COWG ACTIVITY APPROVAL REQUEST

Unit Name: Parker Cadet Squadron RMR CO 173

This Form should not be used for Emergency Services activities requiring USAF funding or a mission number. For these activities, submit an Incident Action Plan (IAP) or Pre-plan (IAPP) through WMIRS.

Section 1 — **Activity Information**

1. Activity Name Rocky Mountain Air show Ticket booth

2. Date(s) May 30th and 31st time 9am-5pm **to** _____

3. Is this a fund raising activity? Yes* ✔ No ☐

* If "Yes" see CAPR 173-4, Fund Raising/Donations for additional requirements ***and*** submit a detailed description as a separate attachment. ***This Fund Raising Activity Request requires written approval of the Wing Commander!***

4. Missions Supported: AE ✔ ES ☐ CP ✔

5. Estimated Numbers of Participants: Cadets 30 **Senior Members** 12

6. Description of Activity:

Cadets will be accepting tickets to give out water and soda to the attendees of the air show. There will be three booths with one senior member and two cadets manning each booth/station. Each booth will have two shifts 9-1 and 1-5 each day Saturday and Sunday.

7. Activity Objective(s):

To assist the Rocky Mountain Airshow in providing water and soda to the audience. For our squadron to

8. Activity Location Rocky Mountain Airshow 5800 S Powhaton Rd, Aurora, Co 80016

9. Is this is an Overnight Activity? Yes* ☐ No ✔

* If "Yes, activity staff members listed in Item 10 & 12, below, must meet the CAP National & Rocky Mountain Region Cadet Protection requirements for overnight activities. ***For Friday overnight and/or Saturday overnight activities send a copy of this request to the COWG Head Chaplain!***

10. Participating Activity OIC/POC	Hauff, Eric Lt Col Commander (Last Name, First Name & Grade)	556634 CAPID	12-18-14 Level 1 Completion Date (eServices)
OIC/POC Contact Information: Telephone	(703) 403-4724	**Email**	erichauff@yahoo.com
11. Other Senior Staff Member(s)	Fijalkowski, Melaina 2nd Lt (Last Name, First Name & Grade)	551619 CAPID	10-02-09 Level 1 Completion Date (eServices)
	Dunn, Peter Lt Col (Last Name, First Name & Grade)	352905 CAPID	5-29-03 Level 1 Completion Date (eServices)
	Mendoza, Homero 2nd Lt (Last Name, First Name & Grade)	542820 CAPID	3-2-14 Level 1 Completion Date (eServices)

12. Fees $0 **Check Payable to** na ☐ **Cash**

13. Transportation:	☐	**Squadron Vehicle**	✔	**POV**	☐	**Member**	☐ **Not Required**
14. Uniform:	✔	**BDU/Utility**	✔	**Blues**	☐	**Squadron T-Shirt**	☐ **Civilian**
15 Meals	✔	**N/A**	☐	**Provided**	☐	**Bring Own**	☐ **Purchase – Bring $** _____

16. Required Equipment (Enter additional information in Additional Remarks, Section 5, or a separate page, if more space is required)

17. Required Documents: ☑ Parental Consent (cadets under 18), CAPID Card, CAPF 60 ☐ Other _____

18. Nearest Suitable Medical Facility On Point Urgent Care

Street Address 24300 S Smokey Hill Rd #120 City Aurora State CO

Phone Number (303) 341-4411

Distance from Activity Location 5.4 miles Estimated Driving Time 9 minutes

A map *or* route description from activity location to medical facility will be provided to participating senior members.

19. Additional medical facilities, if needed, are listed on a separate page attached to this request Yes ☐ No ☑

Section 2 — Safety

20. The following safety items/requirements are required for this activity. Check each one to indicate understanding/compliance.

