OPNAV INSTRUCTION 1500.75D

From: Chief of Naval Operations

Subj: POLICY AND GOVERNANCE FOR CONDUCTING HIGH-RISK TRAINING

Ref: (a) OPNAVINST 3500.39C
(b) OPNAVINST 5102.1D
(c) OPNAVINST 5450.180E
(d) Catalog of Navy Training Courses
(e) OPNAVINST 5100.23G
(f) OPNAVINST 5100.19E
(g) OPNAVINST 6110.1J

Encl: (1) Definitions
(2) Command Screening Guide
(3) Medical Officer’s Interview Guide
(4) Commanding Officer’s Interview Guide

1. **Purpose.** To establish policy and governance for all Navy high-risk training. This instruction has been revised to remove any ambiguity; to be more directive and restrictive; and to clearly state the requirements for the Naval Safety Center, training authorities, training agencies, training executors, and other commands that conduct formal training and meet the threshold of high-risk training. This instruction is a complete revision and should be reviewed in its entirety.

2. **Cancellation.** OPNAVINST 1500.75C.

3. **Scope and Applicability**

   a. This instruction applies to all naval commands responsible for management, administration, oversight, and execution of high-risk training as defined in enclosure (1).

   b. Per the responsibilities and authorities assigned by Executive Order 12344, codified at sections 2406 and 2511 of Title 50, United States Code, and to ensure consistency throughout the joint Navy and the Department of Energy Naval Propulsion Program, the Director, Naval Nuclear Propulsion Program (CNO N00N) should implement requirements and practices pertaining to this instruction for activities under the Director's cognizance, as appropriate.

   c. Personnel in initial or advanced flight training are subject to OPNAVINST 3710.7V, Naval Air Training and Operating Procedures Standardization (NATOPS) Program; Commander, Naval Air Forces Manual 3710.7, NATOPS; general flight and operating
instructions; and OPNAVINST 3750.6S, Naval Aviation Safety Management System, and are exempt from the provisions of this instruction. Ancillary aircrew training must follow the provisions of this instruction.

d. When unit level training events or evolutions meet the threshold for designation as high-risk training as defined in enclosure (1), all operational commands will complete a deliberate risk assessment using reference (a), and at a minimum include the emergency action plan (EAP) and training time out procedures within their operational risk management (ORM) brief.

4. Policy

a. Naval operations often require aggressive training programs to prepare personnel to perform mission essential high-risk tasks in a variety of environments. All leaders must recognize that risk cannot be mitigated merely through written procedures. Therefore, planning and execution of high-risk training will incorporate the program elements and principles of ORM per reference (a). The expectation is to maximize the benefits of ORM where essential skills are practiced, perfected, and tested. While the goal is zero mishaps in training, it is understood that mitigating all risk can reduce training value. Policy does not establish a requirement to eliminate all exposure to risk where valid training objectives are established.

b. Participation in high-risk training does not imply that hazardous duty or incentive pay is justified or that the training is voluntary.

c. All prospective high-risk training instructors (military, Government employee, contractor, and civilian) must be screened for professional, physical, and psychological suitability per enclosures (2), (3), and (4) prior to assuming their duties as a high-risk training instructor. Physical requirements for civilians will be clearly defined through position description (PD), memorandum of agreement (MOA), memorandum of understanding (MOU), or statement of work (SOW), as appropriate.

d. Commander, Naval Safety Center (COMNAVSAFECEN) is the Navy authority for and provides safety staff support to Chief of Naval Operations, Commandant of the Marine Corps (CMC), Secretary of the Navy (SECNAV), and program sponsors in establishing safety and risk management policy, and coordinating, maintaining, and promoting naval safety programs for training safety (high-risk).

5. Responsibilities

a. Office of the Chief of Naval Operations, Special Assistant for Safety Matters (OPNAV N09F) and COMNAVSAFECEN

(1) Issue policy guidance and provide administrative oversight of the Navy’s high-risk training safety program.
(2) Analyze mishap data reported per reference (b) to determine program trends.

(3) Provide a variety of safety and mishap data-related services for Navy and United States Marine Corps (USMC) operating forces, field and fleet activities, and shore establishments, per reference (c).

(4) Acquire an annual high-risk training evaluation schedule from each training authority and training agency responsible for the execution and oversight of formal training to meet the threshold of high-risk training. This schedule will be utilized by COMNAVSAFECEN to send teams to attend training authority or training agency high-risk training oversight evaluations to ensure program compliance with this directive.

(5) Acquire an annual high-risk training evaluation schedule from commands not receiving oversight from their training agency or training authority. They will be used by COMNAVSAFECEN to schedule an evaluation in support of high-risk training commands.

(6) Provide teams upon request of the training executors via their training authority to conduct high-risk training program assessments.

(7) Attend training safety related seminars, summits, and conferences as attendees or presenter when requested.

(8) When requested by the controlling command, provide a qualified high-risk training subject matter expert or safety investigation advisor for all high-risk training Class A, or other selected mishaps requiring a safety investigation board.

(9) Host high-risk training safety policy reviews as warranted.

(10) Support USMC Training and Education Command and CMC Safety Division with all evaluation and survey services provided for in USMC orders and directives per MOAs.

b. **Training Authorities** (as defined in enclosure (1))

   (1) Address the management, administration, oversight, and execution of formal training meeting the threshold of high-risk training and unit level training events or evolutions that meet the threshold for high-risk training in their respective training instructions or manuals.

   (2) Ensure a safety oversight assessment criteria has been developed and implemented for all formal high-risk training courses as defined in enclosure (1), that meet at least the minimum requirements of this instruction, and any further requirements, as the training environment may dictate to ensure subordinate activities comply.
(3) Direct subordinate training agencies and training executors to assess their formal training courses, events, and evolutions and determine if the training is high-risk using enclosure (1), and reference (a). If training is determined to be formal high risk the requirements of subparagraphs 5d (1) through 5d (20) will apply.

(4) Ensure subordinate commands perform risk assessments of all training per reference (a). OPNAV 1500/54 Deliberate Risk Assessment will be used in conjunction with reference (a). Designate all courses in reference (d) that meet the threshold for high-risk training as defined in enclosure (1). Maintain a list of these courses by title and course identification number. All training authorities must provide an updated list of all formal high-risk training courses to COMNAVSAFECEN. Update this list when courses are developed, discontinued, or modified. If a course is being considered for removal as high-risk training, forward the deliberate risk assessment and supporting historical data for consideration to OPNAV N09F for concurrence. If the command is unable to meet the requirements of high-risk training as outlined in this instruction, this does not limit the ability to make informed risk decisions and to change the high-risk classification based on an assessment of risks following evaluation of the hazards and historical data. This assessment will also include a list of formal courses exempted by the training authority formally in writing, and signed by the current commander and provided to COMNAVSAFECEN. Forward a copy of the high-risk course list to COMNAVSAFECEN at least annually no later than 30 September to:

Commander
Naval Safety Center
Attn: High-Risk Training Safety (Code 41)
375 A Street
Norfolk, VA 23511-4399

(5) Ensure an assessment is conducted for all high-risk training courses for which they provide oversight, while in session, at least once every 3 years. If unable to meet this requirement, delegate these duties to a competent authority within the chain of command (e.g., type commander (TYCOM)).

(6) Provide an annual formal high-risk training safety evaluation schedule to COMNAVSAFECEN no later than 30 September for the forthcoming fiscal year. This schedule will be used by COMNAVSAFECEN to schedule annual oversight assessments with the training authority or their representative in which high-risk training oversight is provided. For commands that do not publish inspection calendars in advance, quarterly updates should be sent to COMNAVSAFECEN as soon as practicable.
c. Navy Bureau of Medicine and Surgery (BUMED)

(1) Conduct high-risk instructor screening as requested by the gaining or detaching command commanding officers (CO) or officers in charge (OIC) and forward a report of medical screening to the requesting command.

(2) Periodically review OPNAV 1500/53 Medical Questionnaire for relevancy and forward any amendment recommendations to COMNAVSAFECEN or forward an endorsement triennially.

(3) Provide medical guidance on the use of over the counter medications and nutritional supplements by participants during high-risk training.

d. Training Agencies (as defined in enclosure (1))

(1) Publish amplifying policy and procedural directives for formal high-risk training safety implementation including, but not limited to: responsibilities for commands sending students to high-risk training; commands transferring personnel to high-risk training instructor duty; gaining commands receiving personnel for high-risk training instructor duty; COs, OICs, and directors of training for high-risk training activities, instructors, training safety officers (TSO), and high-risk TSOs.

(2) Include applicable safety requirements of references (e) and (f), personnel qualification standards (PQS), technical manuals, NATOPS, job qualification requirements (JQR), and other curricula source documentation in all high-risk training courses conducted by subordinate commands.

(3) Standardize curricula, including safety precautions, when the same course of instruction is taught at more than one site. If standardized training is not feasible because of training site variations - administrative, physical, environmental or otherwise - the training site in question will have approval for curriculum variation via their curriculum control authority.

(4) Establish and maintain a self-assessment program for formal high-risk training courses which quantitatively and qualitatively evaluates the effectiveness of the program. Self-assessments must be conducted when new courses are brought online that are evaluated as “high-risk,” or when significant changes are made to existing high-risk training courses.

(5) Establish qualification requirements for military, Government employee, contractor, and civilian TSOs; high-risk TSOs; and assistant TSOs at subordinate training activities as applicable.

(6) Incorporate ORM, and safety awareness training into instructor training. Training will include all three levels of ORM per reference (a); safety policy and directives per references
(e) and (f) as applicable; precautions in technical manuals and publications; and lessons learned from training related mishaps and injuries or best practices provided by COMNAVSAFECEN and other appropriate data sources.

(7) Analyze and forward all training-related reportable mishaps to COMNAVSAFECEN per reference (b).

(8) Ensure the CO, OIC, or director of training activities conduct a safety review at least annually of all formal high-risk training. Convene safety reviews subsequent to major curriculum changes, major course revisions, technical training equipment upgrades, or replacements. Active senior leadership involvement is imperative to the success of these reviews and consideration of leadership’s planned rotations or transfers is highly encouraged, as many mishaps occur relatively close to turnover periods. Maintain documentation for subsequent evaluations for a minimum of 3 years.

(9) Establish an instructor certification process for all high-risk training instructors, (military, Government employee, contractor, and civilian). These qualifications, certifications, and licenses must be documented via a course unique instructor training plan or equivalent. Examples of items for inclusion are: cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), EAP, completion of approved training course, standard operating procedure (SOP), mishap reporting procedures, training time out, drop on request, blood borne pathogens, course indoctrination, course prerequisites, first aid, attending course as a student, special licensing, course training equipment, under instruction instructor observations, practice teaching, emergency services, and any additional requirements set by learning center course curriculum writers, TSOs, CO, OIC, or director of training.

(10) Establish an evaluation program that assesses high-risk training instructors in classroom, laboratory, or field settings on a recurrent basis, in percentages commensurate with the amount of time spent instructing in those environments. Maintain documentation for subsequent evaluations for 3 years.

(11) Ensure subordinate commands review EAP monthly, conduct procedural walk-through(s) quarterly, and fully exercise all EAPs annually. All emergency responders must participate in the annual exercises where practicable. EAPs will meet the minimum requirements as defined in enclosure (1). Commands will maintain documentation of quarterly walk-through(s) and annual exercises for subsequent evaluations for 3 years.

Note: The CO, OIC, or director of training must ensure the EAP complies with locally established emergency procedures as directed by the regional and local emergency response manager. The external response from emergency personnel may already be covered in a regional scenario and failure to include or practice with the emergency response personnel may result in increasing the severity of a mishap at the individual’s command.
(12) Include TSO and high-risk TSO procedures in all high-risk training policy. Include drop on request procedures in all voluntary high-risk curricula. When a student elects to drop on request a written summary of action taken will be documented on NAVPERS 1070/613 Administrative Remarks page 13 and entered in the student’s service record and a copy is also maintained in the command’s permanent records. Ensure training time out procedures are briefed to students prior to commencing training daily and prior to continuing training, until course completion, regardless of length.

(13) Provide policy for the qualification and designation of the TSO or high-risk TSO as desired. COs, OICs, or directors of training may assign high-risk training responsibilities to the TSO or designate a high-risk TSO. The designated TSO or high-risk TSO should be directly responsible to the CO, OIC, or director of training for the safe conduct of formal high-risk training. The current CO, OIC, or director of training must designate the TSO or high-risk TSO responsible for formal high-risk training in writing. TSO will be further qualified by site specific JQR. TSOs are those individuals who oversee formal training but are not involved with actual high-risk training as an instructor.

