

POV Safety Checklist

Just because your vehicle passed an inspection last time you registered it doesn't mean your car will always be safe. Check your vehicle thoroughly before each trip and use common sense.

- | | Yes | No |
|------------------------------------------------|-------|-------|
| 1) Check tires: ensure plenty of tread _____ | _____ | _____ |
| proper air pressure _____ | _____ | _____ |
| 2) Ensure you have a full tank of gas _____ | _____ | _____ |
| 3) Windshield wipers are functional _____ | _____ | _____ |
| 4) Window washer fluid is full _____ | _____ | _____ |
| 5) Ensure all lights: traffic, signal, _____ | _____ | _____ |
| flashers and interior lights are working _____ | _____ | _____ |
| 6) Check oil level _____ | _____ | _____ |
| 7) Brakes function properly _____ | _____ | _____ |
| 8) Safety equipment: _____ | | |
| Seatbelts _____ | _____ | _____ |
| Child Restraints _____ | _____ | _____ |
| First Aid Kit _____ | _____ | _____ |
| Warning Triangle _____ | _____ | _____ |
| Spare tire & tools _____ | _____ | _____ |
| Flashlight _____ | _____ | _____ |
| Water, blanket _____ | _____ | _____ |
| 9) Vehicle in sound condition _____ | _____ | _____ |
| 10) Emergency auto insurance _____ | _____ | _____ |

Off-Duty Mission Brief

Signature of First Line Leader Briefed Date

Alcohol Safety Tips

- 1) Don't drink and drive, boat or swim.
- 2) Use designated driver when going out to drink. If no transportation is available call Staff Duty or MP. You will not be penalized for using common sense. See numbers below.
- 3) Drink in moderation. Alcohol is poisonous.
- 4) Do not go to unknown bars and clubs by yourself.

Phone Numbers

Staff Duty: _____

Taxi: _____

Safe Driver's Pledge

I pledge to always make sure everyone in my vehicle buckles up!

I pledge to obey all traffic laws and maintain the proper speed and separation distance for all situations.

I pledge to be a responsible driver.

I pledge to stay alert while driving.

I pledge to never take safety for granted.

I pledge to not drink and drive; I will use a designated driver, call for a ride, find other transportation or make other arrangements if impaired.

Signature

Date

417th BSB (Kitzingen) Off-Duty

Risk Assessment Card

Use this card to assess the risks involved in your off duty activity. First, honestly evaluate your personal risk level. Then, analyze the details and characteristics of your planned travel. Inspect your vehicle using the enclosed check list. Upon the completion of your assessment, brief the results to your First Line Supervisor or NCO/Officer in your Chain of Command.



Safety Card

Name: _____

Unit: _____

Date: _____

Emergency POC: _____

Emergency Contact #: _____

1st Line Supervisor: _____

(or NCO/Officer who issued you your safety briefing)

Individual Risk Assessment

Risk Factors

(Circle the appropriate categories and corresponding points)

Sex: Female (0 pts) Male (+5 pts)

Age: < 19 or 34 – 38 yrs (+1 pt)
 20 – 23 yrs (+ 6 pts)
 24 - 28 yrs (+ 3 pts)
 29-33 yrs (+ 2 pts)

Grade: E1, E8-E9, W1, W2, 01 (+ 1 pt)
 E2, O2, E6 – E7 (+2 pts)
 E3, E5 (+3 pts)
 E4 (+ 4 pts)

Driving Record: DUI (+17 pts)
 Accident at-fault (+12 pts)
 Reckless Driving/Speeding (Over 20 MPH) (+7 pts)
 Moving violation/Speeding (Over 10 MPH) (+3 pts)

Personnel Concerns: Stress or family problems (+12 pts)
 (Death in family/arrest/alcohol or drug abuse/financial problems/counseled for poor performance in past 6 months)