- ☑ As part of the activity planning process, Risk Management (RM) will be used to identify hazards, assess risks, and select control measures to mitigate risks. "On the fly" RM will be used throughout the activity.
- ☑ Risk Management (RM) Analysis has been completed and attached or is included in Item 24. Approving authority may require an RM worksheet depending on the type and complexity of the activity. (Blank worksheet is available on the NHQ web site, safety page, click "Authorized Activities ORM Worksheet")
- ☑ All participants must have safety currency documented in eServices at the start of the activity and throughout the activity.
- ☑ All participants must have completed online Introduction to CAP Safety Program.
- ☑ All participants will attend a mandatory Risk Management Briefing (RM) at the beginning of the activity after arrival at the activity location and *prior* to starting the activity. Subsequent RM Briefings will be conducted at the beginning of each day or duty period. Activity Director/OIC will ensure that any late arriving participants receive an RM Briefing.
- ☑ In the event of any life-threatening injury or illness, emergency assistance will be requested by calling 911. If appropriate, first aid may be administered while waiting for emergency responders. For less serious injuries or illnesses that require medical attention, non-emergency transport may be used only if the transport will not aggravate the injury or illness. ***If in doubt, call 911!***
- ☑ Any medical care provided by a CAP member, will be limited to emergency care, only (i.e., first aid and stabilization) within the training and qualifications of the person rendering such care, until such time that private professional or authorized military care can be obtained.
- ☑ In the event of *any* safety mishap, as defined in CAPR 62-2, the Wing Commander and Wing Safety Officer will be contacted IAW the Mishap Reporting Operating Instruction on the COWG web site Safety page. The online eServices Safety Management System Mishap Report, Part 1 & 2 will be filed within forty-eight (48) hours of the mishap *after* contacting the Wing Commander and Wing Safety Officer.

21. Designated Safety Officer for Activity:

Dunn, Peter Lt Col CAPID 352905

Last Name, First Name & Grade

Safety Training: ☑ ORM Basic ☐ ORM Intermediate ☐ ORM Advanced Safety Specialty Track Level

Safety Course Completions: ☑ Basic ☐ Senior ☐ Master None

22. The following member will notify the Wing Commander and Wing Safety Officer as soon as possible following any mishap.

Hauff, Eric Lt Col Commander CO173 CAPID 556634

Last Name, First Name & Grade

23. The senior member, listed below, will complete the required online Mishap Report, Parts 1 & 2, in the eServices Safety Management System within forty-eight (48) hours following any mishap.

Hauff, Eric Lt Col Commander CO173 CAPID 556634

Last Name, First Name & Grade

24. Other Safety Considerations Specific to this Activity (Include RM Analysis if not attached as a separate worksheet)

see ORM Worksheet

Section 4 **Emergency Services Training**

25. ES Training is scheduled during this activity: ☐ **Yes** ☑ **No** (if "No", skip the remainder of this section)

Check off each item, below, to indicate understanding/compliance.

All ES Task Training/Evaluation will be accomplished IAW Current Task Guides.

ES Evaluations will be conducted and signed off by a member who is SET qualified and who is has been qualified and current in the specialty being trained for a minimum of one year.

ES Evaluations to be conducted by _____ **CAPID** _____
Last Name, First Name & Grade

Planned Training: None None None None None **Other** _____

Section 5 **Remarks/Supplemental Information**

Section 6

I have reviewed the following regulations and any current Interim Change Letters or supplements. This activity meets the requirements of the sections of these regulations that pertain to activities and any training conducted during activities:

- CAPR 50-17, CAP Senior Member Professional Development Program
- CAPR 52-10, CAP Cadet Protection Policy (and RMR Supplement to CAPR 52-10)
- CAPR 52-16, Cadet Program Management (and COWG OI 11-3)
- CAPR 60-3, CAP ES Training & Operational Missions (and COWG Supplement to CAPR 60-3)
- CAPR 62-1, CAP Safety Responsibilities & Procedures
- CAPR 62-2, Mishap Reporting & Investigation (and COWG OI 13-2)
- CAPR 77-1, Operation & Maintenance of CAP Vehicles
- CAPR 160-2, Handling of Cadet Medications

Section 7 **Prepared By**

This activity meets all conditions and requirements listed in Sections 1 through 6 above.

Preliminary approval requests may be submitted without all information required for final approval. Final approval will be contingent on completion of any additional requirements specified by the approving authority will require submission of a Final Approval request before the deadline set by the approving authority.

Requests may be prepared by anyone designated by the Unit Commander. ***The Unit Commander must submit the request by email!***

Approval is requested.