(14) Establish a mishap analysis program to examine near misses, mishap data, student critiques, and any condition or practice that could damage or destroy equipment or injure personnel identified in high-risk training courses. Mishap analysis should be closely aligned with the training staff to enable “lessons learned” or “best practices” to be expeditiously incorporated into the conduct of high-risk training. Guidance on mishap analysis is provided in reference (b).

(15) Ensure high-risk training course instructor candidates (military, Government employee, contractor, and civilian) have completed all training and certification requirements, including AED as required, safety awareness, CPR, and first aid training before assuming instructor responsibilities. First aid, CPR, and AED certifications must be from an accredited source, such as the American Red Cross or the American Heart Association. Maintain completion and certification documentation in training records for subsequent surveys and evaluations.

(16) Ensure personnel (military, Government employee, contractor, and civilian) identified as high-risk training instructors meet suitability requirements outlined in enclosures (2) through (4). Suitability and unsuitability will be documented in the member’s service or training record via a NAVPERS 1070/613 entry.

(17) Verify all equipment utilized in the conduct of high-risk training is maintained per applicable Navy monitoring or preventative maintenance programs, to include manufacturer’s maintenance and repair guidelines. Maintenance records will be maintained for 3 years.
(18) Publish amplifying procedural directives for cold and heat stress environmental mitigation relative to high-risk training events. NAVMED P-5010, Manual of Naval Preventive Medicine, provides technical guidance for command policy documents.

(19) Publish amplifying procedural directives for physical training programs. Physical training is fundamental to many high-risk training skills and tasks. A specific physical enhancement curriculum designed to improve physical training in order to meet a required skill or set of skills should be reviewed for elements of risk based on the participant’s fitness baseline. Fitness requirements exceeding the scope of reference (g) must be assessed through the application of reference (a). Ensure COs, OICs, and directors of training assess the physical demands of the task or skill in the high-risk training event and weigh them against the physical conditioning of the staff and student.

Notes: Requirements for contractor instructors must address contractor responsibility for its employees’ safety, for example, requiring contractor:

1. compliance with directives applicable to military personnel, Government, and civilian employees instructing similar formal training;

2. provision of personal protective equipment (PPE) and medical support and surveillance to its employees;

3. provision of a safety plan for its employees; and

4. pre-screening of individuals proposed by the contractor for instructor duties that meet all requirements of this policy.

(20) Establish a process to ensure that all requirements of this instruction are adopted during curricula development phase and that a course is not taught to students during the piloting phase until instructors are certified, and a risk assessment and EAP have been developed.

e. Training Executors (as defined in enclosure (1))

(1) Assess formal training courses, and determine if the training is high-risk using enclosure (1) and reference (a). If training is determined to be high-risk, forward the recommendation of high-risk training to the training agency and training authority. Additionally requirements of subparagraphs 5d(1) through 5d(20) will apply.

(2) Verify high-risk training students meet administrative and physical prerequisites as prescribed in references (d) and (g) for high-risk training courses.
(3) Ensure all equipment utilized in the conduct of high-risk training is maintained per applicable Navy monitoring and preventative maintenance programs, to include manufacturer’s maintenance and repair guidelines. Maintenance records will be maintained for 3 years.

(4) Conduct formal training and high-risk evolutions following only approved course curricula and only to the extent required to meet graduation criteria or training requirements. As necessary, ensure training includes specific and related ORM training, per reference (a).

(5) Conduct a safety review at least annually of all formal high-risk training courses, as defined in enclosure (1). Convene safety reviews subsequent to major curriculum changes, major course revisions, technical training equipment upgrades, or replacements. Active senior leadership involvement is imperative to the success of these reviews and consideration of leadership’s planned rotations or transfers is highly encouraged, as many mishaps occur relatively close to turnover periods. Maintain documentation for subsequent evaluations for a minimum of 3 years.

(6) Maintain compliance with training agency by amplifying procedural directives for physical training programs. Physical training is fundamental to many high-risk training skills and tasks. A specific physical enhancement curriculum designed to improve physical training in order to meet a required skill or set of skills should be reviewed for elements of risk based on the participant’s fitness baseline. Fitness requirements exceeding the scope of reference (g) must be assessed through the application of reference (a). COs, OICs, and directors of training must assess the physical demands of the task or skill in the high-risk training event and weigh them against the physical conditioning of the staff and student.

f. TSO. TSOs are those individuals who oversee formal training but are not involved with the actual high-risk training as an instructor.

(1) Be familiar with high-risk training curricula objectives, including approved training procedures, safety precautions, and emergency procedures training facilities and equipment.

(2) Complete a qualification process that includes familiarization with all applicable references, instructions, subject matter doctrine, and high-risk training courses the TSO will be responsible for.

(3) Observe high-risk training evolutions at frequency intervals as required by the hazards associated with the training being conducted. Specifically observe instructor to student interaction and compliance with all safety and emergency procedures. Confer with the CO, OIC, or director of training to establish the minimum frequency intervals required ensuring a safe high-risk training program.

(4) Ensure all training mishaps, near misses, and injuries are investigated and reported per reference (b).
(5) Maintain a record of all mishaps for additional analysis from the TSO perspective in addition to records maintained by the command safety manager.

(6) In conjunction with the command safety manager, keep the CO, OIC, or director of training advised of all training mishap or injury investigation results and recommended corrective action.

(7) Ensure assistant TSOs are properly trained, qualified, and are completely familiar with their responsibilities as an assistant TSO.

Note: Commanders, COs, OICs, or directors of training for formal training activities conducting high-risk courses may designate additional assistant TSOs when the TSOs responsibilities require assistance due to physical locations, type, or quantities of training conducted at specific sites.

(8) Ensure contractor and civilian instructors comply with all directives for high-risk training. Requirements must be clearly defined though a PD, MOA, MOU or SOW, as appropriate (a copy of the defined requirements will be maintained in the instructor training record). Review employment criteria annually to validate contractor and civilian employment requirements.

(9) Assist training authorities and training agencies with the scheduling and execution of oversight assessments, evaluations, and inspections. Training commands not receiving training authority and training agency oversight may request high-risk training assessments to meet the 3 year oversight assessment requirements.

g. Operational COs and OICs

(1) Ensure prospective formal high-risk training students meet administrative and physical prerequisites as prescribed in references (d) and (g) for high-risk training courses. Suitability or unsuitability must be documented in the member’s service or training record via a NAVPERS 1070/613 entry.

(2) Ensure only volunteers are sent to high-risk training courses designated as voluntary training per reference (d).

