**SBOHVM Travel & Fieldwork Risk Assessment Template**

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|  **Project Title** |  |
| **Principal Investigator/Assessor** |  |
| **Partner Institutions** |  |

**NOTE:** This template is provided to allow project teams to plan, assess and record control measures that may be needed to mitigate risk during proposed travel and fieldwork/project activities. This has been modified from the University FWRA to include both Travel and Fieldwork Risks (see guidance here on [fieldwork/travel](https://www.gla.ac.uk/myglasgow/seps/travelfieldworkandplacement/fieldwork/)). If travel doesn’t involve fieldwork and has significant risks beyond the [Generic Travel Risk Assessment](https://www.gla.ac.uk/myglasgow/seps/travelfieldworkandplacement/lowrisktravel-generictravelriskassessment/), then only Sections A-D need to be filled in. If fieldwork is in the UK, then only sections A-C and E apply (not Section D). If travel is overseas, involves travel to a country that cannot be covered by the Generic Travel Risk Assessment, and involves field work, please fill in all Sections (A-E). The template provides only an outline of some typical hazards that will need to be considered but is not necessarily a comprehensive list. It is for the assessor to identify foreseeable and significant hazards associated with the proposed work. If it is necessary to modify parts of this template to accurately capture the risks associated with your project, please do so – the most important part of risk assessment is a frank discussion of the risks involved in your project, a discussion about how those risks will be addressed and that all team members are made aware of the processes and procedures they should be following to reduce risk. This document is a tool to capture/demonstrate that those discussions occurred and that all team members acknowledge being briefed on those discussions.

Currently, all fieldwork risk assessments must also be reviewed by the SBOHVM health and safety committees. PLEASE SEND TO sbohvm-hs-fw-travel@glasgow.ac.uk AT LEAST **THREE WEEKS** BEFORE TRAVEL FOR REVIEW.

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| **SECTION A – OVERVIEW OF ACTIVITIES**  |
| **Location(s) of the planned activity** |  |
| **Description of the planned activity***This section should describe the nature of the activity (mark-recapture study, biodiversity surveys, epidemiological cohort study, etc) in sufficient detail that someone not familiar with the project can understand what the activity is and what sort of risks are involved.* |  |
| **Participant details***This section should provide the name, e-mail address and employer for each participant.* | Name | E-mail Address | Employer/ Student type |
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| **SECTION B – SCHEDULE AND LOGISTICS OF ACTIVITIES**  |
| **Travel itinerary and arrangements within host destination(s).** *Include anticipated dates, locations, activities for those locations, as any known intended travel routes for touring* |
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| **Overnight accommodation.** *List all addresses and telephones and dates where these are applicable*  |
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| **Transport** |
| **Outward and return journey mode of transport and dates/times.** *If applicable; can list different schedules for multiple participants.* |  |
| **Arrangements for transfer from airport to accommodation** *(if applicable):* |  |
| **Details of daily travel to/from accommodation and around field site.** *Include details of any participants that will be driving overseas.* |  |

| **SECTION C – PLANNING CHECKLIST**  |
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| **TABLE C1. Planning checklist**  | Response (category, yes, not applicable)  |
| **What is the UK Government foreign travel advice category** (See <https://www.gov.uk/foreign-travel-advice>)Proposed action in response to any specific advice should be provided within Section D. |  |
| **Are any relevant safety risks identified in** [**UK Government Overseas Business Risk**](https://www.gov.uk/government/collections/overseas-business-risk#:~:text=The%20Overseas%20Business%20Risk%20service,political%20and%20economic%20issues) **report?** If country is not listed, please state ‘no risks.’ If yes, please list risks here and indicate mitigation activities in Section D |  |
| **If international travel is involved, has the country profile from AIG been reviewed?** Access through[www.mylifeline.co.uk](http://www.mylifeline.co.uk/) - use your Glasgow email and Main Policy Number (15900329) to register for an account.  |  |
| Include an **image of the AIG Risk Indicator matrix** here, include the overall risk rating and give date of check.  | Date of check: …………………[paste image here] |
| List any **moderate**, **high risk**, and **very high** categories (with description of risks and mitigations) in section Dbelow |  |
| **If group travel, have all group members reviewed and signed the risk assessment?** |  |
| **Have recommended travel immunisations been completed for all travellers?** |  |
| **Are research permits applicable to conduct the work?** If yes, please make sure these are in place before your work begins. |  |
| **Are research ethical approvals required for the fieldwork?** If yes, please make sure these are in place before your work begins. |  |
| **Are visas required?** If yes, please make sure you obtain these before purchasing tickets. |  |
| **Are you aware that the trip MUST be registered in UoG** [**travel portal and suitable insurance been arranged**](https://frontdoor.spa.gla.ac.uk/tins/index.html)**?** (Registration is mandatory if travel is outside the UK or, if within the UK, involves an overnight stay or air travel.) This is done AFTER RA is approved |  |
| **Are** [**personal contact details**](https://my.corehr.com/pls/coreportal_uogp/i#MgrMain/Dashboard) **on file in CoreHR or within the department/ University?** |  |
| **Has the** [**SafeZone app**](https://www.safezoneapp.com/) **been downloaded and registered for all participants?**  |  |
| **Has the University** [**Generic Travel Risk Assessment**](https://www.gla.ac.uk/myglasgow/seps/travelfieldworkandplacement/lowrisktravel-generictravelriskassessment/) **been reviewed?**  |  |
| **Has a need for specific training been identified for the planned trip (i.e.hostile area, cultural awareness)?** If yes, provide details in Section D or E |  |
| **Are all emergency contacts and information complete (see table C2)?** |  |

| **TABLE C2. Emergency contacts and information** |
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| **First aid**  | (Provide details of arrangements) |
| **Local hospital(s)** | (Address, accessibility and facilities, if relevant to trip) |
| **Insurance number(s)** | University insurer helpline is +44 (0) 1273 552 922 (Glasgow Policy No. 0015900329 ) – but trip must be logged on [TRICAP](https://frontdoor.spa.gla.ac.uk/tins/index.html)If additional cover is taken out give contact / details here: |
| **British consulate(s)**  | (Address and telephone number) (not applicable for UK fieldwork) |
| **Destination contact(s)** |  |
| **Local emergency number(s)** |  |
| **Emergency contact(s) for participants** | Participant Name | Emergency contact name | Emergency contact relationship | Emergency contact (phone, email) |
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**RISK ASSESSMENT GUIDANCE (FOR SECTIONS D & E)**

To calculate the risk ratings, please use the scores for likelihood and impact provided below. Assign the appropriate number for the Likelihood and Impact columns (see definitions below) and then multiply those numbers to determine the Risk Rating number for both the *‘Inherent Risk’* and the *‘Residual Risk’* columns. Inherent Risk describes the risk of the hazard without control measures in place. This should be based on most likely foreseeable outcome, not a worst-case outcome. Then in the right hand column, you should detail risk control measures. These should be specific and actionable and should either reduce the *likelihood* or *impact* of an event, or both. You should then adjust the likelihood and impact scores to determine the residual risk of this hazard after your control measures are enacted.

**RISK RATING is the product of likelihood and impact of a given event.** Risk ratings are calculated for both*‘Inherent Risk’* and *‘Residual Risk’*

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| **SCORES for Likelihood** |  | **SCORES for Impact/Consequence of hazardous event** |
| **1** | Very unlikely |  | **1** | Insignificant (no injury or very minor injury only) |
| **2** | Unlikely |  | **2** | Minor (minor injury requiring first aid only) |
| **3** | Possible |  | **3** | Moderate (More severe injury or up to three days absence) |
| **4** | Likely |  | **4** | Major (Significant injury or more than seven days absence) |
| **5** | Very likely |  | **5** | Catastrophic (Permanent injury or death) |

**RISK RATING & ACTION TABLE**

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| **Risk Rating** | **Risk Level** | **Actions to be taken** |
| **20 – 25** | **Very High Risk** | **STOP!** | Stop the activity and take immediate action to reduce the risk, a detailed plan should be developed and implemented before work commences or continues. Senior management should monitor the plan. |
| **15 – 16** | **High Risk** | **Urgent Action!** | Take immediate action and stop the activity, if necessary. Maintain existing controls rigorously. The continued effectiveness of control measures should be monitored periodically. Seek additional controls to reduce the risk.  |
| **8 – 12** | **Moderate Risk** | **Action** | Moderate risks may be tolerated while further control measures to reduce the risk are being planned and implemented or if no risk reduction is possible. Where practicable, improvements should be made. |
| **3 – 6** | **Low Risk** | **Monitor** | If possible, try to reduce risk, otherwise monitor the situation to ensure that risk remains low. |
| **1 – 2** | **Very Low Risk** | **No Action** | No further action is usually required but ensure that existing controls are maintained and reviewed regularly. |

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| **SECTION D – Trip-specific risk assessment** |
| First, identify what significant hazards are associated with the travel. Some common travel hazards are suggested below, but you should try to identify any others that are relevant to travel to the country or field location. For international travel, we recommend using AIG’s country risk profiles ([www.mylifeline.co.uk](http://www.mylifeline.co.uk/)) to help guide this. Fieldwork specific activities (i.e. immobilizing a wildebeest) are covered in Section E but risks associated with travel to the location and around it, daily activities (i.e. eating, drinking, exposure to endemic diseases), and overnight stays in the location should be covered here. Each relevant factor identified below (YES) should be listed in the ‘Hazard’ column on the risk assessment table that follows.  |
| **Human factors** | **Applicable? (Yes/No)** | **Environment and infrastructure** | **Applicable? (Yes/No)** |
| **Muggings/ robbery**  |  | **Infrastructure**  |  |
| **Political tension** |  | **Driving** (Consider risk of driving in the area, road condition, off road driving or night driving, risk of hijack/theft) |  |
| **Corruption** |  | **Accommodation** (fire, carbon dioxide, electricity) |  |
| **Civil unrest** |  | **High altitude** |  |
| **Kidnap/ abduction** |  | **Desert/intense sun/cold climate** |  |
| **Culture** (customs, dress, LGBTQ+, religion) |  | **Earthquake or volcanic risk** |  |
| **Language/communication** |  | **Storm/hurricane risk** |  |
| **Legal differences** |  | **Monsoon/ high humidity** |  |
| **Stress** (lack of family support) |  | **Air pollution** |  |
| **Medical (**health, pregnancy, other factors) |  | **Radiation risk** |  |
| **Biological risk** |  | **Water contamination** |  |
| **Venomous animals**  |  | **Asthma/allergies** |  |
| **Hazardous animals** (non-venomous) |  | **Food toxins** |  |
| **Endemic disease** ( e.g. Covid, HIV, hepatitis, malaria, rabies, leptospirosis, yellow fever, cholera, polio, typhoid, zika, dysentery, parasites) |  | **Other (specify: )** |  |
| **Other (specify: )** |  |

