

CERTIFICATE OF RISK ACCEPTANCE		ISSUE DATE
For use of this form, see DA PAM 385-30; the proponent agency is DACS-SF.		EXPIRATION DATE
RISK SITE INFORMATION		
1. LOCATION REQUIRING CERTIFICATE OF ACCEPTANCE <i>(Name and Address)</i>		2. ORGANIZATION ORIGINATING CERTIFICATE <i>(Name and Address)</i>
RISK INFORMATION		
3. ORIGINAL PROBABILITY	4. ORIGINAL SEVERITY	5. LEVEL OF ORIGINAL RISK
6. ESTIMATE IMPACT ON PERSONNEL	a. FATALITIES	b. INJURIES
		c. ESTIMATED LOSS
HAZARD INFORMATION		
7. HAZARD CATEGORY		8. SPECIFIC HAZARD
<i>See supplemental explosives worksheets for additional information on the hazard.</i>		
9. CAUSE		
REGULATORY-POLICY NONCOMPLIANCE		
10. NUMBER/TITLE OF REGULATORY - POLICY		11. REFERENCE REQUIREMENT
MISSION IMPACT		
12. CONSEQUENCES OF HAZARD ON:		
a. MISSION		
b. PERSONNEL		
c. EQUIPMENT		
13. IMPACT OF NOT ACCEPTING RISK ON MISSION		
PERMANENT RISK MITIGATION INFORMATION		
14. PERMANENT MITIGATION ACTION		
15. RESIDUAL PROBABILITY	16. RESIDUAL SEVERITY	17. LEVEL OF RESIDUAL RISK
18. RISK REDUCTION FACTOR	19. COST OF CORRECTION	20. COST EFFECTIVE
21. CORRECTION RESTRICTS MISSION TOO GREATLY <input type="checkbox"/>	22. IMPLEMENTATION TIME TOO GREAT <input type="checkbox"/>	23. NO EFFECTIVE CORRECTIVE ACTION <input type="checkbox"/>
24. EXPLANATION FOR ABOVE		
INTERIM RISK MITIGATION INFORMATION		
25. INTERIM MITIGATION ACTION		
26. RESIDUAL PROBABILITY	27. RESIDUAL SEVERITY	28. LEVEL OF RESIDUAL RISK
29. RISK REDUCTION FACTOR	30. COST OF CORRECTION	31. COST EFFECTIVE

