**TRAVEL RISK ASSESSMENT FORM**

***Please complete all sections of this form in advance of all international travel undertaken by a University of Galway Unit which may include:***

* Conferences
* Placements including ERASMUS
* Supervised off-site courses/Teaching
* Research projects overseas
* Voluntary work overseas
* International recruitment work.

**This form must be reviewed and approved by the Head of Unit at least 10 working days in advance of the trip. If you require information or assistance in completing this form, please contact the Health and Safety Office and/or the Head of Insurance. A separate form will be used for practical fieldwork overseas.**

|  |  |  |
| --- | --- | --- |
|  | ***SECTION 1*** | ***INFORMATION*** |
| **1** | **Course Code / Details** |  |
| **2** | **Unit** |  |
| **3** | **Trip Leader / Coordinator** |  |
| **4** | **Name and Contact Details for University of Galway Emergency Contact** |  |
|  | ***SECTION 2*** | ***TRIP INFORMATION*** |
| **5** | **Date(s) of Trip** |  |
| **6** | **Duration of Trip (days)** |  |
| **7** | **Location(s) and Address(es) of Trip** |  |
| **8** | **Participants**  | **TYPE** | **NUMBER** |
| Undergraduate students |  |
| Postgraduate students |  |
| Staff members |  |
| Members of the Public |  |
| Other (please specify) |  |
| **9** | **Description of trip activities and itinerary**  |  |
|  | ***SECTION 3*** | ***ARRANGEMENTS & PROCEDURESPlease outline what you have in place for the trip*** |
| **10** | **DFA Security Status** Examples:* Normal Precautions;
* High degree of caution;
* Avoid Non-Essential Travel;
* Do not travel
 |  |
| **11** | **Travel & Transportation**Examples:* Type
* Company
* Who will be meeting/greeting
* Designated meeting point(s)
 |  |
| **12** | **Accommodation**Examples:* Location
* Facilities
 |  |
| **13** | **Supervision of Students**Examples:* Security
* Staff numbers (ratio adequate)
* Accountability
* Log of contact numbers for attendees
 |  |
| **14** | **Emergency Plans**Examples:* Fire Safety
* General personal safety
* Accidents/Incidents Reporting
 |  |
|  | **SECTION 4** | **YES** | **NO** | **N/A** |
| **15** | Is adequate insurance in place for the trip? *Please email* University Insurance Officer *for confirmation* | **☐** | **☐** | **☐** |
| **16** | Has all essential health and safety information been made available to all concerned parties? | **☐** | **☐** | **☐** |
| **17** | Have participants been instructed in the use of any special equipment? | **☐** | **☐** | **☐** |
| **18** | Have all participants completed the health questionnaire in Appendix A (***only required for overnight stays or if medical information should be made known to organisers***)  | **☐** | **☐** | **☐** |
| **19** | Is there a qualified first-aider attending the trip? (*Recommended in remote locations or where there is none in host organisation*) | **☐** | **☐** | **☐** |
| **20** | Is a suitably stocked travel first-aid kit available?(*Recommended in remote locations or where there is none in host organisation)* | **☐** | **☐** | **☐** |
| **21** | Is appropriate safety clothing and equipment available (if required?) | **☐** | **☐** | **☐** |

 **SECTION 5: RISK ASSESSMENT**

**In advance of completing this Risk Assessment,** the risk assessor needs to review the relevant entries in the **Department of Foreign Affairs (DFA) website**. It contains Hazard information and detail on Control measures. The Risk assessment must reflect the current DFA information.

The risk assessment table below sets out the hazards that may affect your trip. Please use them as a guide when completing your risk assessment specific to your trip activities. If a section is not applicable, please mark it N/A.

An example has been highlighted.

This list is not exhaustive and must be modified to suit your needs.

|  |
| --- |
| **SECTION 5 - RISK ASSESSMENT** |
| **HAZARD** | **ASSOCIATED RISK(S)** | **Risk Assessment** | **CONTROL MEASURE(S)** | **Persons Responsible**  |
| **Physical Hazards** | **Likelihood** | **Severity** | **Risk Assessment** | **Control Measure(s)** |
| **Weather Conditions:****Inclement Weather****EXAMPLE** | * Hypothermia
* Frostbite
* Sunburn
* Heat stroke
* Poor visibility
* Slips, trips and falls
 |  |  |  | * Note weather forecast and cancel or modify activity accordingly
* Appropriate protective clothing
* Provision for shelter
* Restrict duration of exposure
* Monitoring and supervision
* Safety equipment and emergency supplies (torches, whistles, high visibility clothing, food)
* First-aid training and supplies
 |  |
| **DFA Security status** |  |  |  |  |  |  |
| **Travel & Transport** |  |  |  |  |  |  |
| **Vehicles and machinery** |  |  |  |  |  |  |
| **Travel and Transport** |  |  |  |  |  |  |
| **Electricity** |  |  |  |  |  |  |
| **Tools & Machinery** |  |  |  |  |  |  |
| **Buildings** |  |  |  |  |  |  |
| **Site location, terrain and conditions** |  |  |  |  |  |  |
| **Waste Management** |  |  |  |  |  |  |
| **Child protection** |  |  |  |  |  |  |
| **Chemical Hazards** |  |  |  |  |  |  |
| Exposure to Chemicals |  |  |  |  |  |  |
| **Biological Hazards** |  |  |  |  |  |  |
| Exposure to Biological Agents |  |  |  |  |  |  |
| **Human Factors** |  |  |  |  |  |  |
| Examples:* Lone working
* Assault
* Local Laws
* Security, Theft
* Natural Disasters and climate
* Personal injury / medical emergency
* Health/hygiene
* Local culture e.g., dress code, behaviour, customs etc.
 |  |  |  |  |  |  |

 ***Complete for all hazards relevant to this travel from departure to return.***

**SECTION 6
*Approved by the Head of Unit***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX A**

**Completed forms should be held by the School/Function for use on the trip and securely destroyed after the trip.**

**HEALTH QUESTIONNAIRE FOR TRIPS/TRAVEL (for Overnight Trips)**

**Please note that we require only information that may assist you in the event of an emergency situation. There is no requirement to complete below unless there is something important and relevant that should be brought to the organiser’s attention.**

NOTE: The information below is requested to ensure your safety, health and welfare on trips and to ensure that appropriate assistance can be provided to reasonably accommodate personal safety on trips. All information provided will be treated as strictly confidential and used only to ensure your safety on a trip. You may be approached in confidence by the staff member organising the trip to clarify any assistance required to undertake the trip safely or to clarify details on this form.

We encourage anyone with a relevant medical condition to communicate details on the day to the trained first-aider/organiser accompanying you. If you have any concerns we can put you in contact with our occupational health service to speak with a nurse or doctor in confidence.

**PLEASE USE BLOCK CAPITAL LETTERS**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Male/Female/Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next of Kin Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next of Kin Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Do you have, or have you ever had in the past, any of the following?***

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICAL CONDITION (example only - incomplete)** | **YES** | **NO** | **If YES, Please Give Details** |
| Do you have any significant **allergies** (e.g. pollen/dusts/insects/food/medication/other) that could trigger a severe reaction? | ☐ | ☐ |  |
| Do you have any **medical condition** or take any medication that might cause you to become unexpectedly drowsy/ unsteady on your feet or cause a sudden loss of consciousness? | ☐ | ☐ |  |
| Do you have any history of a significant **hearing impairment** that might make it difficult to hear a warning alarm (e.g. fire/ evacuation alarm) or to follow instructions? | ☐ | ☐ |  |
| Do you have any significant **visual impairment** (not corrected by glasses)? | ☐ | ☐ |  |
| **MEDICAL CONDITION** | **YES** | **NO** | **If YES, Please Give Details** |
| Do you have any **mobility difficulties** or require use of any mobility aids to safely engage in a trip? | ☐ | ☐ |  |
| Do you need any assistance to safely undertake a trip? | ☐ | ☐ |  |
| **Participant Signature** |  |
| **Date** |  |

\*If any changes occur regarding the information provided please inform the organiser.