|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location(s) to be visited |  | | | |
| Duration of Visit | FROM: |  | TO: |  |
| Tasks being undertaken: |  | | | |
| Assessed by (Organiser) |  | | | |

**FCO Travel Advice**

State current FCO Travel advice for areas to be visited: <https://www.gov.uk/foreign-travel-advice>

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**Travel Insurance**

Have you obtained suitable, comprehensive, travel insurance for your trip?

University Travel Insurance is available from:

<http://www.ed.ac.uk/schools-departments/finance/about/sections/insurance/online-forms/travel-insurance>

**Hazard Identification**

(Please complete applicable sections. Hazards listed are examples, for guidance purposes, and are not intended to be exhaustive. Please list the hazards being assessed under ‘Risk’ together with the level of the uncontrolled risk. Control measures and residual risk should be noted in the following columns.)

| **Hazards** | **Risk**  (before control)  L/M/H | **Control Measures** | **Residual Risk**  (after control) |
| --- | --- | --- | --- |
| **Physical Hazards** (e.g. extreme weather conditions, terrain) |  |  |  |
| **Transport** (e.g. excessive driving hours, road conditions, off-road driving, vehicle suitability and breakdown, quality & suitability of public transport, quality of infrastructure, airline suitability) |  |  |  |
| **Biological / Chemical Hazards** (e.g. poisonous plants, venomous/aggressive animals, soil or water microorganisms, parasites/ insects, vector-borne diseases, pesticide use, chemicals on site etc.) |  |  |  |
| **Man-made Hazards** (e.g. machinery, electrical equipment, vehicles, insecure buildings, slurry pits, power and pipelines, cooking equipment and stoves) |  |  |  |
| **Health Hazards** (e.g. vaccinations/prophylaxis required, humidity, pollution, allergies, radiation, altitude sickness, fitness to travel etc.) |  |  |  |
| **Human Issues** (e.g. civil unrest, muggings /robbery, kidnap, customs, culture, religion, dress, language, communication with emergency services, legal differences, lack of family support, etc.) |  |  |  |
| **Personal Safety** (e.g. lone working, attack on person or property, first aid, skills and experience, quality / security of accommodation, food and drink, leisure time) |  |  |  |
| **Environmental Impact** (e.g. refuse, pollution, disturbance of ecosystems) |  |  |  |
| **Other Hazards** (e.g. procedural issues, manual handling) |  |  |  |

**Emergency procedures:** Specify arrangements for obtaining medical aid, nearest hospital, quality of medical facilities, emergency evacuation procedures, remote working, communication, mobile phone reception etc.

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**Local Emergency Numbers:** Insert local emergency numbers (equivalent to 999 in the UK)

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| --- | --- | --- | --- |
| **Medical** |  | **Police** |  |
| **Fire** |  | **Other (Specify)** |  |

**Contingency Plans:** Consider what actions will be taken following emergency response or interruption to travel plans. E.g. local support, alternative accommodation, flexible travel plans etc.?

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**Emergency Contacts**

You must leave emergency contact details with your home School Administrator and your family.

Have you addressed this?

Will you be carrying a mobile phone with you at all times and have you ensured that international roaming has been activated (insert number below)?

|  |  |
| --- | --- |
| **Mobile Number:** |  |
| **UK Emergency Contact**  (Name and telephone number) |  |
| **Alternative Contact** inc. Relationship  (if above not available 24/7) |  |

**Consular Contacts**

Insert contact details for Consular Support in the regions being visited appropriate to those travelling:

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**Assessment carried out by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Signature: |  | Title: |  |

**Assessment Authorised by** (Head of School or approved delegate)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Signature: |  | Title: |  |

***The travelling employee / student must take a copy of this risk assessment along with their travel papers.***

***If any member of the party is pregnant or a new mother, a separate pregnancy or new mother’s risk assessment must be completed in addition to this risk assessment.***

**Repeat Visits**

I confirm that the information in the above assessment is unchanged and the trip will be repeated on the dates below.

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| --- | --- | --- | --- |
| **Sign** | **Date** | **Departure Date** | **Return Date** |
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