Prepared By: Fijalkowski, Melaina 2nd Lt (Last Name, First Name & Grade) 551619 (CAPID) 05/14/2015 (Date)

Section 8 **Final Approval**

☐ **Unit Commander Approval:** _____ (Last Name, First Name & Grade) _____ (CAPID) _____ (Date)

☐ **Wing/Group CC Approval:** _____ (Last Name, First Name & Grade) _____ (CAPID) _____ (Date)

☐ **Wing Safety Approval: :** _____ (Last Name, First Name & Grade) _____ (CAPID) _____ (Date)

Section 9 — Activity Approval Request Instructions

1. Enter the name of the activity.
2. Enter the inclusive dates for the activity. A single day activity requires the date in the first date field only.
3. If this is a fund-raising activity, the wing commander must specifically approve, in writing, the activity as a fund-raiser IAW CAPR 173-4. Submit a complete description of the fund-raising plan on a separate attachment.
4. Select the appropriate check boxes for all CAP mission supported by the activity. If ES is checked, Section 4 must be completed.
5. Enter the estimated number of cadet and senior member participants.
6. Enter a description of the activity with enough detail to provide the approving authority with a thorough understanding of the activity.
7. Enter the objective(s) for this activity. Each activity should have an educational or training goal and at least one objective that is specific, achievable, and measurable.
8. Enter the location of the activity. If a specific address is available, use this. Otherwise, the name of the location is acceptable. (example: Chatfield State Park)
9. If this is an overnight activity, check the appropriate box. Comply with RMR Cadet Protection policy for overnight activities. If cadet participants are of both genders, the policy requires that both male and female senior members in approved status must be present for the overnight portion of the activity. List the required senior member information in Items 10 and 11.
10. Enter the name, grade, and CAPID of the senior member that is participating in the activity and is acting as Officer in Charge (OIC). For a "Preliminary" approval request, this may be the person serving as Point of Contact (POC) until the OIC is finalized. Enter contact information for the POC or OIC, as appropriate. Level 1 completion dates may be found in eServices.
11. Enter name, grade, and CAPID for ***all*** other senior staff members participating in the activity. Although more than one participating senior member is always recommended for an activity, some activities ***require*** more than one participating senior member. See Item 9 instructions regarding overnight activities. If there are no additional participating senior members, enter **"NONE"** in Item 11. If more space is needed to list participating senior members, list those senior members in Section 5 or attach a separate list to the Final Activity Approval Request. Level 1 completion dates may be found in eServices.
12. Enter the amount of any fees that will paid by participants. Enter "**None**" if applicable. Use the check boxes to indicate acceptable forms of payment. If checks are acceptable include the name of the payee in the "**Check Payable to**" field.
13. If transportation is required to/from the activity, check all appropriate check boxes. Use of CAP vehicles to transport members to/from an activity must be approved by the Wing Commander or designee. IAW CAPR 77-1, *"Use of privately owned vehicles (POV) for transportation to and from CAP meetings, encampments, and other activities is solely at the risk of the individual CAP member and passengers. This is known as the "home-to-work-rule". CAP assumes no right of control, liability, or responsibility for such transportation."* If members are expected to provide their own transportation to the activity, check the "**Member**" box. If no transportation is required to/from the activity, check the "Not Required" box. This usually applies to activities conducted at the unit's normal meeting location.
14. Check appropriate box for the "Uniform of the Day" (UOD) for the activity.
15. Check appropriate boxes.
16. If a separate attachment is used to list required items, state "See Attachment" in this block. Enter a list of ***all*** items the participating members is expected to bring to the activity in addition to the uniform of the day, meals, and fee payments. Some examples are: sunscreen, sunglasses, cell phone, extra uniform items, gloves, canteen, camelback, water bottle, extra clothing, safety equipment, camera, etc.
17. Check all documents/forms that the activity participant is required to bring to the activity. CAPID Card, Parental Consent (for cadets under age 18), and CAP Form 60 are checked by default and should be carried during all activities.
18. Enter all fields for the nearest suitable medical facility to the activity location. Online mapping systems can be used to calculate distance, driving time, and route information. A map or route description must be provided to all participating senior members in the event that transport to the medical facility is necessary.
19. If additional medical facilities need to be listed for the activity (for example: multiple locations), check the "Yes" checkbox and attach a separate page with additional medical facility information. If no additional medical facilities are to be listed, check the "No" checkbox. Urgent Care facilities often have non-standard operating hours, especially on weekends. If an Urgent Care facility is selected as the primary medical facility, ensure that the facility operating hours cover the duration of the activity. If not, select another facility or list a secondary facility with appropriate operating hours. Non 24/7 medical facility operating hours should be confirmed by direct contact with the facility. Do not depend on website information.
20. Read the statement next to ***each*** checkbox and then check the box to indicate compliance with the requirement
21. Enter the name, grade CAPID number of the designated safety officer for the activity. Check the appropriate boxes to indicate the training of the safety officer. These items must be documented in eServices.
22. List the name of the member that will notify the wing commander and wing safety officer as soon as possible following any mishap.
23. List the member that will complete the required online Mishap report, Part 1 & 2, within forty-eight (48) hours of any mishap.
24. List any other Safety Considerations that are identified for this activity. Continue on a separate sheet, if necessary.
25. Check "**Yes**" or "**No**", as appropriate, and complete the rest of this section if "**Yes**" is selected. If "**Yes**" is selected, click both of the checkboxes that indicate understanding/compliance with the listed requirements. List the name, grade, and CAPID of the member that is evaluating and signing off ES tasks. Using the pull down boxes, enter all specialties for which training is planned. Up to five different specialties may be listed. The pull down boxes default to "**None**" if no specialty rating is selected. A sixth box is available for entry of a specialty that is not listed in the pull-down boxes.