| **Risk identification** | **Risk assessment** |
| --- | --- |
| Hazard | Potential consequences | INHERENT RISK | Risk control measures *(Indicate any specific arrangements to be put in place to deal with the identified hazards.)* | RESIDUAL RISK |
| **Likelihood** | **Impact** | **Risk rating** |  **Likelihood** |  **Impact** |  **Risk rating** |
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| **SECTION E – Fieldwork-specific risk assessment** |
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| **Lastly, identify significant hazards are associated with the specific fieldwork activities. We have given some examples below, but please adapt to your activities. You should then list each relevant hazard in the ‘Hazard’ column on the risk assessment form that follows.**  |
| **Example hazards associated with fieldwork (please include additional ones as required)** | **Applicable? (Yes/No)** |
| **Muggings/ robbery** (Does the work involve valuable equipment/ materials that could make the work/ study group more vulnerable to robbery?) |  |
| **Political tension** (Does the activity, in itself, pose a risk of offending the local population/ government, or is it likely to be controversial?) |  |
| **Infrastructure** (Consider communications and utilities, mobile phone signal in the field, potential for loss of communications) |  |
| **Working at height** |  |
| **Compressed Air** |  |
| **Lithium batteries** (fire hazard) |  |
| **Mechanical handling** |  |
| **Collection of samples** (i.e. uneven terrain, increase exposure to specific pathogens) |  |
| **Handling biological samples**  |  |
| **Transporting biological samples** (i.e. dry ice, liquid nitrogen) |  |
| **Needles and Sharps** |  |
| **Hazardous chemicals** |  |
| **Working conditions** (i.e. long hours, nighttime) |  |
| **Slips, falls, minor injuries** |  |
| **Work in or adjacent to water** |  |
| **Increased exposure to venomous or poisonous animals** (if not covered in Section D) |  |
| Other risks (specify: + add rows as needed) |  |

| **Risk identification** | **Risk assessment** |
| --- | --- |
| Hazard | Potential consequences | INHERENT RISK | Risk control measures *(Indicate any specific arrangements to be put in place to deal with the identified hazards.)* | RESIDUAL RISK |
| **Likelihood** | **Impact** | **Risk rating** |  **Likelihood** |  **Impact** |  **Risk rating** |
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| **OVERALL RISK RATING:\*****very low, low, moderate, high, OR very high** |  |
| **\* The most appropriate Overall Risk Rating should be judged from the risk assessments carried out within SECTION D and E above and be based on the highest residual risk (see risk rating & action table for categories relating to risk ratings)** |

| **Participant Acknowledgement** |
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| This section should be completed by each participant in the activity to confirm that they have been provided with a copy of this risk assessment and acknowledge the risks identified therein and their own responsibilities in mitigating those risks. Add additional rows as appropriate. |
| **Name**  | **Employer** | **Contact Information (phone number or e-mail)** | **Signature** | **Date** |
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| **Line manager / supervisor authorisation – Required for all fieldwork.** |
| I have assessed this proposal together with the associated risk assessment at Sections D and E. I am satisfied that suitable control measures are in place to manage foreseeable risks and I agree to the fieldwork being undertaken. |
| **Signed (Line Manager or Group Leader)**: | **Date:**  |
| **Print Name:**  |

**NOTE: The signatures below indicate managerial authorisation for the fieldwork. They are not intended to place any personal liabilities on those providing such authorisation, beyond any existing legal duty of care that may apply.**

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| **Additional sign offs: Head of School (or authorised depute) sign off is required only for risk assessments attracting a MODERATE, HIGH or VERY HIGH risk rating. Head of College level sign off is required for any fieldwork judged to be in the higher risk categories.** |
| I have reviewed this proposal together with the fieldwork assessment at Sections D and E. I am satisfied that suitable control measures are in place to manage foreseeable risks and I agree to the fieldwork being undertaken.  |
| Head of School/Director of Institute/Head of Service (or authorised depute) | Date: |
| Signed:  | Print Name: |
| The additional sign off below is required only where fieldwork is assessed as HIGH risk, or VERY HIGH risk. |
| Head of College/Chief Operating Officer (or authorised depute) | Date: |
| Signed: | Print Name: |