|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title of Fieldwork Activity |  | | | |
| Location(s) of Work |  | | | |
| Duration of Work | FROM: |  | TO: |  |
| Description of Fieldwork: |  | | | |
| Assessed by (Leader) |  | | | |
| Supervisors / Demonstrators / Field Assistant(s): |  | | | |

**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, cliffs, caves, mountains, marshes, quicksand, fresh/seawater, mines, quarries, tides) |  |  |  |
| **Transport** (e.g. excessive driving hours, road conditions, off-road driving, vehicle suitability and breakdown) |  |  |  |
| **Biological Hazards** (e.g. poisonous plants, venomous/aggressive animals, soil or water microorganisms, parasites/ insects, vector-borne diseases) |  |  |  |
| **Chemical Hazards** (e.g. pesticides, dusts, contaminated soils, chemicals on site) |  |  |  |
| **Man-made Hazards** (e.g. machinery, electrical equipment, vehicles, insecure buildings, slurry pits, power and pipelines, cooking equipment and stoves) |  |  |  |
| **Personal Safety** (e.g. lone working, attack on person or property, first aid, skills and experience, accommodation, food and drink, leisure time) |  |  |  |
| **Environmental Impact** (e.g. refuse, pollution, disturbance of ecosystems) |  |  |  |
| **Other Hazards** (e.g. procedural issues, manual handling) |  |  |  |

**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 (insert number below)?

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

**Emergency procedures:** Specify arrangements for providing first aid, emergency survival and evacuation procedures, communication etc. Consider previous experience from similar trips, distance from aid, nearest hospital, approximate response times for emergency aid, mobile phone reception and evacuation.

|  |
| --- |
|  |

**Contingency Plans:** Consider what actions will be taken following emergency response. E.g. will operations be able to continue with fewer personnel, will the Group abandon the fieldtrip, can additional personnel join the fieldtrip, new vehicles be obtained etc.?

|  |
| --- |
|  |

**Additional Information:** Identify any additional information relevant to the fieldwork activity including pre-trip information and briefings, supervision, training requirements, mandatory kit list, specialist equipment / clothing, inoculations etc.

|  |
| --- |
|  |

**Checklist**

|  | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- |
| Are the Leader & Supervisors sufficiently experienced? |  |  |  |
| Is there suitable supervision (i.e. Staff to Student ratio)? |  |  |  |
| Has necessary training and information been given to the Supervisors / Demonstrators / Participants? |  |  |  |
| Is there adequate provision for those with health problems or disabilities? |  |  |  |
| Are there adequate First Aiders available? |  |  |  |
| Is permission required to work on site? (If so, provide evidence of permission) |  |  |  |
| Is adequate insurance cover in place? (Contact Finance Office for advice, 50-9154) |  |  |  |
| Have all participants submitted next of kin information to field trip organiser / School Office? |  |  |  |
| Have route notification schedules been provided to Police or Coastguard? |  |  |  |
| If applicable, a pregnancy or new mother’s risk assessment has been completed. |  |  |  |

**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.**

**Participant / Demonstrator Signatures:**

I/we have received copies, read, and commit to abide by the details of, this assessment.

|  |  |  |
| --- | --- | --- |
| **Name** (print) | **Sign** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |