**TRAVEL RISK ASSESSMENT (TRA)**

**Section 1: Assessment Overview**

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| --- | --- | --- | --- |
| **Assessment Reference Number** | **TRA** | **Version Control** | **1.2 - Nov 21** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Assessor** |  | **Date** |  |
| **Description of Area/ Procedure/Task being assessed** |  |
|  |  |

**Section 2: Persons Affected**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Who might be affected by this work?**(delete ✓ as applicable) |  | **Are any vulnerable groups affected?**(delete ✓ as applicable) |  | **How many people are affected?**(delete ✓ as applicable) |  |

**Section 3: Risk Assessment Guidance**

**Risk Matrix**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard Severity Score** | **Impact and Likelihood** | **Probability ⇨** | **1** | **2** | **3** | **4** | **5** |
| **Severity ⇩** | **Negligible** | **Modest** | **Significant** | **Major** | **Extreme** |
| **Negligible very minor Injury no support**  | **1** | **Unlikely** | **1** | **1** | **1** | **2** | **3** | **4** | **5** |
| **Minor injury or illness basic self-help** | **2** | **May Happen** | **2** | **2** | **2** | **4** | **6** | **8** | **10** |
| **Injury or illness requires First Aid support** | **3** | **Almost Certain** | **3** | **3** | **3** | **6** | **9** | **12** | **15** |
| **Injury/illness requires medical support** | **4** | **Likely** | **4** | **4** | **4** | **8** | **12** | **16** | **20** |
| **Fatality and or multiple serious injuries** | **5** | **Very Likely** | **5** | **5** | **5** | **10** | **15** | **20** | **25** |

**Assessment Process**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identify the Hazards** | **Identify those at risk of exposure** | **Assess the risks** | **Record the findings** | **Monitor and Review** |
| Identify the possible risks within the work environment:1. Physical & Environmental
2. Mental Health & Wellbeing
3. Chemical
4. Biological
5. Ergonomic.
 | * Review the work activities and routines considering different locations and situations.
* Identify those at risk, staff, students, visitors and others.
* Include both full, part time and casual workers etc.
 | * Consider how likely it is that each hazard identified could result in harm.
* Consider risk reduction measures.
* Classify the risks.
 | * Record the **MAIN** findings using this template.
* Communicate the assessment, findings and mitigations with those at risk and involve in the activities.
* Share good practices and include feedback to improve controls.
 | Monitor and check upon the implementation of controls and safe working practices to ensure they are being followed and remain suitable and sufficient.  |

**Assessment Guidance**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Eliminate** | Remove the hazard wherever possible which negates the need for further controls. | If this is not possible then explain why. | 12345 |
| **2. Substitute** | Replace the hazard with one less hazardous. | If not possible then explain why. |
| **3. Physical Controls**  | Examples: enclosure, fume cupboard, glove box. | Likely to still require admin controls as well. |
| **4. Admin Controls** | Examples: training, supervision, signage. |
| **5. Personal Protection** | Examples: respirators, face shields, safety specs, gloves. | **Last resort** as it only protects the individual. |

This Risk Assessment has been compiled with the combined and collective engagement of University stakeholders and contributors form Academic, Teaching and Research (ART) and Technical Colleagues within Facilities, Professional Services, Trade Union colleagues and the Student Bodies.

This Risk Assessment is a ‘living document’ and subject to revision and review as part of our continuous improvement and developments in considering the health, safety and well-being of the University, staff, students and wider community.

**Assess and Record Main Findings**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Description of General Theme/Topic****(Hazard)** | **Hazard Score** | **Initial Likelihood** | **Initial Risk** | **Controls** | **Residual****Likelihood** | **Residual Risk** |
| **1** | **DESTINATION****Health** * Vaccinations required?
* Potable water?
* Medical Infrastructure?
* Medical supplies?
* Advice on endemic diseases?
* Availability of Prescription drugs?
 |  |  |  |  |  |  |
| **2** | **Security*** Legal system – drug / alcohol prohibition / penalties?
* Threat of terrorism?
* Political instability?
* Conflict?
* Civil unrest?
 |  |  |  |  |  |  |
| **3** | **Geography/Climate*** Extremes of weather?
* Seismic instability?
* Terrain/Remoteness?
* Altitude?
* Infrastructure?
 |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **4** | **PERSONAL SAFETY****Transport Problems*** Reputable companies?
* Vehicles involved?
* Self-drive or driven by local host / private security firms?
 |  |  |  |  |  |  |
| **5** | **Accommodation Problems*** Fire Safety?
* Access & egress?
* Security?
 |  |  |  |  |  |  |
| **6** | **Cultural Differences*** Local customs?
* Dress Code?
* Religious Observances?
 |  |  |  |  |  |  |
| **7** | **Crime*** Abduction?
* Street Crime?
* Alcohol / Drug Laws?
 |  |  |  |  |  |  |
| **8** | **Communication Problems*** Itinerary?
* Media?
* Contacts and Emergency Contacts?
 |  |  |  |  |  |  |
| **9** | **Security Arrangements*** Private?
* Host?
* Security firm?
* Other?
 |  |  |  |  |  |  |
| **10** | **Emergency Procedures*** Insurance documents?
* Travel Log?
* Loss of passport/visa?
* Emergency Contacts, e.g. Embassy, Consulate?
 |  |  |  |  |  |  |
| **11** | **WORK ACTIVITIES*** **Hazards Associated with work activity?**
* Physical & Environmental
* Ergonomic
* Mental Health & Wellbeing
* Chemical
* Biological
* Radiological
 |  |  |  |  |  |  |
| **12** | **EMERGENCY PROCEDURES*** **Travel Log Completed?**
* **Insurance documents?**
 |  |  |  |  |  |  |
| **13** | **OTHER** |  |  |  |  |  |  |

**Remote Site Work and Study Form is available** [**here.**](https://docs.google.com/document/d/1M38IAxnOOwxpIr0gUEyZMoaHzs7e_WJu_dTh3Wc6a8Y/edit?usp=sharing)

**Section 5: Assessment Sign-Off**

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| --- | --- | --- | --- |
| **Assessor’s Signature** |  | **Position** |  |
| **Print Name** |  | **Date** |  |
| **Additional Comments** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment Agreed by** |  | **Position** |  |
| **Print Name** |  | **Date and Time** |  |
| **Additional Comments** |  |

**Section 6: Communication of Risk Assessment**

I have read and understood the contents of this risk assessment.

|  |  |  |
| --- | --- | --- |
| **Name** | **Date** | **Signature** |
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