## **Red Form –** **Off Campus Activities and Fieldwork Risk Assessment (Moderate/ High)**

|  |
| --- |
| **This form should be completed for moderate/high risk fieldwork activities** |

* + - * For low-risk activities in Great Britain (e.g., attending conferences/ business meetings/ museums or other low risk-controlled sites) use the green/ white form as appropriate).
* If the fieldwork is arranged jointly between one or more Faculties/ PSUs, a shared risk assessment and authorisation should be undertaken.
* If travelling as a group undertaking the same activity, only one risk assessment form needs to be completed along with the Participant Declaration and Information Form.

## **General Information** This sectionMUST be completed by the Fieldwork Risk Assessor (leader)

|  |
| --- |
| **Fieldwork Risk Assessor** |
| Name: |  | Please Specify | Staff [ ]  PG Student [ ]  UG Student [ ]  Other [ ]  |
| Email: |  | Tel: |  |
| Faculty/ PSU: |  | School: |  |
| Risk Assessment Date |  |
| Expected Departure Date |  | Expected Return Date: |  |
| Number of persons taking part in this field trip:  | Supervisors |  | Participants: |  |
|  |
| **Line Manager/ Supervisor of Fieldwork Risk Assessor** |
| Name:  |  | Department: |  |
| Email: |  | Tel: |  |

|  |
| --- |
| **Fieldwork Information** |
| **Fieldwork/ Research Title:** |  |
| **Type of fieldwork:** Please include a brief description and goal of the type of work to be performed e.g., collection of samples, observation of animals/ environment, interviews with human subjects, etc. |  |
| Please provide details of the activities to be undertaken e.g., interviewing, quadrating, snorkelling, diving, rock climbing |  |
| **Level of Risk of Fieldwork**Please see risk categories in guidance document to determine the risk levels. This will determine the level of authorisation. | Moderate [ ]  High [ ]  |

|  |
| --- |
| **Additional forms included** (see [Staff H&S Pages](https://staff.swansea.ac.uk/healthsafety/policies-and-procedures/general-health-and-safety/#international-travel=is-expanded) or [PG H&S Pages](https://myuni.swansea.ac.uk/living-in-swansea/health-and-safety/postgraduates/policies-and-procedures/general-health-and-safety/#international-travel=is-expanded)) |
| Participant Declaration and Information Form (group travel only)  | [ ]  |
| International Travel Risk Assessment Form (where applicable) |[ ]

**Insurance**

|  |  |
| --- | --- |
| **Insurance:**Please provide details of insurance cover.See guidance for further informationEmail Insurance@Swansea.ac.uk  | Swansea University Cover Staff - [Insurance webpage](https://staff.swansea.ac.uk/professional-services/estates-and-facilities-management/our-services/resilience-and-business-continuity/insurance/travel-insurance/) Students - [Insurance webpage](https://myuni.swansea.ac.uk/finance/insurance-information/#travel-cover=is-expanded)  |
| Additional insurance required: Yes [ ]  No [ ]  If yes please give details:  |

## **Location and Communication for Fieldwork**

|  |  |
| --- | --- |
| **Location of Fieldwork(s):** (This may be general location and NGR/GPS/what three words coordinates) |  |
| **Nearest Town/ City:**(Name, distance from site) |  |
| **Mobile Phone Coverage** <https://www.gsma.com/coverage/> | **Primary Number:** |  |
| **Coverage:**  | Good [ ]  Sparse [ ]  None [ ]  |
| **If none, nearest location with coverage:**  |  |
| **Local contact details (if applicable)** | Name: |  |
| Tel: |  |
| Email:  |  |
| **Satellite phone/ device**You must know how to contact emergency services via Sat Phone. 999/ 911 typically doesn’t work. | Device Carried: | Yes [ ]  No [ ]  |
| Number: |  |
| **Radio** | Radio Carried  | Yes [ ]  No [ ]  |
| Radio Channel |  |
| Who can be contacted using this radio? |  |
| **Other:**List any other communication devices/ methods that may be used**.** |  |
| **Nearby Facilities:**What facilities are available at or near the site: restrooms, water, public phone, shop?If there are no facilities, where are the nearest welfare services/ what provisions will you have in place? |  |
| **Down Time: (**see guidance for definitions**)** Are side trips planned or allowed during free time? If yes, please describe the activitiesAre there restrictions, specific rules, or expected code of conduct? Have these activities been risk assessed? Is insurance in place for these activities? |  |
| **Complete the section below for fieldwork in GREAT BRITAIN ONLY. This section is included in the International Travel forms** |
| **Swansea University Contact** | Name: |  |
| Phone number(s): |  |
| Email: |  |
| Frequency of check ins: e.g. Daily, at end of workday, etc. (State GMT or other) | Please specify: |
| Detail actions to follow if the traveller fails to make contact: |  |
| **Accommodation details**If not known, please complete prior to travelling and share with your Swansea University contact. |  |
| **Emergency Contacts** | Swansea University Security  | +44 (0)1792 604271  |
| Safe Zone App  | Downloaded Yes [ ]  No [ ]  |
| Travel Planet EmergencyNumber | 020 3997 6121. |
| **Personal Emergency Contact details (if applicable)**Only complete if sole fieldworker, group leader. Group information will be collected on participant information form. | Phone: |  |
| Email:  |  |

## **Fieldwork Risk Assessment**

This risk assessment relates to the activities you will be carrying out during your fieldwork in the countries you are visiting. See guidance for examples of things to consider in this section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What are the hazards?** | **Who may be harmed****How may they be harmed?** | **Controls/ Mitigation** | **By Whom**  | **By When**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*Add additional boxes as required.

## **First Aid Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Contact number**(whilst in the field) | **Qualification** | **First Aid Kit Carried** | **Specialist equipment carried***If yes, please give details*  |
| Tick the qualification held | Expiry Date |
|  |  | [ ] Fully Trained – First Aid at Work (3 days)[ ] Emergency First Aid (1 day)[ ] Mountain (wilderness) First Aid Trained (2 day)[ ] Mental Health First Aid[ ] Other – *please specify* |  | [ ] Yes[ ] No | [ ] Yes[ ] No |  |
|  |  | [ ] Fully Trained – First Aid at Work (3 days)[ ] Emergency First Aid (1 day)[ ] Mountain(wilderness) First Aid Trained (2 Day)[ ] Mental Health First Aid[ ] Other – *please specify* |  | [ ] Yes[ ] No | [ ] Yes[ ] No |  |

\*Add additional boxes as required.

## **Training and Competency Requirements**

List here any specific training or qualifications that need to be achieved as part of this fieldwork. This will have been identified during risk assessment above

|  |  |  |  |
| --- | --- | --- | --- |
| **Training**  | **Required for (supervisors/ participants/ skipper or named individual, etc.)** | **Achieved** | **Training date if applicable**  |
|  |  | **Yes** | **No** |  |
| *Example - Water safety* | *Participants* |[ ] [ ]  *22.02.22* |
|  |  |[ ] [ ]   |
|  |  |[ ] [ ]   |
|  |  |[ ] [ ]   |
|  |  |[ ] [ ]   |

\*Add additional boxes as required.

**Emergency Planning**

|  |  |
| --- | --- |
| **Nearest Hospital(s) (to field working site) information:** (Include name, distance from site, phone number, address and postal code). |  |
| **Emergency evacuation plan for site:** Where abstraction may be difficult provide details of your evacuation plan and transportation options to the nearest hospital. | [ ]  if not applicable check the box. |

## **Fieldwork Contingency Planning**

|  |  |
| --- | --- |
| If the fieldwork risk assessor becomes unable to lead the group for any reason e.g., becomes ill. What contingency do you have in place?  i.e., will the students be able to continue/return to accommodation etc.? |  |
| If disruption to your fieldwork/ research has financial implications, what contingency do you have planned? |  |

## **Equipment List**

It is important the equipment list is completed in full. If something happens to the equipment in transit or it is stolen, then there is a record of equipment that can be provided to the University insurers.

Use this list to specify items of clothing/footwear, include also, sun creams, water bottles, mobile phones. Specify items of equipment that will be taken by fieldwork organiser such as life jackets first aid kits, GPS equipment, sample pots etc. Include items of communication equipment such as mobile phones, satellite phones etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Provided by participant | Provided by the University | Sourced locally |
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]

\*Add additional boxes as required.

