Command Factors Assessment Checklist

PART I. Reviewing Application of Risk Management (Ref: AR 385-10 and ATP 5-19)

1. General. As part of the analysis phase, investigators are required to examine and discuss the influence of command activity, or lack thereof, relative to accident cause factors and accident prevention. AR 385-10 requires decision makers at every level to use the risk management process in efforts to reduce overall mission risk and avoid unnecessary residual risk to the mission, personnel, equipment, and environment. Therefore, an assessment must be made to determine if and how the organization has integrated the risk management process into the planning, preparation and execution phases of operations. Apply the risk management five-step process to the accident. Look at each decision point in the accident sequence of events (from pre-mission planning to the actions immediately following the accident) and the authority level of the person making that decision. What decisions were made along the way that set up the accident? You will not always be able to determine the cause of an accident, but you can determine what allowed it to happen. This will provide the accident unit command solid information, which can be used to implement corrective action and prevent future accidents. This may also help to identify DA-level decisions (e.g., OPTEMPO, PERSTEMPO, etc.) that set the unit up for failure. The ultimate goal is to determine if informed decisions were made at the appropriate level of authority. Some basic questions to get you started follow.

     a. What evidence exists that the organization routinely uses risk management during daily operations? Describe how and when.

     b. What evidence exists that the organization routinely identifies obvious hazards related to missions, including personnel, equipment or environment? Describe.

          (1) If not or insufficient, explain, (e.g. lack of knowledge, policy, training, experience, supervision or policy enforcement).

          (2) If yes, were adequate crisk assessments performed? Were controls developed, then selected by the appropriate decision maker? Were controls applied?

               (a) If yes, describe the hazards and controls and explain why the controls were ineffective.

               (b) If not, explain why not? Describe any failure of the Risk Management process.

     c. How were personnel involved in the mission made aware of hazards and the applied controls? Were they used to help identify hazards and develop controls?

     d. Does the organization have standard methods and/or tools to assess risk levels for each hazard? If so, do the methods and/or tools prompt individuals to identify controls to reduce risks and to seek guidance from the appropriate approval authority?

e. What guidance is given to individuals to identify and determine the appropriate decision authority?

f. If/when conditions changed during the mission were hazards and associated risks properly identified, reassessed and additional controls considered and implemented?

2. In addition to determining if the organization properly assessed the mission risk, talk with junior leaders (LTs, SGTs, and SPCs). Do they understand the Risk Management concept and process? Do they understand their responsibility as supervisors for performing Risk Management on all tasks they perform or supervise?

3. In many cases, organizations have pre-printed assessments for particular operations or training events. These can be excellent sources of information. However, pre-printed assessments lose effectiveness when simply filed away, not using the lessons learned or when current METT-T conditions are not evaluated to identify existing hazards and appropriate controls.

PART II. Command Climate Checklists

<u>AVIATION ACCIDENT</u>

1. What is the PC, crew, flight lead selection process in the unit?

2. What is the UT selection process in the unit?

3. How are aviators distributed within a unit?

- Are senior aviators (CW3/4, CW5), IPs, ASOs and MTPs equally distributed throughout the organization to the best/maximum extent possible?

4. Is the commander and/or platoon leader (or appropriate leader) current and proficient in the aircraft and equipment assigned to his unit, e.g., NVGs?

5. Does the unit perform its mission requirements without "surging" on a continuing basis?

- If not, why not? Is it because of:
- Management (operations, aviation maintenance, personnel)?
- Leadership?
- Mission requirements out of balance with resources?
- Everything #1 priority?
- Personnel assigned to special projects not related to unit mission?

6. Does the pace of the unit operations and mission requirements appear excessive or out of line with available resources?

- Crawl, walk, run concept appear sound?

7. From the flight surgeon's perspective, are unit personnel healthy (mentally and physically)?

- Are the same aviators in the unit incurring the accidents?

8. Are training programs in line with the unit mission (METL)?

- What is the unit's NVG training program?

9. What is the IP-to-pilot ratio in the unit?

10. Is the unit experiencing difficulties in meeting various currency requirements (i.e., NVG)?

11. Is RL progression within the unit enabling them to meet mission requirements?

12. What has been the aviator turnover rate for the past year (PCS, TDY, retire, etc.)?

13. Does the unit have number of pilots by MTOE/TDA to crew their aircraft or are they forced to cross-level among units?