Section 5 – Use to enter remarks or supplemental information that may assist the approving authority in understanding the request.

Section 6 – Click the checkbox to indicate compliance with the applicable regulations that apply to the activity.

Section 7 – Prepared By: Use this section to identify the member preparing the request. Completion of this section indicates compliance with the requirements of all previous sections. The completed request must be submitted, via email, by the unit commander.

Section 8 – This section is for final approval by the approving authority. **See COWG OI 13-3 for approving authority.**

Operational Risk Management Worksheet Conditions Assessment of Activity:	**ACTIVITY:** Rocky Mountain Air Show Ticket Booth	**Date:** May 30 and 31, 2015

STEP 1 ANALYZE THE HAZARDS	**STEP 2 ASSESS THE RISKS**										**STEP 3 & 4 ANALYZE THE RISKS & DECIDE HOW TO CONTROL THEM**	**STEP 5 IMPLEMENT RISK CONTROLS**	**STEP 6 SUPERVISE**
Brainstorm	**How likely is the hazard?**					**How severe would it be?**				**Rack & stack**	**Control Options** Which would you use?	**Turn Controls Into Good habits**	**Monitor & Tweak**
List all potential hazards. The order you list them does not matter.	FREQUENT	LIKELY	OCCASIONAL	SELDOM	UNLIKELY	CATASTROPHIC	CRITICAL	MODERATE	NEGLIGIBLE	**First,** look at the risk matrix to determine the risk level. **Second,** list the risks under the corresponding risk level.	What would you do? 1. Engineer 2. Guard 3. Improve Task design 4. Limit Exposure 5. Select Personnel 6. Train & Educate 7. Warn 8. Motivate 9. Reduce Effects 10. Rehabilitate	What do you need to keep in mind as you implement each?	What symptoms of success or inefficiency might there be for each risk?
trip, fall	☐	☐	☐	☑	☐	☐	☐	☑	☐	1 2 7 9	7 9	remove hazards	No injuries
lost cadet	☐	☐	☐	☐	☑	☐	☑	☐	☐	2 5 6 7 9	5 2	have buddies/ phones	no one lost
theft	☐	☐	☐	☑	☐	☐	☐	☑	☐	2 4	9	remove and watch	no personal property loss
sunburn	☐	☐	☑	☐	☐	☐	☐	☑	☐	4 6 9 7	4	have sun screen	proper skin coverage
	☐	☐	☐	☐	☐	☐	☐	☐	☐				
	☐	☐	☐	☐	☐	☐	☐	☐	☐				
	☐	☐	☐	☐	☐	☐	☐	☐	☐				
	☐	☐	☐	☐	☐	☐	☐	☐	☐				
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