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**TRIP / TRAVEL**

**RISK ASSESSMENT FORM**

**Introduction and Guidance for Completion:**

1. A trip includes any travel off campus on University business e.g. field-trip to sample water/complete a survey; an excursion to a site/factory/commercial premises/tourist attraction/entertainment venue; a trip abroad, conference etc.

***Note: For day trips involving a low-risk activity and environment within Dublin e.g. museum, gallery, theatre, tourist attraction, entertainment venue, conference etc., the risk assessment can be reviewed and approved by the relevant Head of School/ Function without the need for consultation with the Safety, Health & Welfare (SHW) Office.***

***Frequently recurring trips as part of day-to-day operations may already be covered under your School/ Function Safety Arrangements and Risk Assessment document, and therefore a separate trip risk assessment may not be required. Please liaise with your Head of School/Function in this regard and seek advice from the SHW Office if necessary .***

***For all other trips, the risk assessment must be sent to both the SHW Office for review and to the Head of School/ Function for approval.***

1. For trips to be reviewed by the SHW Office please submit completed forms to [shw@tudublin.ie](mailto:shw@tudublin.ie) **no later than 10 working days** in advance of the trip. Unfortunately, we will be unable to provide assistance where submissions are received outside this timeline.
2. All sections of the form should be completed. If something is not relevant please confirm by inserting N/A. If you require any guidance with completion of this form then please contact the SHW Office for assistance.
3. The health questionnaire in Section 6 should be completed by all trip participants in the circumstances outlined below. The SHW Office does not require completed copies. The Trip Co-Ordinator should retain completed health questionnaires in a secure and confidential manner for the duration of the trip only and forms should be securely destroyed at the earliest convenience thereafter.
   1. Trips that involve an overnight stay.
   2. Trips involving an activity or process that could directly affect an underlying medical condition.
   3. Where a particular hazard/risk has been identified in Section 4.
4. The trip leader/coordinator should ensure a dynamic review of the completed risk assessment takes place in real-time to take account of changing circumstances or emerging hazards.
5. Section 5 of the template should be signed by the Head of School/Function and a copy of the risk assessment retained on file by the School/Function for 3 years.

***TRIP RISK ASSESSMENT TEMPLATE FORM FOR COMPLETION:***

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| **SECTION 1** | | **ORGANISER DETAILS** | |
| **1.1** | **School/Function** |  | |
| **1.2** | **Course Title & Code** *(if student/class group)* |  | |
| **1.3** | **Trip Leader / Coordinator** *(name & university contact information)* |  | |
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| **SECTION 2** | | **TRIP INFORMATION** | |
| **2.1** | **Date(s) of Trip** | FROM: TO: | |
| **2.2** | **Type of Travel** | Domestic/Ireland 🞏 International/Overseas 🞏 | |
| **2.3** | **Location(s) and Full Address(es) of Trip**  *(include accommodation provider and main venues to be visited)* |  | |
| **2.4** | **Description of itinerary and trip activities** *(please be as specific as possible)* |  | |
| **2.5** | **Participants** | **TYPE** | **NUMBER** |
| Undergraduate students |  |
| Postgraduate students |  |
| Children (U-18) |  |
| Staff members |  |
| Members of the Public |  |
| Other (please specify) |  |
| **2.6** | **Have you confirmed insurance arrangements and cover with** [**insurance@tudublin.ie**](mailto:insurance@tudublin.ie) **?** | YES 🞏 NO 🞏 N/A 🞏 | |
| **2.7** | **Have all trip participants completed the health questionnaire where required? (see section 6)** | YES 🞏 NO 🞏 N/A 🞏 | |

