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|  | **SMUTS MEMORIAL FUND** |  |

**Risk Assessment**

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| **Department:** | HEALTH AND SAFETY RISK ASSESSMENT FORM (Management of Health and Safety at Work Regulations, 1992) | | |
| 1. COLLEGE: ………………………………………………………………………………….. 2. COURSE COMPONENT: ………………………………………………………………… 3. BRIEF DESCRIPTION OF ACTIVITY: …………………………………………………... 4. DESTINATION(S): …………………………………………………………………………. 5. DATE OF FIELDWORK: …………………………………………………………………… | | | |
| 1. Specify nature of individual hazards likely to be encountered: extent of risk associated with these; and the risk control measures to be put in place to minimise the risk associated with these hazards. Continue on a separate sheet if necessary: | | | |
| Hazard | Extent of risk | | Risk control measures |
| A) |  | |  |
| B) |  | |  |
| C) |  | |  |
| D) |  | |  |
| 1. Are weather or tidal conditions central to your planning?   If yes, from where will information be obtained?   1. Will there be a need to alert coastguard/mountain rescue services?     If yes, give details of contacts made: | | | |
| 1. Give an assessment of risks likely to be incurred by yourself, by others with whom you may be working, and by members of the public, as a consequence of the following:  * Movement to/from field sites: * Adverse weather conditions/tides: * Contractor’s plant/operations: * Passing traffic: * Other factors (please specify):  1. Is any instruction/training necessary in use of equipment or in establishing safe working limits prior to your visit?   If yes, indicate measures taken to secure this:   1. In the event of accident or serious injury, indicate contact numbers:  * For local emergency/rescue services: * For next of kin:  1. In the event of accident or emergency, indicate where you would expect any casualties to be taken: 2. Are you aware of the ways in which you should deal with unforeseen circumstances, such as theft, travel accidents, health risks, terrorism, civil unrest, natural disasters? For example, do you know the contact details of the British or other Consulate, your Medical Insurer, your Bank, details of your vaccination pass? Give details: 3. Is there any possibility that due to the political situation in the country you are visiting, you may be in any danger? (If in doubt check the Foreign Office web site, <http://www.fco.gov.uk/>) Give details: 4. Have you considered any potential physical or psychological problems due to the nature of your research? Give details: | | | |
| 1. Have the required permits for your research been obtained from the relevant authorities? Give details: | | | |
| 1. Have appropriate insurance arrangements been made? Give details:   Please visit the Insurance Section website for information on insurance available for students travelling abroad  <http://www.admin.cam.ac.uk/offices/insurance/travel/students/bgs/index.html>   1. Have you planned appropriate medical measures and are you aware of what medical vaccinations are required and when they should be obtained? Give details: 2. Have you taken advice on cultural practices and social expectations in the country/area you are visiting? Give details: 3. Have you ensured that your research plans conform to the ethical guidelines established by your Faculty or Department and to the University’s ‘Guidelines on Good Research Practice’ (<http://www.admin.cam.ac.uk/offices/research/documents/research/Good_Research_Practice.pdf>)? Give details: 4. Are you aware of the visa requirements for your visit and how long in advance of your trip you have to make application? Give details: | | | |
| 1. Have you obtained accommodation and ensured that you are aware of your contractual obligations? Give details: | | | |
| To: the Student  You are now required to sign this form to confirm that, to the best of your knowledge, you have endeavoured to anticipate the likely risks and to seek to minimize them.  The supervisor’s signature does NOT absolve you of the responsibility to act in a safe and responsible fashion at all times; nor can it be taken as an admission of liability in any respect by the supervisor in the event of your negligence. | | To: the Supervisor  Your signature confirms that, to the best of your knowledge, both you and the student have endeavoured to anticipate the likely risks and to seek to minimize them.  The supervisor’s signature does NOT absolve the student of the responsibility to act in a safe and responsible fashion at all times. This signature cannot be taken as an admission of liability in any respect by the supervisor in the event of the student’s negligence. | |
| Signature of student: ……………………………  Date: .…………………………… | | Signature of supervisor: …………………………  Date: ………………………… | |

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