

MEMORANDUM OF UNDERSTANDING
BETWEEN THE
NATIONAL FEDERATION OF FEDERAL EMPLOYEES, FD-1, IAMAW,
LOCAL 5300 AND THE
UNITED STATES DEPARTMENT OF AGRICULTURE, FOREST SERVICE

This memorandum of understanding ("MOU") is made by and between the National Federation of Federal Employees, Local 5300 ("Union") and the United States Department of Agriculture, Forest Service ("Management") hereafter referred to as the "Parties". The purpose of this MOU is to describe the implementation of the LEI Wellness Plan for Non-sworn Personnel.

The Parties recognize the benefits of a physically fit and healthy workforce and in collaboration, the Parties have developed the attached LEI Non-sworn Personnel Wellness Plan in order to create an environment that encourages employees to adopt an active lifestyle, which promotes physical well-being, increase health awareness and enhance their ability to lead a satisfying and productive life both on and off the job.

This constitutes the complete understanding between the parties. No other terms or conditions have been agreed to by NFFE and the Agency.

This MOU will not conflict with the Master Agreement between the Forest Service and the National Federation of Federal Employees.

Modifications of these procedures by sub-units is not authorized.

This MOU becomes effective on the date of signature. Either Party may request to re-open or re-negotiate the agreement, if changing conditions create a need, consistent with midterm negotiations under Article 11 of the Master Agreement.

Agreed to: Local 5300:



Linda Peterson

9/19/16
Date

Agreed to: USFS Management:



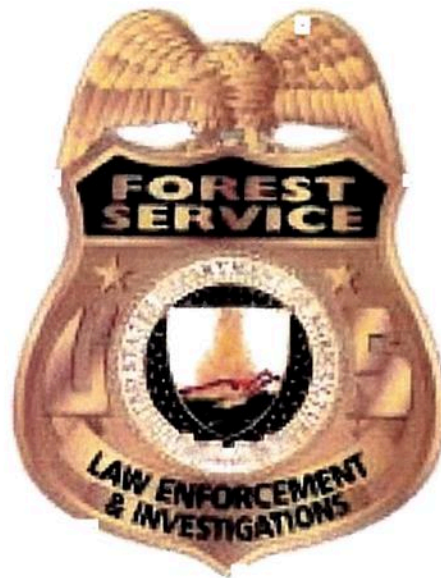
Tracy Perry

9/14/16
Date

United States Forest Service
Law Enforcement and Investigations

Wellness Plan

Non-sworn Personnel



APPROVED

/s/ Tracy D. King

Management

9/17/16

DATE

APPROVED

/s/ Chinanda Peterson

Local 5300

9/19/16

DATE

< This page left blank for duplex printing. >

GENERAL OVERVIEW

The LEI National Wellness Plan encourages the achievement of individual wellness goals for those LEI employees not otherwise eligible for the fitness programs as outlined in FSM 5375. Prior to this plan, non-sworn LEI employees could only participate in wellness activities and programs as offered by their hosting units, which resulted in a lack of consistency throughout LEI nationally. This plan forms the guidance and procedures with an intent to create an environment that encourages employees to adopt an active lifestyle, promotes physical well-being, increases health awareness, and enhances employees' abilities to lead a satisfying and productive life. The Forest Service will benefit from increased productivity and reduced lost time resulting from illnesses and injuries.

LEI NON-SWORN WELLNESS PLAN

In accordance with FSM 6145.01, this plan outlines procedures as for activities as authorized by Title 5, United States Code, section 7901 (5 U.S.C. 7901) and Title 5, Code of Federal Regulations, Part 792 (5 CFR Part 792). These activities specifically include:

- Providing health services
- Health education
- Specific disease screening
- Encouraging health maintenance
- Establishment and operation of physical fitness programs.

TYPES OF PROGRAMS

Education Program

The objective of the education program is to inform employees of activities and opportunities to develop and pursue healthy lifestyles that can improve employee wellness. Programs may include activities with promotional incentives (Reference FSM 6500, section 6511.31g) to encourage employee participation or informational sessions on health-related subjects such as nutrition, weight control, eye care, smoking cessation, dealing with stress, etc. This program is augmented with a number of benefits already provided by Employee Assistance Program (EAP).