14. Does the unit have number of crew chiefs by MTOE/TDA to crew their aircraft or are they forced to cross-level among units?

15. What is the utilization rate for aircraft mechanics on a day-to-day basis?

16. What is the unit's "C" rating? Has it changed significantly in the past 24 months? If so, why?

17. Review the Unit Status Report (USR) and Quarterly Training Briefs (QTBs).

18. Review unit health indicators (substance abuse, UCMJ, congressional inquiries, IG complaints, etc.).

GROUND ACCIDENT

1. What is the crew, TC, driver selection process in the unit?

2. How are NCOs (E5 through E9) distributed within a unit?

- Are senior NCOs equally distributed throughout the organization to the extent possible?
- What is the authorized versus on-hand strength?

3. Is the commander and/or platoon leader (or appropriate leader) current and proficient in the equipment assigned to his unit, e.g., NVGs?

4. Does the unit perform its mission requirements without "surging" on a continuing basis?

- If not, why not? Is it because of:
- Management (operations, maintenance, personnel)?
- Leadership?
- Mission requirements out of balance with resources?
- Everything is #1 priority?

5. Does the pace of the unit operations and mission requirements appear excessive or out of line with available resources?

- Crawl, walk, run concept appear sound?

6. From the medical doctor's perspective, are the soldiers healthy (mentally and physically)?

7. Are training programs in line with the unit mission?

- What is the unit's NVG training program?

8. Is the unit experiencing difficulties in meeting various currency requirements, i.e., NVG?

9. What has been the leadership turnover rate for the past year (PCS, TDY, retire, etc.)?

10. Does the unit have sufficient soldiers to man their equipment or are they forced to cross-level among units?

11. Are there sufficient mechanics in the unit?

12. What is the utilization rate for mechanics on a day-to-day basis?

13. What is the unit's "C" rating? Has it changed significantly in the past 24 months? If so, why?

14. Review the Unit Status Report (USR) and Quarterly Training Briefs (QTBs).

15. Review unit health indicators (substance abuse, UCMJ, congressional inquiries, IG complaints, etc.)

DRIVING ACCIDENT

1. What is the driver training process in the unit (DDC, MSF, ADIP, etc.)?

2. How are NCOs (SGT through CSM) distributed within a unit?

- Are senior NCOs equally distributed throughout the organization to the extent possible?
- What is the authorized versus on-hand strength?

3. Is the commander and/or platoon leader (or appropriate leader) knowledgeable about and using TRiPS for TDY, leaves, passes and PCS IAW the Army Safety Campaign Plan guidance?

4. Do commanders complete the Commander's Safety Course prior to assuming command?

5. Do additional-duty/collateral safety officers and NCOs complete the Additional Duty Safety Course within 30 days after receipt of additional duty assignment orders?

6. Does the unit have a written safety program, which covers the required elements in AR 385-10, Chapter 2, and other elements when applicable to the unit's mission?

7. Does the unit perform its mission requirements without "surging" on a continuing basis?

- If not, why not? Is it because of:
- Management (operations, maintenance, personnel)?
- Leadership?
- Mission requirements out of balance with resources?
- Everything is #1 priority?

8. Does the pace of the unit operations and mission requirements appear excessive or out of line with available resources?

- Crawl, walk, run concept appear sound?

9. From the medical doctor's perspective, are the soldiers healthy (mentally and physically)?

10. Does the installation have a Motorcycle Mentorship Program?

- Do unit members participate?
- What ranks and skill levels?

11. Are the unit leaders knowledgeable about street racing?

- Are they aware of any unit members who own the types of automobiles used for street racing?
- Do they know of street racing locations in their area?

12. Are POV/POM inspection programs well documented and do the leaders physically look at the vehicles?

13. Do leaders conduct additional safety briefings for weekends, holidays, block leave, etc.?

- Are the briefings comprehensive and effective?
- How are the briefings received by unit personnel (believe them to be effective; same old information each time; don't listen to them; etc.)?

14. What has been the leadership turnover rate for the past year? (PCS, TDY, retire, etc.)

15. Does the unit have sufficient soldiers to man their equipment or are they forced to cross level among units?

16. What is the unit's "C" rating? Has it changed significantly in the past 24 months? If so, why?

17. Review the Unit Status Report (USR) and Quarterly Training Briefs (QTBs).

18. Review unit health indicators (substance abuse, UCMJ, Congressional inquiries, IG complaints, etc.)