(3) Ensure all military personnel nominated for high-risk training instructor duty are screened and meet suitability requirements per the Military Personnel Manual, articles 1301-202, 1301-226, 1306-953, and 1306-900, and enclosures (2) through (4) of this instruction. Ensure special programs screening is documented and appropriate messages are generated.

6. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV Manual (M-) 5210.1 of January 2012.
7. **Review and Effective Date.** Per OPNAVINST 5215.17A, COMNAVSAFECEN will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense (DoD), SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire 5 years after effective date unless reissued or canceled prior to the 5 year anniversary date, or an extension has been granted.

8. **Forms and Information Management Control**

   a. The forms listed in subparagraphs 8a(1) through 8a(4) are available on Naval Forms Online, [https://navalforms.documentservices.dla.mil/web/public/home](https://navalforms.documentservices.dla.mil/web/public/home).

      (1) OPNAV 1500/53 Medical Questionnaire.

      (2) OPNAV 1500/54 Deliberate Risk Assessment.

      (3) NAVPERS 1070/613 Administrative Remarks Page 13.

      (4) SF 513 Medical Record – Consultation Sheet (BUMED use).

   b. Reporting requirement contained in subparagraph 5d(7) is assigned to OPNAV RCS 3750-20.

   c. Reporting requirements contained within subparagraphs 5d(10), 5d(11), and 5e(5) are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraphs 7j and 7n.

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DEFINITIONS

1. **Administrative Control.** Any procedure or practice that limits exposure through control or manipulation of the training schedule or manner in which training is performed. An example of an administrative control is limiting exposure to heat stress by adjusting training hours to conclude prior to a black flag condition.

2. **Assistant Training Safety Officer (TSO).** When the TSO’s responsibilities require assistance due to physical locations, type, or quantities of training conducted at specific sites, the assistant TSO may be delegated certain responsibilities. The assistant TSO will be qualified by course at site-specific TSO JQRs and act as the TSO in the absence of the TSO. (See also: training safety officer (TSO))

3. **Core Unique Instructor Training.** A written plan to identify all qualifications, certifications, prerequisites, training, and licensing needed by a prospective instructor prior to assuming the duties as a high-risk training instructor.

4. **Drop on Request.** When any student in a voluntary high-risk training course desires to quit or drop on request, the student need only make such intentions known. The student will be immediately and expeditiously removed from the training area.

5. **Emergency Action Plan (EAP)**

   a. An internal plan to be implemented immediately upon advent of a mishap to aid involved persons and to control and safeguard the scene. This plan will be developed for all high-risk training evolutions and must include at a minimum: primary and alternate communications; telephone numbers; radio channels; call signs; locations of emergency response personnel; locations of emergency equipment; equipment shutdown procedures; muster site and methods to maintain control of the scene; non-affected personnel; and all immediate emergency procedures. The EAP should be a simple checklist or sequential list of responses of expected and immediate actions by personnel in control of the event to aid and extract mishap victims from the scene.

   b. The EAP may be combined with the pre-mishap plan. Incorporating pre-mishap plan actions at the immediate response level will complicate the control at the scene. The priorities for the EAP are to aid and extract victims from the scene while the pre-mishap plan would preserve the scene and ensure proper reporting after the event.

6. **Evaluation.** The process of ascertaining or judging the value or adequacy of an action or an outcome by careful appraisal of previously specified data in light of the particular situation, and the goals or objectives previously established. (See also: inspection)
7. **First Aid**

   a. For military members, any initial one-time treatment and any follow-up visit for observation of minor scratches, cuts, burns, and splinters that do not ordinarily require medical care. Such one-time treatment and follow-up visit for observation is considered first aid, even though provided by a physician or medical professional.

   b. For DoD civilians, any case that requires one or more visits to a medical facility for examination or treatment during working hours, as long as no leave or continuation of pay (COP) is charged to the employee and no medical expense is incurred. Also, a case that requires two or more visits to a medical facility for examination or treatment during non-duty hours beyond the date of injury as long as no leave or COP is charged and no medical expense is incurred.

8. **Formal Training.** Training conducted in a classroom, laboratory, or field exercise for which a course identification number is assigned.

9. **High Risk.** (See also: high-risk training)

   a. A term to describe a known or unknown condition or state where an elevated probability of loss or an increased level of severity is likely or imminent.

   b. A term used to describe situations that require special attention and intervention to prevent a declining situation.

   c. May imply a dangerous situation.

10. **High-Risk Training.** All basic or advanced, individual or collective training in a traditional or non-traditional environment which exposes the crew, staff, students, and assets to the potential risks of death, permanent disability, or loss during training.

    a. For the purpose of this instruction, an assignment of any initial risk assessment code (RAC) of 1 or 2, as well as an assignment of RAC 3 in severity level I (death or loss of asset) or severity level II (severe injury or damage), although the "probability" of an injury or loss is "unlikely (E)" or "seldom (D)," must be considered high-risk training.

    b. A RAC 3 in severity level III (minor injury or damage) or severity level IV (minimal injury) should receive a cognizant authority review to confirm the assessment and reduce any ambiguity about the subjectivity of the assessment (i.e., an event scored as a D, II is a RAC 3 and is a high-risk event, while an event scored as B, III is also a RAC 3, not high-risk by definition, but should be closely reviewed by cognizant authority, due to the frequency of minor injuries or minimal threats, to ensure that the proper "severity level" assigned is not really an A, III - RAC 2 due to the interpretation of "likely" versus "probable" by the assessor during the risk assessment).
c. Some examples of high-risk training include, but are not limited to: visit board search and seizure; survival (aviation, water, land); parachute; fire-fighting; damage control; jungle; desert; small arms; law enforcement; physical security; disaster preparedness; blaster; diver; explosive ordnance disposal; basic underwater demolition; improvised explosive device defeat; sea-air-land; aircrew; survival escape and resistance; aviation water survival; and rescue swimmer schools, etc.

11. **Initial Risk.** Risk before any controls are identified or implemented.

12. **Injury.** (See also: first aid) A traumatic wound or other condition of the body caused by external force including stress or strain. The injury is identifiable as to time and place of occurrence and the part or function of the body affected, and is caused by a specific event or series of events within a single day or work shift. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation.

13. **Inspection.** (See also: evaluation)
   
   a. The process of determining compliance with regulations, directives, instructions, and standards by qualified persons through surveys of training sites, operations, and facilities.

   b. Careful and critical workplace monitoring for safety hazards and deficiencies. Results of inspections are usually reportable to the immediate superior in command (ISIC).

