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| Name of person undertaking work:      |
| Appropriate Manager:       |
| Work location:       |
| Work description:       |
| Proposed dates:       |
| Transport arrangements:        |

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| Communication Strategy |
| University or other contact:       Frequency or schedule of contact:      Primary means of communication:      Secondary means of communication (if required):      Action to be taken if contact not made in accordance with the above:       |

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| Itinerary |
| DATES/TIMES | LOCATION | ACCOMMODATION | CONTACT DETAILS |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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| Primary Checklist (Employee to complete) | Tick |
| I am aware of the details of the work and all relevant safety policies, procedures and codes of conduct applicable to my work. | [ ]  |
| All equipment, vehicles and tools have been checked for safe operation prior to the work. | [ ]  |
| I have made all necessary arrangements for the effective management of emergencies that may arise in the course of the work. | [ ]  |

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| Security Checklist (Employee to complete) | Yes/No/na |
| Where required (see Risk Assessment)l, I will notify Security services of my arrival at a university location where I will be working alone or in isolation. |  [ ] YES [ ]  NO |
| Where Security services are not available at this site I have ascertained that access needs to be provided by Security services.  |  [ ] YES [ ]  NO |
| In the event that additional Security services are required I have advised my supervisor of the cost associated with this. |  [ ] YES [ ]  NO |

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| **Funding source: Estimated cost of additional security service:**  |
| **Account code to be debited:** \_\_\_ \_\_\_ \_\_\_ . \_\_\_ \_\_\_ . \_\_\_ \_\_\_ \_\_\_ . \_\_\_ \_\_\_ \_\_\_ **/** ­\_\_\_\_\_\_\_ **%** |
| **Costs approved by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_ **/** \_\_\_ **/** \_\_\_\_\_ |

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| Hazards | Likelihood and Consequence | Control |
| What can cause harm or ill health to fieldworkers or others working remotely or in isolation? Consider:Manual Handling (over exertion, repetition, awkward loads)Hazardous Substances (chemical, biological, radioactive)Physical noise, heat, electricity, violencePsychological stress, workload, potential conflictFalls, slips, trips, working from height, falling objectsMachinery, machines, plant and equipmentTransportation, ‘getting lost’, fire and emergency | Make a judgment regarding the probability of the hazard causing an incident (likelihood) and the potential consequences of that incident. | How can you reduce the likelihood of exposure or the consequences? You should use the hierarchy of controls in determining how best to control the hazards identified.Hierarchy of controls:Elimination Can you eliminate the hazard altogether?Substitution Can you substitute less hazardous equipment, substances or agents?Engineering Would the hazard be reduced by ventilation, barriers or isolation?Administrative Is training, policy or safe working procedures required?PPE What Personal Protective Equipment would be appropriate? |

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| HAZARDS What could harm fieldworkers? | LIKELIHOOD Rare, Moderate, Frequent | CONSEQUENCES What could happen? | CONTROLS What are you going to do to reduce the risk? |
| GENERAL (Manual handling, slips trips and falls, ergonomics etc.) |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| SPECIFIC HAZARDS (relating to activities) |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| TRANSPORTATION (personnel, equipment and materials) |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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|  Approval by Appropriate Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SignatureDate: \_\_\_ / \_\_\_ / \_\_\_ | Conditions of Approval (attach further if necessary)      |