## **Brief Itinerary**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Depart from | Depart time | Destination | Arrival time | Destination address or coordinates if applicable  | Mode of travel and company name and flight no if applicable.  | Activities and other information |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## **Fieldwork Declarations**

|  |
| --- |
| **Field Risk Assessor (s):** |
| When signing this document, as the Field team leader you are confirming you:* Have personally, considered and understand the nature of the risks and the potential impact(s) and have considered steps to reduce and mitigate the risks associated with the fieldwork.
* Have completed a suitable and sufficient Fieldwork risk assessment.
* Are fit to undertake the activity/ fieldwork, are not participating against medical advice and reasonable adjustments have been agreed where required.
* All information and responses given are true and accurate to the best of my knowledge and belief.
* If group leader, will ensure the information is shared with all participants, and the participant declaration and information form is completed prior to travel
* All information and responses given are true and accurate to the best of my knowledge and belief.
 |
| **Name:** | **Signature:** | **Faculty**  | **Date:**  |
|  |  |  |  |

**Once completed please send to the appropriate Faculty/ PSU teams for approval**

## **Fieldwork Authorisation**

**If the Fieldwork involves more than one Faculty/ PSU. Authorisation is required for all Faculty/ PSU’s involved.**

|  |
| --- |
| **Approver**  |
| By signing this document, I am confirming I have read the Fieldwork risk assessment and am satisfied that the proposed reasonable precautions are in place for the activity.  |
| **Approval Moderate Risk :** |
| **Line Manager/ Supervisor** | **Name:** |  |
| **Signature:** |  |
| **Faculty/PSU:** |  |
| **Date:**  |  |
| **Line Manager/ Supervisor** | **Name:** |  |
| **Signature:** |  |
| **Faculty/PSU:** |  |
| **Date:**  |  |
| **Additional High Risk:** |
| **Head of School/** **Executive Dean of Faculty/ PSU Director as appropriate (see guidance for details)** | **Name:** |  |
| **Signature:** |  |
| **Faculty/PSU:** |  |
| **Date:**  |  |
| **Head of School/** **Executive Dean of Faculty/ PSU Director as appropriate (see guidance for details)** | **Name:** |  |
| **Signature:** |  |
| **Faculty/PSU:** |  |
| **Date:**  |  |
| **Registrar & Chief Operating Officer (for PSU only)** | **Name:** |  |
| **Signature:** |  |
| **Date:**  |  |

## **Appendix 1 - Accommodation Safety**

|  |
| --- |
|  **Field Course Leader Accommodation Safety Checklist**  |
| If it has not been possible to verify the safety standards of accommodation through an approved travel agent, completing this form using the Fieldwork guidance document is one method you can use to help establish whether acceptable standards are in place.**Please complete the table below, *if required*, to confirm that an assessment has been completed:** [ ]  This is not required |
|  | Checked | Comments |
| Fire Safety |[ ]   |
| Security |[ ]   |
| Building Safety Issues |[ ]   |
| Local Environment |[ ]   |

[ ]  I have completed the review and consider that the accommodation is safe to use.

[ ]  I have considered and noted relevant points to include in the fire brief to fieldworkers on arrival.

[ ]  This accommodation must be assessed on arrival.

## **Appendix 2 - Accident Reporting \**only to be used if online form is inaccessible.***

It is important that all accidents are investigated and, as soon as possible, a factual report, including any statements taken, should be forwarded to the University Safety Office. Whilst adverse events are usually reported online, it would be useful in some cases to have printed versions of the adverse event form to be completed when access to the university systems may not be possible or practicable. This procedure is important because serious accidents may have to be reported to the appropriate authorities.

All members of staff accompanying a fieldtrip must be aware of the emergency arrangements and the means of contacting the emergency services. It is also useful to be able to take photographs of the accident/incident and location(s) where appropriate and you are able to do so without compromising the health and safety of those involved.

The completed details of this form should be emailed to healthandsafety@swansea.ac.uk as soon as reasonably practicable. If this is not possible, please phone your University Contact and provide the details over the phone.

|  |
| --- |
| **What is being reported?** |
| **Date:** |  | **Time:** |  |
| Brief Details (What, where, when, who and emergency measures taken): |  |
| Details of Injury (Person): |  |
| What first aid was administered: |  |
| Damage (Equipment/ Property/ Habitat): |  |
| Witnesses (Name, Occupation and Tel No): |  |
| **Who was involved in the adverse event?** |
| Full Name: |  |
| Age and DOB: |  |
| Occupation/ Course of study (if student): |  |
| Job Title: |  |
| University Faculty/ PSU or Employer: |  |
| Email: |  |
| Tel: |  |
| Full Name: |  |
| **Status:** |
| SU Staff/ Student number: |  |
| Visitor: |  |
| Other (specify): |  |
| **Has the adverse event resulted in an absence from fieldwork?** | Yes [ ]  No [ ]  |
| If yes, for how long? |  |
| **Reported by:**  |
| Name: |  |
| Job Title: |  |
| Tel: |  |
| Email: | Date: |