

## TRAVEL RISK ASSESSMENT FORM

*Please complete all sections of this form in advance of each trip and submit a copy for review to the Secretariat Health & Safety Office no later than 7 days in advance of the trip. If you require any guidance or assistance with completion of this form then please contact the Health and Safety Officer ruthmeehan@riam.ie*

<b>SECTION 1</b>		<b>R.I.A.M. INFORMATION</b>	
<b>1</b>	<b>Course &amp; Name</b> (where relevant)		
<b>2</b>	<b>School / Function</b>		
<b>3</b>	<b>Trip Leader / Coordinator</b>		
<b>4</b>	<b>Contact Details</b>		
<b>SECTION 2</b>		<b>TRIP INFORMATION</b>	
<b>5</b>	<b>Date(s) of Trip</b>		
<b>6</b>	<b>Duration of Trip (days)</b>		
<b>7</b>	<b>Location(s) and Address(es) of Trip</b>		
<b>8</b>	<b>Participants</b>	<b>TYPE</b>	<b>NUMBER</b>
		Students (over 18)	
		Students (under 18)	
		Staff members	
		Members of the Public	
		Other (please specify)	
<b>9</b>	<b>Brief description of trip activities and itinerary</b>		

<b>SECTION 3</b>		<b>ARRANGEMENTS &amp; PROCEDURES</b>		
		<i>Please outline what you have in place for the trip</i>		
<b>10</b>	<b>Travel &amp; Transportation</b> Examples: <ul style="list-style-type: none"> <li>• Type</li> <li>• Company</li> <li>• Who will be meeting/greeting</li> </ul>			
<b>11</b>	<b>Accommodation</b> Examples: <ul style="list-style-type: none"> <li>• Location</li> <li>• Facilities</li> </ul>			
<b>12</b>	<b>Supervision of Students</b> Examples: <ul style="list-style-type: none"> <li>• Security</li> <li>• Staff numbers</li> <li>• Accountability</li> </ul>			
<b>13</b>	<b>Emergency Plans</b> Examples: <ul style="list-style-type: none"> <li>• Fire Safety</li> <li>• General personal safety</li> <li>• Accidents/Incidents Reporting</li> </ul>			
<b>SECTION 4</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>14</b>	Is adequate insurance in place for the trip? Contact the Secretariat for advice			
<b>15</b>	Has all essential Health and Safety information been made available to all concerned parties?			
<b>16</b>	Have all participants completed the health questionnaire in Appendix A (only required for overnight stays or if medical information should be made known to organisers)			
<b>17</b>	Is there a qualified first-aider attending the trip?			
<b>18</b>	Is a suitably stocked travel first-aid kit available?			

**SECTION 5: RISK ASSESSMENT**

The risk assessment table below sets out the hazards that may affect your trip. Please use them as a guide when completing your risk assessment specific to your trip activities. If a section is not applicable, please mark it N/A.

This list is not exhaustive and can be modified to suit your needs.

<b>Hazard</b>	<b>What is the risk?</b>	<b>Controls</b>	<b>Is this control in place? Yes/No</b>	<b>To do list/outstanding issues</b>	<b>Person Responsible</b>
<b>Inadequate preparation for travel</b>	<b>Accidents/Incidents Dangerous Occurrences and fatalities due to inadequate preparation Students lost/separated from group</b>	<b>Adequate number of supervisory adults in place and safety briefing given to adults</b>			
		<b>Head count carried out regularly</b>			
		<b>Supervisor has fully charged mobile phone</b>			
		<b>Student aware of action to take if separated from group</b>			
		<b>Emergency numbers held by supervisor and available to all</b>			
		<b>Information on particular medical conditions have been received</b>			
		<b>Safety officer in RIAM aware of travel location and duration</b>			
<b>Road collision</b>	<b>Serious injury/death</b>	<b>Safety belts worn at all time</b>			
		<b>Modes of transportation comply with Road Traffic Act</b>			
		<b>Students under 18 supervised at all times when crossing</b>			

		roads/taking public transport			
Carrying heavy loads (eg instrument or luggage)	Back strain/injury	Appropriate trollies used to move heavy equipment			
		Instruction given on how to lift loads safely			
		Items are made lighter or less bulky where possible			
Theft	Loss of personal items/important travel documents/money for travel and subsistence	All students briefed on keeping all belongings secure and safe at all times			
		Emergency numbers and local consulate/embassy numbers available for reporting missing travel documents			
		Insurance details held by trip supervisor			

*\*This risk assessment has been undertaken to the best of the organiser's knowledge and ability.*

**SECTION 6**

**Approved by the Secretariat Office:**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX A**

**HEALTH QUESTIONNAIRE FOR R.I.A.M. STUDENT TRAVEL**

NOTE: The information below is requested to ensure your safety, health and welfare on RIAM associated 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 RIAM staff member organising the trip to clarify any assistance required to undertake the trip safely or to clarify details on this form.

We encourage anyone with a relevant medical condition to communicate details on the day to the trained first-aider/ RIAM organiser accompanying you. If you have any concerns we can put you in contact with our occupational health service to speak with a nurse or doctor in confidence.

**PLEASE USE BLOCK CAPITAL LETTERS**

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

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

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

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

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

Please note that we require only information that may assist you in the event of an emergency situation. There is no requirement to complete below unless there is something important and relevant that should be brought to the organiser's attention.

***Do you have, or have you ever had in the past, any of the following?***

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)?			
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?			
<b>Participant Signature (OVER 18)</b>			
<b>Guardian of Participant Signature (Under 18)</b>			
<b>Date</b>			

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