Health Screening and Evaluation Program

The objective of this program is to reduce the potential risk of illness in a community work environment and to provide baseline health data and health monitoring data to employees on a continuing basis. This program offers participatory activities such as flu vaccinations, health risk appraisals, hearing screens, blood panels, and interpretation of the results. Employees are encouraged to participate in wellness education activities such as health fairs, seminars/workshops and Federal Fitness Day events. Additional wellness information is located at the Office of Safety and Health portal. <https://ems-portal.usda.gov/sites/fs-osoh/Pages/WellnessWorklife.aspx>

Use of base time (01) for participation at sponsored health screenings and health fairs is allowed, but is at the discretion of the supervisor. Agencies are required to provide flexibility for preventive screenings and examinations. In the case of employees with fewer than 80 hours (two weeks) of accrued sick leave, the government is directed to provide up to four hours of excused absence each year without loss of pay or charge to leave, for participation in health screenings¹

¹ See FSH 6109.11

Work Fitness Program

The objective of this program is to improve individual employee fitness as based upon individual employee fitness and wellness goals and to encourage individual responsibility in maintaining and improving personal health through regular physical exercise.

There are three work fitness program options under this program available for employees to and are each explained in detail below: the Excused Absence Option, the Health Club Option, and the Alternate Activities Option. *Employees may participate in only one option at a time.*

Option 1 - Health Club Option (HCO)

The HCO allows employees to exercise on off-duty time with the benefit of the Forest Service reimbursing up to \$50 per month of the gym fees. This option is beneficial for those employees who desire more than 3 hours of fitness time per week, employees that may need the added professional assistance found at a commercial fitness facility, or employees without access to reliable fitness equipment at home or at work. Employees are required to attend a health club at least nine times each month and perform at least 30 minutes of approved activities each time to be eligible for reimbursement. Employees may choose any health club. Employees are responsible for payment of membership fees and are solely responsible for following all rules and regulations associated with the gym membership. Employees may file for quarterly reimbursement of *up to \$50 per month* for membership fees, but are not authorized to exercise while on government time.

Monitoring of an employee's contract is the responsibility of the employee's immediate supervisor. Before reimbursement, the supervisor must sign the employee's participation sheet indicating that the employee adhered to the conditions of the contract.

Extended details, official travel, sickness, and vacation time may interfere with an employee's ability to abide by the conditions of the contract. In these, or other unusual situations, the employee should consult with their supervisor. If the situation is legitimate, work related, and non-recurring, an alternate workout schedule may be authorized.

Some things to consider when selecting a health club: Is the club close to your home or workplace? Have you visited the club during the hours you plan to attend to determine how crowded it is? Does the club have the variety and type of equipment and amenities that you need to make your fitness program motivating and successful? Does the club offer programs for the family? Are there any hidden costs in the club such as towel fees, childcare fees, or locker fees? Ask your friends and co-workers which club they belong to. Exercise together; the chances of a long-lasting wellness commitment are much greater when you have friends who share the same wellness goals.

Option 2 - Excused Absence Option (EAO)

Under the EAO, the employee is approved to use up to 3 hours of government time each week to participate in approved wellness activities. No paid time for a workout on any single day will be less than 15 minutes or more than 1 hour. The intent is to encourage multiple workouts throughout the scheduled workweek. The excused absence time used must fall between the hours of 0500 and 2200 at times mutually agreed upon between the employee and the supervisor. If an employee's normal schedule does not include night pay or night shift differential, they are not entitled to night pay or night shift differential while participating in the EAO when they exercise between 1800 and 2200 or between 0500 and 0600. EAO is not allowed on weekends unless it is a scheduled workday within the employee's normal tour of duty. Employees will not be granted administrative leave for wellness activities on days that they do not work (all day sick or annual leave, holidays, or other non-work days).

Time shall be recorded as administrative leave² and validated as such when submitting time and attendance. For example, if an employee regularly works from 0800 to 1530 with 1/2 hour for lunch (7 hours) and exercises from 1700 to 1800, the time and attendance record will show the wellness activity time coded to Transaction Code (TC) 66, Description Code 06². (The Description Code is the 3rd column in the PAYCHECK posting area). The time sheet must note where TC 66 Desc 06 time was taken as part of the EAO contract². Travel time to or from the fitness activity is not compensable under the Wellness Program.

Following maxiflex time guidelines, it is allowable to accrue time under EAO beyond 8 hours in a day while balancing the 40 hours/week or 80 hours/pay period requirement, as long as no more than 12 hours of base time is worked in a given day. It is also allowable to earn credit hours in the same week that you use EAO time under this option. Use discretion in both situations so these options remain available.

NOTE: Required: Every employee that participates in the Excused Absence Option is to complete and sign a Risk Assessment (RA) Form (attached at the end of the FY16 Wellness Plan), which includes other appropriate signatures.

Option 3 - Alternative Activities Contract (AAC)

This authorizes participation in programs such as Weight Watchers, aerobic classes, smoking cessation, etc. This option is designed for the employee who has a particular health need that does not fit within the scope of the programs offered, but who feels that having the Forest Service as a partner could help them achieve their goal. The Forest Service recognizes the difficulty and expense in making lifestyle changes necessary for good health and is willing to help those changes to occur for the benefit of the employee and Agency.

The AAC will be reviewed jointly by the employee and the supervisor. The supervisor will send a recommendation to the employee's second line supervisor for approval. The review of the proposed activity will include the same analysis as the "approved activities" (meeting fitness objective, public image, risk potential, and appropriateness of cost reimbursement, if applicable).

There are no established parameters on the proposals you may submit. This feature was placed under the Personal Fitness Plan because most lifestyle changes related to good health involve a measure of physical activity. Do not hesitate to submit a proposal because you think it may not relate to physical activity. Submit your request and let the Wellness Program try to assist you.

APPROVED ACTIVITIES for ALL Options under the Work Fitness Program

Forest Service Manual 6145.2 requires the Agency to identify sanctioned fitness activities by considering the potential for injuries and the image such activities present to the public. When reviewing activities for inclusion into or exclusion from the Wellness Plan, three major factors were considered:

- a. How the public would view the appropriateness of a particular activity, were they aware that Government money was supporting the activity(s).
- b. The potential for injury or illness in the various activities in order to assess the risks associated with potential worker's compensation claims.

² Amended July 2007, per direction from a WO letter, 6170-1/6160-2, Subject: Excused Absence for Fitness Activities, To: Regional Foresters, Stations Directors, Area Directors, IITF Director, Deputy Chiefs and WO Staff Directors, dated June 28, 2007 filed in Lotus Notes Correspondence Database.

- c. An overall assessment of whether the particular activity fits into the Wellness Plan's goals of motivating employees rather than just providing recreation.

The potential for injury is determined by a great number of variables such as age, weight, familiarity with the activity, state of fitness and flexibility, frequency and intensity of the exercise, competitive drive, warm-up and cool-down. Some personal fitness activities result in frequent, less serious injuries, while other activities result in less frequent but more serious injuries. Moderate intensity exercise lasting 30 minutes, four or more times a week, provides excellent fitness and health benefits with minimal risk. High intensity exercise is associated with increasing injury potential and those activities are not included in the Personal Fitness Program. Competitive sports events are not part of the Personal Fitness Program.

Following is a list of approved activities under this Wellness Plan. These activities should be performed moderately rather than in a strenuous manner. Only approved activities are allowed under this Wellness Plan.