Driving Skills: Less than 3 yrs experience (+3 pts)
 Habitually speeds, fails to use seat belts, motorcycle helmet (+6 pts)
 Drives a motorcycle (+8 pts)

TOTAL: Add all circled points _____pts

Risk Assessment Chart

Extremely High Risk > 25 pts Moderate Risk 15-19 pts
 High Risk 20-24 pts Low Risk < 15 pts

Controls

Attend Defensive Driving Course (-10 pts)
 Attend Accident Avoidance Course (-10 pts)
 Counseling by 1st Line Supervisor (- 7 pts)
 Counseling by Commander/ISGT (- 8 pts)
RESIDUAL RISK: _____pts

Risk Assessment Chart

Extremely High Risk > 25 pts Moderate Risk 15-19 pts
 High Risk 20-24 pts Low Risk < 15 pts

Trip Assessment Worksheet

Risk Factors

Destination: _____
Activity / Purpose: _____
Distance: _____ **Duration:** _____
Risk : (chart opposite) Low Moderate High Ex High

Time of Departure: _____
 ___ Low (complete trip prior to 2000 hrs)
 ___ Moderate (complete trip prior to 2200 hrs)
 ___ High (complete trip prior to 2400 hrs)
 ___ Ex High (complete trip after 2400 hrs)

Hours of Sleep in Last 24 hrs: _____
 ___ Low (7 hrs or more)
 ___ Moderate (5-7 hrs)
 ___ High (3-5 hrs)
 ___ Ex High (less than 3 hrs)

Time of Return: _____
 ___ Low (complete trip prior to 2000 hrs)
 ___ Moderate (complete trip prior to 2200 hrs)
 ___ High (complete trip prior to 2400 hrs)
 ___ Ex High (complete trip after 2400 hrs)

Hours of Sleep in Last 24 hrs: _____
 ___ Low (7 hrs or more)
 ___ Moderate (5-7 hrs)
 ___ High (3-5 hrs)
 ___ Ex High (less than 3 hrs)

Risk Assessment Chart

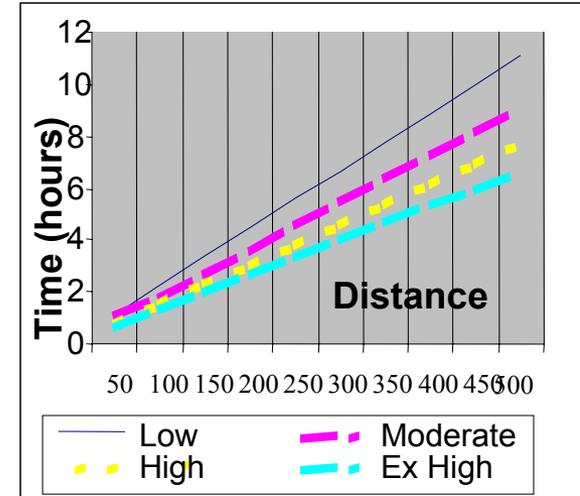
Overall Risk Level: (circle)
 Low Moderate High Ex High

Controls

Alternate Transportation (bus, train)
 Assistant Driver
 Rest Breaks / Overnight
 Additional Leave
RESIDUAL RISK: (circle)

Low Moderate High Ex High

Trip Assessment Worksheet Time/Distance



Vehicle Safety Tips

- 1) Adjust your driving speed for traffic, road conditions and weather.
- 2) Get plenty of rest before preparing to drive long distances. Fatigue is a major accident cause.
- 3) Always use your seat belts. Children under 12 years old require child or booster seats. You are responsible to ensure everyone in your vehicle wears their seat belts.
- 4) Pay ATTENTION! Stay focused on your driving. Don't be distracted by your cell phone, passengers, CD or tape cassette player.
- 5) Talking on the cell phone while driving is hazardous and against the law.
- 6) NEVER, EVER drink and drive. Drive defensively, because one in 20 drivers is drunk!