires in natural vegetation, refuse fires including dumpster fires, other outside fires with value, and other fires not classified elsewhere.

RISK ASSESSMENT PROGRAM

5.1.2

3. Organization's Experiences

Below, please indicate the elements your department currently uses. Please rate your satisfaction with this element from 1 to 5, 1 being "Completely Satisfied" and 5 being "Completely Dissatisfied."

Element	Manufacturer	Model #				
Structural Helmets	Other Mfg. _____	<input type="checkbox"/> 1 Completely Satisfied	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Completely Dissatisfied
Protective Hoods	Other Mfg. _____	<input type="checkbox"/> 1 Completely Satisfied	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Completely Dissatisfied
Coat / Trouser Outer Shell	Other Mfg. _____	<input type="checkbox"/> 1 Completely Satisfied	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Completely Dissatisfied
Coat/Trouser Moisture Barrier	Other Mfg. _____	<input type="checkbox"/> 1 Completely Satisfied	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Completely Dissatisfied
Coat / Trouser Thermal Liner	Other Mfg. _____	<input type="checkbox"/> 1 Completely Satisfied	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Completely Dissatisfied
Structural Gloves	Other Mfg. _____	<input type="checkbox"/> 1 Completely Satisfied	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Completely Dissatisfied
Structural Boots	Other Mfg. _____	<input type="checkbox"/> 1 Completely Satisfied	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Completely Dissatisfied

RISK ASSESSMENT PROGRAM

5.1.2

4. Incident Operations

Below, please mark with an “X” the incident operations used by your department.

FIREFIGHTING

Interior Fire Attack	<input type="checkbox"/>
Exterior Fire Attack	<input type="checkbox"/>
Transitional Fire Attack	<input type="checkbox"/>
Vertical Fire Attack	<input type="checkbox"/>
Horizontal Ventilation	<input type="checkbox"/>
Primary and Secondary Search	<input type="checkbox"/>
Salvage and Overhaul	<input type="checkbox"/>

RESCUE / EMS

Extrication with Hydraulic/Power Tools	<input type="checkbox"/>
Provide BLS/ALS Treatment	<input type="checkbox"/>
Urban Search and Rescue	<input type="checkbox"/>
Trench Rescue	<input type="checkbox"/>
High-Angle Rescue	<input type="checkbox"/>
Confined Space Rescue	<input type="checkbox"/>
Hazardous Materials	<input type="checkbox"/>

Also, included in 4. Incident Operations is the organizational statement concerning risk that your department has adopted. Please indicate your statement below:

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RISK ASSESSMENT PROGRAM

How likely are you to come in contact with the following types of hazards? Please indicate using a scale of 1 to 5, 1 being "least likely" and 5 being "very likely". In addition, how would you rate the severity of the hazard? Please indicate using a scale of 1 to 5, 1 being the "least severe" and 5 being "very severe".

Physical Hazards

Falling Objects

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Sharp Edges

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Flying Debris

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Pointed Objects

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Projectile / Ballistic

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Slippery Surfaces

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Abrasive / Rough Surfaces

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Excessive Vibration

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Biological Hazards

Bloodborne Pathogens

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Biological Toxins

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Airborne Pathogens

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Biological Allergens

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

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How likely are you to come in contact with the following types of hazards? Please indicate using a scale of 1 to 5, 1 being "least likely" and 5 being "very likely". In addition, how would you rate the severity of the hazard? Please indicate using a scale of 1 to 5, 1 being the "least severe" and 5 being "very severe".

Electrical Hazards

High Voltage

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Radiation Hazards

Ionizing Radiation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Electrical Arc Flashover

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Non-Ionizing Radiation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Static Charge Build-Up

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Chemical Hazards

Inhalation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Liquefied Gas Contact

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Skin Absorption / Contact

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Chemical Flashover

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Chemical Ingestion / Injection

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Chemical Explosions

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

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How likely are you to come in contact with the following types of hazards? Please indicate using a scale of 1 to 5, 1 being "least likely" and 5 being "very likely". In addition, how would you rate the severity of the hazard? Please indicate using a scale of 1 to 5, 1 being the "least severe" and 5 being "very severe".

Person-Position Hazards

Daytime Visibility

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Falling

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Nighttime Visibility

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Drowning

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Environmental Hazards

High Heat / Humidity

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

High Wind

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Ambient Cold

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Insufficient / Bright Light

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Wetness

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Excessive Noise

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

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How likely are you to come in contact with the following types of hazards? Please indicate using a scale of 1 to 5, 1 being "least likely" and 5 being "very likely". In addition, how would you rate the severity of the hazard? Please indicate using a scale of 1 to 5, 1 being the "least severe" and 5 being "very severe".

Person-Equipment Hazards

Material Biocompatibility

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Ankle / Back Support

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Ease of Contamination

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Vision Clarity

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Thermal Comfort

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Communications Ease

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Range of Motion

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Fit (Poor)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Hand Function

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Ease of Donning & Doffing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

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How likely are you to come in contact with the following types of hazards? Please indicate using a scale of 1 to 5, 1 being "least likely" and 5 being "very likely". In addition, how would you rate the severity of the hazard? Please indicate using a scale of 1 to 5, 1 being the "least severe" and 5 being "very severe".

Thermal Hazards

High Convective Heat

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Steam

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Low Radiant Heat

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Hot Liquids

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

High Radiant Heat

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Molten Metals

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Flame Impingement

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Hot Solids

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

Hot Surfaces

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Likely				Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Least Severe				Very Severe

RISK ASSESSMENT PROGRAM

Based on the hazards encountered by your department, how would you rate the following qualities for each element listed? Please prioritize the following categories by order of importance to your organization with 1 being the most important, 2 the 2nd most important, etc. Please use each number only once.

HELMET

Scale of
"1" to "12"

Thermal Protection

Impact Protection

Weight

Low Profile

High Profile

Adjustability

Accessories/Access

Balance

Comfort

Ease of Cleaning

SCBA Interface

Cost

HOODS

Scale of
"1" to "6"

Direct Flame Protection

Thermal Protective Performance

Wickability/Breathability

Comfort

Durability

Cost

GLOVES

Scale of
"1" to "7"

Breathable Moisture Barrier

Non-breathable Moisture Barrier

Thermal Protective Performance

Wickability/Breathability

Durability

Dexterity

Cost

COAT/TROUSER

Scale of
"1" to "12"

Direct Flame Protection

Ergonomic Design

Wickability/Breathability

Female Patterns

UV Degradation

Tear/Cut/Abrasion Resistance

Thermal Protective Performance

Total Heat Loss

Radiant Protective Performance

Durability/Strength of Seams,
Reinforcements, Accessories, Trim

CBRN

Cost

BOOTS

Scale of
"1" to "8"

Weight

Thermal Protective Performance

Wickability/Breathability

Puncture Resistance

Conductive Heat Testing

Cut Resistance

Replaceable Sole

Cost