   Note: Remote monitoring of command records or reviewing reports by headquarters or ISIC is considered a management evaluation function vice an inspection in the context of this instruction.

14. **Job Qualification Requirements (JQR).** Locally prepared JQRs are modeled after PQS. Developed specifically for those instances where qualified personnel operators are required and no PQS exists. The unit’s subject matter experts usually develop the JQR.

15. **Mishap.** Any unplanned or unexpected event, or series of events, causing death, injury, occupational illness or damage, including days away from work, job transfer, or restriction; or causing materiel or assets to be lost or damaged, where if some or all causal factors that might have been corrected were corrected, the event or series of events would have been unlikely to occur. (See also: training mishap)

16. **Mishap Probability.** An assessment of the likelihood that, given exposure to a hazard, which is expected to be controlled by risk mitigation (e.g., engineering or administrative controls, or use of PPE), a mishap will likely result. (See also: probability and mishap)
17. **Near Miss.** Identifies a chance mishap event avoidance. An act or event that may have resulted in a mishap where the death, injury, illness or loss of asset was avoided merely by chance. Near misses constitute the greatest number of incidents Navywide. When the event is recognized as a near-miss it may be debriefed as a near-hit to emphasize the severity of the event. Analyzing the near-miss patterns will likely lead to areas where improved risk mitigation controls are needed. Under-reporting is prevalent throughout the Navy. Therefore, everyone must be encouraged to report near-misses or near-hits, and commands must investigate and analyze the circumstances surrounding the near-incident to determine if additional mitigation is necessary.

18. **Operational Risk Management (ORM).** The Navy’s primary process to assess the potential for mission failure, inadequate force protection, and practices of personal risk. ORM is a decision-making tool used by all personnel to increase effectiveness by identifying hazards and reducing the risk associated with each hazard, which in turn greatly increases the probability of mission success. ORM is exceptionally suitable for reducing the inherent risk in high-risk training. The three levels - in-depth, deliberate, and time-critical - are used throughout training development to mission execution.

19. **Pre-mishap Plan.** A command’s internal plan of action to respond to a mishap event. It identifies key personnel actions and responsibilities to preserve the evidence and the scene for investigation and to identify reporting requirements. The pre-mishap plan may be incorporated into the EAP, but commands must ensure the EAP’s immediate actions are clear and the command’s mishap investigation plan does not complicate the immediate actions.

20. **Qualified Safety Officer.** A graduate of any formal specific force safety officer course, or an equivalent compilation of safety courses, PQS or JQR, which meets the level of experience and competence as judged by the designating authority, such as when assigning a qualified safety officer as a TSO.

21. **Residual Risk.** Risk remaining after mitigation controls have been identified, selected, and put into place to reduce, transfer, or adjudicate the associated risk. (See also: risk transfer)

22. **Review.** The process of technical consideration and assessment of the course content, or supporting documents, and programs by appropriately experienced and trained personnel.

23. **Risk**
   
   a. The possibility of suffering harm or loss as expressed in terms of hazard probability and severity; danger.
   
   b. A factor, thing, element, or course involving uncertain danger or hazard.
   
   c. The danger or probability of loss.
d. Chance of adverse outcome or bad consequence; such as injury, illness, or loss.

e. A measure of the possibility that the future may be surprisingly different from what is expected.

f. A composite of the nature of the hazard, degree of exposure to the hazard, time-duration of exposure to the hazard, degree of control exercised over the hazard; hazard with potential for producing harm has been evaluated.

(1) Low safety risk - expected losses that would have little or no impact on accomplishing the mission. A determination of low risk (sometimes recorded as “L”) results from seven possible combinations of probability and severity. The first combination assessed as low risk involves a probability estimate of unlikely for an event that would have consequences of critical severity (IIE). The next combinations are events expected to have consequences of moderate severity, with probability estimates of seldom (IIID) or unlikely (IIIE). Finally, events expected to have consequences of negligible severity, with probability estimates of likely or below (IVB, IVC, IVD, or IVE), are assessed as low risk. Either the event that would cause injury, damage, or illness is not expected, or losses would be minor and would have no long-term effect.

(2) Medium safety risk - degraded mission capabilities in terms of the necessary standard and reduced mission capability if exposure occurs during operations. A determination of medium risk (sometimes recorded as “M”) results from five possible combinations of probability and severity. The first combination assessed as medium risk involves a probability estimate of unlikely for an event expected to have catastrophic consequences (IE). The second is a probability estimate of seldom for an event expected to have consequences of critical severity (IID). Additional combinations assessed as medium risk involve the expectation of moderately severe consequences for events with probability estimates of likely (IIIB) or occasional (IIIC). Finally, an event that would cause negligible loss with a probability estimate of frequent (IVA) is assessed as medium risk.

(3) High safety risk - significant degradation of mission capabilities in terms of the necessary standard inability to accomplish all parts of the mission, or inability to complete the mission to standard if exposure occurs during operations. A determination of high risk (sometimes recorded as “H”) results from five possible combinations of probability and severity. The first two combinations assessed as high risk involve envisioned events for which the severity of the consequences would be catastrophic, and probability is estimated to be occasional (IC) or seldom (ID). The next two combinations involve events for which severity would be critical, and probability is estimated to be likely (IIB) or occasional (IIC). The final combination involves events expected to have moderately severe consequences, with a probability estimate of frequent (IIIA). An assessment of high risk implies that serious consequences will follow a hazardous event, if it occurs. Commanders carefully weigh the risk against the potential gain of the course of action.
(4) Extremely high risk - expected loss of ability to accomplish the mission if exposure occurs during operations. A determination of extremely high risk (sometimes recorded as “EH”) results from three possible combinations of probability and severity. The first combination assessed as extremely high risk is a probability estimate of frequent for an envisioned event that would have catastrophic consequences in terms of severity (IA). The next involves a probability estimate of likely for an event that would have catastrophic consequences (IB). The third combination is a probability estimate of frequent for an event expected to be of critical severity (IIA). For an assessment of extremely high risk, the consequences could extend beyond the current operation.

24. **Risk Assessment.** A structured process to identify and assess hazards. An expression of potential harm, described in terms of severity - or mishap probability - and exposure to hazard. (See also: hazard severity, mishap probability, RAC, and job hazard analysis)

25. **Risk Assessment Code (RAC).** An expression of the risk associated with a hazard that combines the hazard severity or mishap probability into a single Arabic numeral value or a value otherwise defined by policy, instruction, or regulation. A common risk assessment matrix is identified in reference (a).

26. **Risk Decision.** The decision to accept or not accept the risk (s) associated with an action. The decision is made by the commander, supervisor, or individual performing the action within the constraints of authority and law (i.e., SOPs or other directives) to comply with ORM principles.

27. **Risk Management.** The Department of the Navy’s principle structured risk reduction process used to assist leaders in identifying and controlling hazards and making informed decisions. Risk management is a looped process that involves identifying hazards; assessing hazards to personnel, equipment, and mission; developing controls; making risk decisions to eliminate all unnecessary risks; implementing controls; and supervising and evaluating the appropriateness of established controls and making necessary adjustments. Risk management prepares personnel to make decisions during the mission and includes assessing the situation, balancing available resources, communicating their intentions, executing the mission, and debriefing the events. Preparing personnel for the possibility that future evolutions may include continually changing events requires appropriate risk management training.

28. **Risk Transfer.** The act of transferring risk to individuals, activities, or organizations by use of select mitigation mediums and controls. The product of risk transfer is residual risk. (See also: residual risk)

29. **Safety Awareness Training.** Relevant safety program, system, or specific hazard training sufficient to enable assigned personnel to actively and effectively support programs in their specific areas of responsibility.
30. **Safety Review.** A comprehensive review of high-risk training conducted by training, safety, and, as appropriate, medical personnel to ensure courses are being taught with minimum risk to students and instructors. Safety reviews include mishap data, curriculum and instructional techniques, and safety requirements incorporated into course curricula. Additionally, training records, student critiques, and instructor qualifications and evaluations are examined.

31. **Self-Assessment.** Performing an internal review of processes and practices that are normally assessed by an external organization.

32. **Staff.** Military or civilian personnel serving in the role of management, administration, or oversight of high-risk training. Staff members include command leadership, facilitators, trainers, training officers, command safety officers, instructors, TSOs, etc.

33. **Standard Operating Procedure (SOP)**
   
   a. The required document providing detailed, step-by-step instructions for conducting a procedure (in this case safe training), which ensures compliance and includes safety precautions from, but not limited to:

   (1) technical manual requirements;
   
   (2) military and preventive medicine manuals;
   
   (3) aviation training and operation procedures;
   
   (4) PQS;
   
   (5) JQR;
   
   (6) Federal, State, local environmental protection standards; and
   
   (7) security or physical security.

   b. The SOP is an example of an in-depth risk mitigation process to produce both an administrative control and a resource to be called upon during execution of training.

34. **Student.** Any person enrolled in or required by cognizant authority to participate in training. Examples of students include: crews, crew members, teams, team members, units, unit members, boarding teams, individuals, etc.

35. **Time-Critical Risk Management.** One of the three levels of ORM. A risk mitigation tool used during execution of a mission.
36. **Training Authorities.** Echelon 2 and 3 level headquarters exercising command of and providing policy, direction, services, or resources to some portion of the Navy’s Fleet Response Plan. These headquarters include: Commander, U.S. Fleet Forces Command; Commander, Pacific Fleet; numbered fleet commanders (Commanders, 3rd, 4th, 5th, 6th, and 7th Fleets); TYCOMs (Commander, Naval Surface Forces Atlantic; Commander, Naval Surface Forces Pacific; Commander, Naval Air Force Atlantic; Commander, Naval Air Force Pacific; Commander, Submarine Force Atlantic; Commander, Submarine Force Pacific; Naval Network Warfare Command; Naval Meteorology and Oceanography Command; Naval Education and Training Command; Navy Expeditionary Combat Command; Naval Special Warfare Command; Military Sealift Command; United States Naval Academy; and BUMED.

37. **Training Agency.** An office, bureau, command, or headquarters exercising command of or providing support or oversight to a Navy or fleet training activity or those specialized commands which establish mission essential training objectives and perform the duties and responsibilities of training agencies for the purpose of providing training policy and guidance (e.g. Naval Education and Training Command, Naval War College, Naval Reserve Force, Naval Postgraduate School, and Navy Medicine Education, Training and Logistics Command).

38. **Training Executors.** Commands responsible for the execution and sustainment of fleet training. They include training commands, school houses, and ISICs (e.g., Recruit Training Command; Naval Diving and Salvage Training Center; Naval Special Warfare Basic Training Command; Naval Special Warfare Advanced Training Command; Naval Aviation Schools Command; Navy Medicine Operational Training Center; Naval Submarine School; Commander, Carrier Strike Group 4; Commander, Carrier Strike Group 15; afloat training groups; tactical training groups; expeditionary warfare training groups; explosive ordnance detachment training and evaluation units; and support readiness groups).

39. **Training Mishap.** Any mishap that occurs to instructors, students, or assets while conducting formal, traditional, nontraditional, or unit level training as a result of the curriculum or the environment (including training devices, materiel, equipment, etc.) as identified in reference (c).

40. **Training Safety Officer (TSO).** Commanders, COs, or OICs of training activities conducting high-risk courses must designate a qualified safety officer as the command’s TSO. TSOs will be further qualified by site specific JQR. TSOs are concerned with every aspect of providing safe training, evaluation, and monitoring, and in performing safety reviews, investigations, and proper mishap reporting. (See also: assistant training safety officer (TSO))

41. **Training Time Out.** In any situation when students or instructors express concern for personal safety or a need to clarify procedures or requirements, they will call a training time out. Training must immediately cease until the situation or condition is returned to a safe state. Then and only then will training resume.
42. **Unit Level Training**

   a. Training performed by a unit to maintain the operational capabilities required to accomplish the command mission. Any training meeting the definition of high-risk must be reported to the cognizant unit commander, CO, or OIC.

   **Note:** Unit level high-risk training has the potential to be more dangerous than any formal training primarily due to the demand for oversight and frequency of the training. The cognizant commander, CO, or OIC must be made aware of the preparation to provide any unit level training that meets the definition of, or risk assessment equivalent to, designated high-risk training. All are essential to mission success, and, therefore, a deliberate risk assessment must be completed and reviewed for each high-risk training evolution.

   b. Unit level physical training for general fitness enhancement is not deemed high-risk if it is performed to meet requirements as stipulated by reference (g).

43. **Voluntary Training.** Formal high-risk training that is designated as “voluntary.”
1. **Objective.** Training activity COs, OICs, or directors of training are ultimately responsible for ensuring high-risk instructor candidates are screened for professional, physical, and psychological suitability. This guide will assist COs in conducting screenings appropriate to the training environment and risk or stress level. While the instructor screening process must begin at the detaching activity, it is the responsibility of the gaining activity to inform the detaching activity that the candidate will teach high-risk curricula and the level of screening required. Paragraphs 2 and 3 outline the screening process and identify the majority of physical and psychological factors that could disqualify someone for high-risk instructor duty.

2. **Screening and Interview Sequence**

   a. Upon identifying a candidate for high-risk instructor duty, the gaining activity must contact the detaching activity and provide appropriately tailored screening requirements and forms for recording screening milestones. Training activity COs, OICs, or directors of training may wish to repeat portions of the screening, but all training activities must interview incoming instructor candidates. Subparagraphs 2c(3)(a) through 2c(3)(d) provide some helpful guidelines in determining suitability.

   b. Prior to answering questions as part of either the medical screening or the CO’s interview, high-risk instructor candidates will be advised that their answers are not confidential and responses to all questions are voluntary, but that failure to answer a question completely and truthfully may result in disqualification for high-risk instructor duty and other appropriate action. Candidates will also be advised that any information disclosed which might trigger the need for additional inquiry or screening must be referred to the relevant office, as appropriate.

   c. All high-risk instructor candidates will have the procedures in subparagraphs 2c(1) through 2c(4) completed.

   (1) **Service Record Review.** Any adverse administrative entries, below average performance evaluations, non-judicial punishment, etc., must be brought to the CO’s attention prior to the interview. The training activity CO, OIC, or director of training may delegate record screening authority to a subordinate within the command.

   (2) **Physical Requirements.** The candidate must meet general duty physical readiness requirements per reference (g), and any special duty qualifications required by chapter 15 of the Manual of Medical Department (MANMED), such as diver, flight, or firefighter requirements.
(3) **Medical Officer Evaluation, Record Review, and Questionnaire**

(a) Candidates must complete OPNAV 1500/53. This questionnaire will be forwarded as an enclosure with the request for medical screening and interview (refer to the sample provided on page 4 of this enclosure).

(b) Competent medical authority (i.e., medical officer, nurse practitioner, physician assistant or independent duty corpsman) must conduct the medical record review.

(c) All prospective high-risk instructor candidates will have a psychological evaluation conducted by a competent medical authority. Areas of concern and suggested questions are provided in enclosure (3). Training activities will provide these questions as an enclosure with the request for medical screening and interview for high-risk instructor candidates only.

(d) The medical activity completing the review must forward the results to the requesting CO or OIC utilizing the sample “results of medical screening” provided on page 3 of enclosure (3).

(4) **CO’s Interview.** The CO’s interview is required for high-risk instructor candidates. The interview will be conducted following the service and medical record review, and medical officer evaluation. The CO’s interview must assess how specific factors have affected and will likely affect a candidate’s performance in a high-risk training environment. This interview is the final factor in determining suitability for high-risk training instructor duty. The areas of concern, with suggested questions, are provided in enclosure (4). The training activity CO, OIC, or director of training may delegate interviewing authority to a qualified, designated subordinate within the command.

3. **Determination of Suitability**

   a. The criteria in subparagraphs 3a(1) through 3a(4) outlines serious risk issues that provide cause for disqualification for high-risk or instructor duty.

      (1) Chronic medical condition, which hampers the candidate’s ability to perform training duties.

      (2) In-service hospitalization for a major mental disorder such as a psychotic disorder, bipolar disorder, major depression, or suicide ideation or behavior.

      (3) In-service diagnosis of personality or impulse control disorder.

      (4) Any confirmed incident of child or spousal abuse (by member).
b. The criteria in subparagraph 3b(1) through 3b(6) outlines risk issues that must be closely investigated, would likely require specialty referral for expert evaluation, and may be cause for disqualification from consideration as a high-risk instructor.

(1) Disciplinary problems or adverse service record NAVPERS 1070/613 entries.

(2) Poor work performance trends.

(3) Incident resulting in referral to family advocacy.

(4) Medically noted traits of a personality disorder not sufficient to support diagnosis of personality disorder.

(5) Treatment for a substance use disorder within the last 2 years (still in the aftercare period).

(6) In-service outpatient treatment for evaluation or therapy for suicide ideation, threats to harm others, or other mental health problems.

c. Candidates must meet any specific guidelines in the MANMED, chapter 15, for general duty criteria and any special duty qualifications.

d. Based on screening results, the detaching CO will recommend, via NAVPERS 1070/613, by official Navy message to the Bureau of Naval Personnel (BUPERS) and the gaining command, whether or not the candidate should be assigned to high-risk instructor duty.

e. If the gaining activity declines the candidate based on the detaching activity’s negative recommendation for high-risk instructor duty, the detaching activity will request that BUPERS reassign the candidate to other than high-risk instructor duty.

f. If the gaining activity accepts the candidate, they will interview the candidate and review the results of the screening.

g. A NAVPERS 1070/613 will be used indicating the candidate's suitability or unsuitability for high-risk instructor duty. This entry will be signed by the training activity CO, OIC, director of training, or designated representative. The NAVPERS 1070/613 service record entry must not identify reasons for unsuitability.
REQUEST FOR MEDICAL SCREENING

(Date)

From: Commanding Officer, _____________________________________

To: OIC, ______________________________ Branch Medical Clinic

Subj: REQUEST FOR MEDICAL SCREENING FOR HIGH-RISK INSTRUCTOR DUTY
ICO ______________________________________________

Ref: (a) OPNAVINST 1500.75D

Encl: (1) OPNAV 1500/53 Medical Questionnaire
       (2) Medical Officer’s Interview Guide
       (3) Results of Medical Screening

1. Request you conduct the following medical evaluation to assist us with screening subject named member for possible duty as a high-risk instructor per reference (a):

   a. For High-Risk Instructor Candidates Only. Complete enclosure (1) and submit to medical officer for review.

   b. Screen medical record of subject candidate in his or her presence. Screening must be conducted either by a medical officer, nurse practitioner, and physician assistant or independent duty corpsman.

   c. Enclosure (2) is provided to assist you in conducting the medical record screening and interview. Enclosure (3) is provided to assist in reporting a determination as to whether any disqualifying factors are present.

2. The reviewer may request a specialist referral if the review reveals a need for it. The results of the medical screening must be forwarded to the requester and recorded in the candidate's medical record.

