



**Civil Air Patrol**  
**Operational Risk Management Form**  
**(minimal-risk activity\*)**



Brief description of activity: \_\_\_\_\_

Unit responsible for activity: \_\_\_\_\_ Date of activity \_\_\_\_\_

Point-of-Contact: \_\_\_\_\_ CAPID \_\_\_\_\_

CAP assets required for activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I certify that my operational risk assessment for the above event indicates that the actions planned and the current or potential conditions that affect the activity constitute of no more than minimal risk, and that all reasonable measures to mitigate that risk will be implemented.*

\_\_\_\_\_

POC signature

\*Not to be used for flight activities, AF or corporate missions, etc.