**Travel Risk Assessment – Foreign Travel 2 (Travel outside of Western Europe, North America, Australia and New Zealand)** (v.3, Oct 2017)

*You can use this form instead of the* [*Work Travel Related Risk Assessment Form*](http://www.ucc.ie/en/occupationalhealthandsafety/risk-safety-field/workmanual/appsclinks/sciindex/scivol3/) *(19.3.21) for visits to academic institutions, conferences, project meetings, work placement visits, etc. However, you must use form 19.3.21 if travel involves fieldwork, recreational activities or travel to remote areas.*

*You must sign the form on the last page. Academic supervisors must sign to show they have approved risk assessments completed by students.*

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| **Department:** |  | **Date:** |  |
| **Assessor:** |  | **Position:** |  |
| **Travel to (country or area):** |  |  |  |
| **Purpose of visit:** |  |  |  |

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| **Travel details** | | | | |
| **Dates from:** |  | **To:** | |  |
| **Will this trip be repeated? (Yes/No)** |  | | | |
| **Is yes, how often?** |  | | | |
| **Travelling alone (Yes/No):** |  | | | |
| **If travelling with others give details:** | **Name:** | | **Staff/Student:** | |
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| **Do you have experience in foreign travel?** |  | | | |
| **Have you travelled to this country before?** |  | | | |

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| **Transport details** | | | | |
| **Modes of transport:** | **Tick all that apply:** | **Give details:** | | |
| **Airplane:** |  |  | | |
| **Train:** |  |  | | |
| **Public bus service:** |  |  | | |
| **Taxi:** |  |  | | |
| **Private car:** |  |  | | |
| **Rental car:** |  |  | | |
| **Other:** |  |  | | |
| **Do you intend driving during your stay?** | | | **Yes** | **No** |
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| **If yes, have you checked your driving licence and insurance cover are appropriate for the country?** | | |  |  |
| **Do you have any known allergies or medications that may impact on safe driving?** | | |  |  |

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| **Security and personal safety** | | |
| **What is the security status, as listed by the DFA, for the country you are visiting?**  Go to <https://www.dfa.ie/travel/travel-advice/>  Select the required region and country |  | |
| **What is the latest security advice listed by the DFA?**  Go to <https://www.dfa.ie/travel/travel-advice/>  Select the required region and country  Copy relevant security advice in the Overview and Safety and Security tabs |  | |
| **Does the DFA list advice on any of the following:** (see also <https://www.gov.uk/foreign-travel-advice> for additional information) | **Tick all that apply :** | **Give details:** |
| **Crime:** |  |  |
| **Transport** (e.g., airport collection, local transport)**:** |  |  |
| **Infrastructure** (e.g., access to medical care)**:** |  |  |
| **Civil unrest** (e.g., strikes, demonstrations)**:** |  |  |
| **Kidnapping:** |  |  |
| **Local laws/customs** (e.g., risk of breaking local laws, differences in cultural norms)**:** |  |  |
| **Are any adverse weather conditions/ natural phenomena expected at the time of your journey that are likely to lead to a medical or other emergency ?** | Yes | No |
|  |  |
| **If yes, give details:** |  | |

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| **Emergency planning** | |
| **Local contact (e.g., academic institution, conference organiser, hotel):** |  |
| **Telephone number of embassy in the country you are visiting:** |  |
| **Local emergency services contact number:** |  |
| **UCC insurance medical emergency contact (AIG Lifeline Plus Assist 24 hour emergency helpline):** | 00 44 1243 621 053  (Policy number PAE61285) |
| **Travel agent contact number:** |  |

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| **Health** | |  |  |
| **Have you read and signed the Occupational Health Physician Advisory Note on Health and Travel?** | | **Yes** | **No** |
|  |  |
| **Does your trip involve long haul flights (>4 hours)** | |  |  |
| **If yes, have you read and understood information on prevention of travel related deep vein thrombosis (DVT)?**  Information is available at:  <http://www.nhs.uk/Livewell/travelhealth/Pages/PreventingDVT.aspx>) | |  |  |
| **Are vaccines recommended for your destination?** (If you are travelling anywhere outside Western Europe, North America, Australia and New Zealand vaccines may be recommended, depending on the length of your visit, purpose of visit, regions visited and planned activities) | |  |  |
| **If yes, have you discussed requirements with you healthcare provider and received recommended vaccines?** | |  |  |
| **Are there any specific health issues in the area you are visiting (e.g., disease outbreaks, contaminated food, water supply cleanliness?** (Check updated information on the DFA website) | |  |  |
| **If yes, provide details** |  | |  |

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| **Hazard identified** | **Tick if relevant** | **Measures taken to reduce risk** |
| Inexperienced travellers |  |  |
| Terror threats |  |  |
| Crime |  |  |
| Health |  |  |
| Transport |  |  |
| Infrastructure |  |  |
| Civil unrest |  |  |
| Kidnapping |  |  |
| Local laws/customs |  |  |
| Weather/ natural phenomena |  |  |
| Other |  |  |

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| Conclusions about risks | | |
| Risks controlled | |  |
| Risks not controlled | |  |
| Risks controlled for now, but could become higher | |  |
| Uncertain about risks-hazard unknown | |  |
| Cannot decide about risks | |  |
|  | | |
| Overall risk level is | Low |  |
| Moderate | X |
| High |  |

Signature of assessor Date

Signature of PI/Research Director Authorisation: Date

I understand the hazards and risks associated with my travel plans and the measures required to control them.

Name Signature Date