3. My point of contact is ____________________________________.
   (Name)         (Phone)

____________________________________
(Signature)
MEDICAL OFFICER’S INTERVIEW GUIDE

These are suggested topics for the medical interview. For any issues that are not resolved to the medical officer’s satisfaction during the interview, refer for specialty consult or evaluation. Look for signs of stress or annoyance in the candidate when discussing these issues, especially regarding abusive behavior and substance abuse.

1. Interpersonal Relationships and Job Adjustment
   a. “Have you ever been referred to a physician or chaplain due to personal or work-related stress that adversely affected your performance?”
   b. “Have you any history of spousal or child abuse or suicidal behavior?”
   c. “Have you experienced any anxieties or phobias that have caused you to be removed from a particular work environment?”

2. Mental and Physical Health
   a. “Have you consulted a civilian health care provider within the past year?” (As appropriate, the medical reviewer should obtain records from the civilian physician.)
   b. “Are you currently taking prescription medications?” “Will the condition affect your ability to perform duties?”
   c. “Have you ever gone before a medical board?” (A copy must be available in the candidate's health record.)
   d. “Is there any documented history of psychological or physiological reaction to stress, tension, vascular headaches (recurrent), upper respiratory symptoms, or unstable hypertension?” (Explore any history of emotional problems that would suggest vulnerability to maladaptive stress coping, such as adjustment (situational) disorders, depressive episodes, or recurrent anxiety.)
   e. “Have you ever been concerned at any time about your emotional health or ability to cope with stress?”
   f. “Have you ever sought psychological counseling by a physician, psychologist, priest, social worker, etc.?”
   g. “Have you threatened suicide or any other self-destructive behavior?”
   h. “Have you ever threatened to hurt another individual?”
i. “Have you ever experienced persistent irrational fear or phobias such as flying, high places, confined spaces, water, etc.?”

j. “Do you have a problem with anger, recurrent anger, or controlling anger?”

3. Substance Abuse

   a. “Have you ever consumed alcohol during work hours or come to work hung over, requiring a referral for competency for duty?”

   b. “Have you ever been referred for evaluation for substance abuse?”

   c. “Have you ever been involved in an alcohol-related incident?”

   d. “Have you ever had concern about your drinking pattern or experienced guilt or remorse for behavior that occurred while drinking?”

   e. “Has alcohol ever caused any family, personal, or work difficulties?” (Specifically address driving under the influence, fights, quarrels, and tardiness or missing work.)

   f. “Do you have a history of drinking excessively?”

   g. “Do you drink early in the day?”

   h. “Has anyone criticized your drinking pattern or advised you to change your drinking pattern?”

   i. “Have you ever experienced blackouts?”

4. Interpersonal Relationships. Was the candidate abused as a child (physically, emotionally, or sexually)?

5. Documented History of Impulsive Behavior

   a. Is there any evidence of untreated alcohol abuse or alcohol dependence? (At least 1-year post treatment with an adequate documented recovery program is required prior to accepting orders as a high-risk instructor).

   b. Is there any psychiatric diagnosis of personality disorders? (Applicable in the case of any psychiatric diagnosis requiring medication or hospitalization unless symptom-free for 1 year and declared fit for full duty by a formal medical board.)
RESULTS OF MEDICAL SCREENING

(Date)

From: OIC, Branch Clinic
To: Commanding Officer, ________________________________

Subj: RESULTS OF MEDICAL SCREENING FOR HIGH-RISK INSTRUCTOR DUTY ICO:

The requested screening and interview have been completed. Information does or does not indicate that there are potentially disqualifying factors in the instructor’s medical history. The candidate is or is not suitable for high-risk instructor duty.

Comments:

(Signature)
COMMANDING OFFICER'S INTERVIEW GUIDE

These are suggested topics for the CO’s interview. For any issues that are not resolved to the CO’s satisfaction during the interview or commented on by the medical reviewer, refer the candidate to the local health care facility for specialty consult and evaluation. Look for signs of stress or annoyance in the candidate when discussing these issues, especially regarding abusive behavior and substance abuse.

1. Interpersonal Relationships and Job Adjustment
   a. “Have marital problems, financial problems, or family advocacy issues ever adversely affected your work performance?”
   b. “Have you ever had problems relating to your supervisors?”
   c. “Have you been a supervisor?” “Are you comfortable in that role?” “Have you had problems dealing with subordinates?”
   d. “Have you had disciplinary problems or lost your temper in the work place?”
   e. “Do you understand and adhere to guidelines for sexual harassment, core values, and personal discrimination?”
   f. “Have you switched rates or had problems advancing in rate?”
   g. “Have you ever been counseled for fighting, writing bad checks, indebtedness, or unauthorized absence?”
   h. “Since enlistment or commissioning, have you ever been arrested?”

2. Interpersonal Relationships. (Using information obtained from service records review or interview, address the following areas.)
   a. How many times has the candidate been engaged, married, or divorced? (more than twice should raise concern).
   b. Does the candidate have broken active duty? If yes, explore the reasons.
   c. How many times has the candidate been fired from a job?
   d. During broken service, was the candidate unemployed for 6 or more months?
3. Documented History Of Impulsive Or Aggressive Behavior. (This information may be substantiated by service record review.)

   a. Since entering the Naval Service, has the candidate ever been involved in a fight or physical altercation? If so, how many? These must be thoroughly evaluated. This is especially important if injuries occurred.

   b. The candidate must be specifically asked about civilian arrests and asked to provide information. More than one misdemeanor arrest or any felony arrest must be fully evaluated.

   c. Has the candidate ever been suspended or expelled from school? More than once may be significant. The interviewer must explore the number of times and the reason. Concern should be raised if this occurred during his or her high school years.

   d. Does the candidate do things without thought that get him or her into trouble? (Examples might include impulsive spending, speeding tickets, going on unauthorized absence or saying things in anger that later have to be retracted).

   e. Is there a documented history of unreliability or has there been a concern about irresponsible behavior?

   f. Is there any documented history of recurrent indebtedness, gambling, or misuse of personal funds significant enough to be drawn to command attention?

Note: When instructor candidate is referred to the local medical facility for a mental health evaluation, it must entail, at the minimum, a standard diagnostic interview conducted by a qualified mental health professional. Hospital corpsmen or other such individuals are not satisfactory for this purpose. Any indicated psychometric testing may be utilized. The mental health professional must report on the SF 513 Medical Record – Consultation Sheet any diagnoses using criteria of Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). A professional opinion must be rendered regarding the psychological suitability of the candidate for the proposed high-risk instructor billet.