Approved Activities

Aerobics	Martial Arts (non-contact)	Swimming (pool)
Bicycling	Pilates	Tai Chi
Calisthenics	Rowing machine	Treadmill
Cross country skiing	Ski machine	Walking (brisk)
Elliptical machines	Skipping rope	Weight machines
Free weights	Stair step machine	Yoga
Jogging/running	Stationary bicycle	Zumba/Fitness classes
Pilates	Stretching	

ELIGIBILITY

Voluntary Participation

Participation in any program under the plan is voluntary. Time schedules and coordination with work activities need to be agreed upon between employees and their current supervisors. A supervisor may deny an individual from participation in a requested activity if it interferes with a specific work project. However, it is expected that supervisors allow time for employees to participate in scheduled wellness activities. **Denying participation should be a rare occurrence.** If an employee would be allowed to be away from work for any other reason, such as flextime, annual leave, credit hours, etc., then it should be reasonable for them to take part in their approved fitness activities.

Employees

The Wellness Plan provisions are available to all employees with continuing appointments (career, career-conditional, and excepted conditional appointments). Employees who do not have continuing appointments (temporaries, temporary students, etc.), may participate in appropriate education and screening programs with supervisory approval while they are in pay status but are not eligible for the Excused Absence Option, Health Club Option, or the Alternate Activities Contract Option.

Permanent part-time employees may participate in the Health Club Option if their tour of duty is 20 hours per week or more. Permanent part-time employees may participate in the Excused Absence Option on a pro-rated

basis based on their guaranteed tour of duty: up to 1 hour/week if guaranteed TOD is 10-20 hours/week, up to 2 hours/week if guaranteed TOD is 21-30 hours/week, up to 3 hours/week if guaranteed TOD is 31-40 hours/week.

Permanent seasonal employees may participate in the Health Club Option during the time they are actually employed.

Note: Employees who are allowed work time for exercise under other authorities or programs are excluded from also participating in the Personal Fitness Program under the Wellness Plan during any period of time that would result in a duplication or overlap of coverage.

Employees in travel status

Employees who are in travel status are encouraged to use the fitness room provided by the facility in which they are staying, if available. Under certain conditions it may be permissible to use a government-owned or government-leased vehicle to participate in an approved wellness activity while in travel status. Contact your supervisor if you have questions.

Termination from the program

Failure of an employee to fulfill the requirements of their Personal Fitness Program Contract may result in the termination of their authorization to participate in this Wellness Plan.

PARTICIPATION UNDER THE WORK FITNESS PROGRAM

In order to participate in any of the three options an employee MUST complete and submit the appropriate Personal Fitness Contract for Option 1, 2, or 3 following the guidance or limitations provided in the Voluntary Health Screening Questionnaire. The Personal Fitness Contract is the document authorizing the employee to participate in approved activities in the Work Fitness Program and must be properly completed and signed. The Personal Fitness Contract is an agreement between the employee and supervisor regarding participation in the program. A new contract is required at the beginning of each fiscal year, when there is a permanent change in supervision, or when the employee changes to a new option.

When filling out their *first* Personal Fitness Contract, an employee should complete the Voluntary Health Screening Questionnaire (which is a self-assessment). The questionnaire is based on screening criteria developed by the American College of Sports Medicine and is used to indicate whether it is appropriate for the employee to exercise. If the questionnaire triggers concerns about your ability to exercise, the employee should consult a physician before participating in a Personal Fitness Program. The questionnaire is merely an optional screening device and employees are encouraged to consult their doctor whenever any concerns occur. Expenses resulting from a pre-participatory consultation with a physician are NOT covered under this plan.

Federal employees injured while engaging in fitness activities under this wellness plan may be covered by Worker's Compensation benefits provided under the Federal Employees Compensation Act if they are following all requirements of the Plan. Employees injured while traveling to or from a fitness activity are generally not eligible to file a claim under FECA for injuries. The supervisor shall maintain the original signed Personal Fitness Contract in the employee's official personnel file.