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| **SECTION 3** | | **GENERAL SAFETY ARRANGEMENTS**  **& PROCEDURES**  ***Please provide as much***  ***information and detail as possible*** |
| **3.1** | **Travel & Transportation**  *Key points for consideration:*   * Mode of transport (*on foot/car/bus/air*) * Use of licensed reputable transport providers (*public/private*) * Wearing of safety belts * Meeting & greeting; collection/drop-off points * Travelling solo or as a group |  |
| **3.2** | **Venue / Accommodation**  *Key points for consideration:*   * Type (*venue/hotel/hostel/B&B/host family*) * Venue hire/use * Use of reputable accommodation providers * Staying solo or as a group in same venue * Safety standards and equipment (e.g. *fire detection, first-aid*) |  |
| **3.3** | **Supervision of Students**  *Key points for consideration:*   * Staff : student ratios * Head count/roll call * Communication (exchange of contact numbers) * Health/medical issues * Child protection / U18s * Health & safety briefing/provision of information/training requirements |  |
| **3.4** | **Emergency Plans**  *Key points for consideration:*   * Fire Safety & Emergency Evacuation * General personal safety and security * Accident/Incident Reporting * Emergency Contact Numbers * First-Aid & Medical |  |
| **3.5** | **Food & Alcohol**  *Key points for consideration:*   * Use of reputable food service providers * Food allergens * Policy on alcohol consumption |  |
| **3.6** | **Overseas/International Travel**  *Key points for consideration:*   * Travel restrictions/safety advice issued by [www.dfa.ie](http://www.dfa.ie) * Health/medical/fitness to travel * Vaccinations * Climate/environmental extremes * Local culture/customs/laws * Working alone or in isolation |  |

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| ***SECTION 4*** | | ***RISK ASSESSMENT*** |
| ***Table 1: Please use the examples below as a guide to identifying any additional hazards that are specific to your trip and then complete your risk assessment in Table 2.***  **EXAMPLES ONLY** | | |
| ***HAZARD EXAMPLE*** | ***ASSOCIATED RISK*** | ***EXAMPLE CONTROL MEASURES TO REDUCE RISK*** |
| *Field work* | *Separation/person lost or missing* | *This list is not exhaustive:*   * *Lone working avoided where possible.* * *Meeting points established in advance.* * *Use of mobile phones for communication.* * *List of emergency contact numbers available.* |
| *Field work* | *Poor Terrain* | *This list is not exhaustive:*   * *Appropriate footwear and clothing.* * *Rest breaks as required.* * *First-aid arrangements in place.* |
| *Field work* | *Adverse weather* | *This list is not exhaustive:*   * *Weather forecast checked in advance and plans altered accordingly.* |
| *Field work* | *Water borne disease or infection* | *This list is not exhaustive:*   * *Use of bottled drinking water.* * *Avoid skin contact with stagnant water.* * *Open cuts/wounds to be covered.* |

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| ***Table 2: Risk assessment of your trip and activities.*** | | |
| **HAZARD** | **ASSOCIATED RISK** | **CONTROL MEASURES TO REDUCE RISK** |
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| **SECTION 5** | **APPROVAL BY HEAD OF SCHOOL/FUNCTION** |
| Print Name: |  |
| Signature: |  |
| Date: |  |

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| **SECTION 6** | **HEALTH QUESTIONNAIRE** |
| **NOTE:** The information below is requested to ensure your safety, health and welfare on trips and to ensure that appropriate assistance can be provided to reasonably accommodate personal safety on trips. All information provided will be treated as strictly confidential and used only to ensure your safety on a trip. You may be approached in confidence by the staff member organising the trip to clarify any assistance required to undertake the trip safely or to clarify details on this form. **PLEASE USE BLOCK CAPITALS** | |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female/ prefer not say: \_\_\_\_\_\_\_\_\_\_\_\_**

**Next of Kin Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Next of Kin Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **MEDICAL CONDITION** | **YES** | **NO** | **If YES, Please Give Details** |
| Do you have any significant allergies (e.g. pollen/dusts/insects/food/medication/other) that could trigger a severe reaction? |  |  |  |
| Do you have any medical condition or take any medication that might cause you to become unexpectedly drowsy/ unsteady on your feet or cause a sudden loss of consciousness? |  |  |  |
| Do you have any history of a significant hearing impairment that might make it difficult to hear a warning alarm (e.g. fire/ evacuation alarm) or to follow instructions? |  |  |  |
| Do you have any significant visual impairment (not corrected by glasses)? |  |  |  |
| **MEDICAL CONDITION** | **YES** | **NO** | **If YES, Please Give Details** |
| Do you have any mobility difficulties or require use of any mobility aids to safely engage in a trip? |  |  |  |
| Do you need any assistance to safely undertake a trip? |  |  |  |
| **Participant Signature** | | |  |
| **Date** | | |  |

*\*****If any changes occur regarding the information provided please inform the trip organiser.***