REIMBURSEMENT OF HEALTH CLUB FEES

Employees must complete the *Participation and Reimbursement Record* and submit it on a quarterly basis to Albuquerque Service Center for reimbursement of appropriate Health Club Fees. The signed *Participation and Reimbursement Record* form, a copy of the employee's approved *Personal Fitness Plan*, and proof of payment (receipt) are to be uploaded into the reimbursement request and will be attached to form FS-6500-229. The eForm and instructions are available through the ASC Budget and Finance website at <http://fsweb.asc.fs.fed.us/bfm/programs/financial-operations/payments/miscellaneous/index.php>. The employee and supervisor must sign both forms. The original package is to be filed as part of the unit's official records. It is recommended that the employee keep a copy of all information sent in case further research or clarification on a payment may need to be made.

VOLUNTARY SELF-ASSESSMENT HEALTH SCREENING QUESTIONNAIRE (HSQ)

Participant Name _____

Assess your health history by marking all true statements.

HAVE YOU HAD THE FOLLOWING?

- | | |
|---|--|
| <input type="checkbox"/> a heart attack | <input type="checkbox"/> heart valve disease |
| <input type="checkbox"/> heart surgery | <input type="checkbox"/> heart failure |
| <input type="checkbox"/> cardiac catheterization | <input type="checkbox"/> heart transplantation |
| <input type="checkbox"/> coronary angioplasty (PTCA) | <input type="checkbox"/> congenital heart disease |
| <input type="checkbox"/> pacemaker/implantable cardiac defibrillator/rhythm disturbance | <input type="checkbox"/> personal experience, a doctor's advice, or any other physical reason that would prohibit you from participating in this wellness program. |

If you marked any of the statements in this section, consult your physician before engaging in exercise.

- | | |
|--|---|
| <input type="checkbox"/> You experience chest discomfort with exertion | <input type="checkbox"/> You have concerns about the safety of exercise |
| <input type="checkbox"/> You experience unreasonable breathlessness | <input type="checkbox"/> You take prescription medication(s) |
| <input type="checkbox"/> You experience dizziness, fainting, blackouts | <input type="checkbox"/> You take heart medications |
| <input type="checkbox"/> You have musculoskeletal problems | <input type="checkbox"/> You are pregnant |

CARDIOVASCULAR RISK FACTORS

- | | |
|--|--|
| <input type="checkbox"/> You are a man older than 45 years | <input type="checkbox"/> Your blood cholesterol level is >240, g/dl |
| <input type="checkbox"/> You are a woman older than 55 years or you have had a hysterectomy or you are post menopausal | <input type="checkbox"/> You don't know your cholesterol level |
| <input type="checkbox"/> You smoke | <input type="checkbox"/> You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister) |
| <input type="checkbox"/> Your blood pressure is > 140/90 | <input type="checkbox"/> You are a diabetic or take medicine to control your blood sugar |
| <input type="checkbox"/> You don't know your blood pressure | <input type="checkbox"/> You are physically inactive (i.e., you get < 30 minutes of physical activity at least 3 days per week) |
| <input type="checkbox"/> You take blood pressure medication | <input type="checkbox"/> You are > 20 pounds overweight |

If you marked 2 or more of the statements in this section, consult your Physician before engaging in exercise.

If none of the above is true, you should be able to exercise safely without consulting your Physician.

**HEALTH CLUB OPTION
Personal Fitness Plan (PFP) Contract
LEI Wellness Program**

I, _____, agree to engage in the physical fitness activity(s) allowed in the LEI Wellness Plan under the Health Club Option (HCO) of the Physical Fitness Program and I agree to abide by all requirements of the Wellness Plan. I understand that personal commitment is a key factor in any Wellness program. I also understand in order to be reimbursed for membership fees; I must work out at least nine times each month and submit the reimbursement record to my supervisor for approval. Activities chosen must be from the approved activities listed in the Wellness Plan.

My activity(s) and workout times will be (describe):

1. _____
2. _____

My health objectives are:

1. _____
2. _____

Known health risks:

Employee's Signature Date

APPROVED _____ DISAPPROVED _____ (If disapproved, state reason(s) on back)

Supervisor's Signature Date

The supervisor must approve any deviations from this contract in advance. If you terminate participation in the HCO, notify your supervisor in writing (Electronic message is sufficient).

Employees cannot sign up for the Excused Absence Option (EAO) and Health Club Options (HCO) concurrently. You cannot receive Health Club reimbursement if you are also using the Excused Absence option.

This document is to be maintained in the employee's EDR.

**EXCUSED ABSENCE OPTION
Personal Fitness Plan (PFP) Contract
LEI Wellness Program**

I, _____, agree to engage in the physical fitness activity(s) allowed in the LEI Wellness Plan under the Excused Absence Option of the Physical Fitness Program and I agree to abide by all requirements of the Wellness Plan. Employees are eligible to use up to 3 hours of official time (TC 66) each week to participate in approved activities. No official time for a workout or any single day will be neither less than 15 minutes nor more than 1-hour. The intent is to encourage multiple workouts over several days. The official time used must fall between the hours of 5 a.m. and 10 p.m. at times mutually agreeable between the employee and the supervisor. Excused Absence is not allowed on weekends unless that is a scheduled workday within the employee's normal tour of duty. Activities chosen must be from the approved activities listed in the Wellness Plan.

My activity(s) and workout times will be (describe):

1. _____

2.

My health objectives are:

1. _____

2. _____

Known health risks:

Employee's Signature

Date

APPROVED _____ DISAPPROVED

(If disapproved, state reason(s) on back)

Supervisor's Signature

Date

The supervisor must approve any deviations from this contract in advance. If you terminate participation in the EAO, notify your supervisor in writing (Electronic message is sufficient).

Employees cannot sign up for the Excused Absence Option (EAO) and Health Club Options (HCO) concurrently.

This document is to be maintained in the employee's EDR.

**ALTERNATE ACTIVITY OPTION
Personal Fitness Plan (PFP) Contract
LEI Wellness Program**

This contract terminates on _____.

Employee Name: _____

I agree to engage in physical fitness activity(s) described below:

Alternate Activity is designed for the employee who has a particular health need that does not fit within the scope of other fitness options offered. The objective of this Option is to reach out and encourage participation by tailoring a program to an individual's unique needs. Examples of standardized programs that will be covered by this contract are: a "medically supervised" intensive weight-control program: Weight Watchers Program; smoking cessation program, etc. (This is a partial listing).

Employee is eligible for reimbursement up to \$50/month towards the cost associated with an approved activity. Employee agrees to participate in this Option on his or her own time and follow each program's participation requirements that will vary depending on the type of program. Because of the unique nature of this option, your supervisor MUST review and recommend approval to your 2nd line supervisor.

Depending on what type of payment is required for your particular activity, the Wellness Program will reimburse the employee per individual invoice not to exceed the \$50/month maximum. We cannot pre-pay for an activity; for instance, Weight Watchers has a weekly payment plan or a person can purchase pre-paid coupons to use. The Wellness Program could reimburse the employee as they use their pre-paid coupons, but could not reimburse for the full amount of a pre-paid packet until those coupons were used.

My activity(s) and workout times will be (describe):

1. _____
2. _____

My health objectives are (briefly list):

1. _____
2. _____

Facility name and Location _____

Employee Signature: _____ Date _____

Supervisor's Signature: _____ Date _____

2nd Line Supervisor Signature: _____ Date _____

APPROVED _____ DISAPPROVED _____ (If disapproved, state reason(s) on back)

The supervisor must approve any deviations from this contract in advance. If you terminate participation in the alternate activity option, notify your supervisor in writing (Electronic message is sufficient).

This document is to be maintained in the employee's EDR.

PARTICIPATION AND/OR REIMBURSEMENT RECORD
LEI Wellness Program

Name of Participant _____

Unit: _____ Contract Termination Date: _____ Job Code _____

Instructions: Please enter time of participation rounded to nearest quarter hour.

DATE	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
	\$											
Date												
Amount	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Employee Signature _____

Supervisor Signature: _____

TA Questions relating to the LEI Wellness Plan

- 1) *How should I code my TA when I use the Excused Absence option to exercise?* **All Excused Absence time for this option should be coded to TC-66 with Description Code 06.**
- 2) *Does that include all time between 0500-2200?* **Yes**
- 3) *How much time on a day can I code to this?* **Up to, but no more than 1 hour can be used on a scheduled workday for Wellness exercise.**
- 4) *Can I use the Excused Absence Option on a Holiday, weekend, sick leave day or Annual Leave day?* **No**
- 5) *How do I code the time on my TA if I have more than 40 hours at the end of the week because I have been using Excused Absence Wellness time?* **If you end up with more than 40 hours at the end of the week of base hours, you would need to use TC-29 for Credit Hours Earned for those extra hours. The purpose of the Excused Absence option is to allow an employee to use some of their base hours to exercise under TC-66, but if an employee and their supervisor agree to exercise time outside of the workday, then through Maxi-flex, Credit Hours could be earned at the end of the workweek. Credit hours cannot be used while exercising, however. All Excused Absence time should be an agreement between the employee and the supervisor based on the job being done.**
- 6) *If I don't use up my 3 hours of Excused Absence time in a week, can I use it the following week?* **No – it cannot accumulate. If you are gone a week on Annual Leave and don't use any, those hours cannot ever be used.**
- 7) *Can I use less than an hour in a day to exercise?* **Yes – you can use less than an hour a day (15 minute increments) on a workday to exercise, but no more than 3 total hours in a week.**
- 8) *Can I use Excused Absence time to drive to a trailhead to start a walk?* **No – you can only use TC-66 time for actual exercise time. Driving time to an exercise location is not compensable.**
- 9) *What if I want to exercise on a Holiday, Weekend, or Annual Leave day?* **You are encouraged to do so, however, such exercise time is not compensable. You may only use TC-66, Description Code 06 on a scheduled workday.**
- 10) *Can I use TC-66 to exercise at my Health Club?* **Yes, if it is done between 0500 and 2200. But, you cannot receive Health Club reimbursement if you are also using the Excused Absence option at a Health Club. You must choose one of the two options. Any option you choose must be approved by your supervisor.**

Risk Assessment Analysis		Project Risk Assessment					Project			
Identification of Hazards and Risk Assessment		Project Risk Assessment					Mission Objectives			
Subsystem	PRE-MITIGATION			POST-MITIGATION				Acceptable Yes/No		
	Hazards (Loss of)	Likelihood	Severity	Risk Level	Mitigation(s), Warnings and Reminders	Likelihood	Severity		Risk Level	Additional Local Mitigation
	Personal Injuries	Occasional	Marginal	Marginal	Review Voluntary Self-Assessment Health Screening Questionnaire. If you mark certain of the risk factors on the form, you should consult a physician and gain approval before exercising as directed on the form.	Remote	Negligible			
		Occasional	Marginal	Marginal	Wear PPE appropriate for specific exercise activity (eg footwear that provides adequate support and protection to feet and ankles). Identify specific PPE for chosen activity in your individual plan.	Occasional	Negligible			
		Occasional	Marginal	Marginal	Ensure that personally owned exercise equipment is properly maintained and in safe working condition.	Remote	Negligible			
		Occasional	Critical	Critical	Ensure that personally owned exercise equipment is properly maintained and in safe working condition.	Occasional	Marginal			
		Occasional	Marginal	Marginal	Include time for adequate warm-up and stretch before engaging in exercise activity, as well as cool down and stretch after activity	Occasional	Marginal			
		Occasional	Marginal	Marginal	Engage in exercise activity when environmental conditions are most favorable. If engaging in outdoor activity, be aware of weather conditions including temperature, air quality conditions, and traffic conditions that may not be conducive to safe physical training. In which case, postpone activity or find a more suitable environment.	Occasional	Negligible			
		Occasional	Marginal	Marginal	Check in/checkout procedures. Know how you would activate EMS by calling if you need medical help. Refer to Emergency Evacuation instructions for your location: gym, home, or office site. Let someone know where you will be exercising if out of city limits, ie hiking, x-country skiing, etc. Notify your supervisor if injuries happen during wellness. Complete necessary paperwork.	Remote	Negligible			
Agency Administrator							Date			

