|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Travel and/or Fieldwork Risk Assessment (use for TRIM)** including main location/activity, organisers surname, travel month & year |  | *Submission Date* |  |

*General guidance*

* *If information has been covered in other sections or attached referenced documents do not repeat and instead make a comment to see the section or attached document.*
* *State “NA” if field is not applicable.*

### Part A: Travel Summary *– Domestic travel with no fieldwork does not require this form to be completed and can be entered directly into FCM Travel Request. Note that your supervisor has the right to request you complete this RA form if they feel it is required.*

|  |  |
| --- | --- |
| Travel summary *A high level summary of the travel and/or fieldwork being completed and main activities ie Conference details. Do not include fieldwork details here as this will be completed in Part B.* |  |
|  | Name | Position | *Contact details* |
| Person completing form |  |  |  |
| Primary travel contact who is coordinating travelling*This person is required to be a member of the travelling party. This would normally be the same as the Fieldwork Supervisor if applicable.* |  |  |  |
| Remaining members of the risk assessment consultation group*List the risk assessment team. Do not repeat the persons name who is completing this form. N.B. A minimum of two competent people are to be included in the risk assessment team. If you require training, guidance or assistance please contact your HSR or WHS advisor.* |  |

### Part B: Fieldwork Activities *– Only complete this section if travel contains fieldwork or laboratory work. Office based remote work is not considered fieldwork unless location is remote.*

*This must include LOCATION of fieldwork/excursion (include a map or Grid Coordinates if available – prefer World Geodetic System WGS84 ie (-30.4912, 151.6452) or what3words), the purpose of the trip and the justification for inclusion of fieldwork activity, the type of WORK/ACTIVITY being undertaken must be clearly described or attach and reference an existing experiment procedure or procedure. Document the role of participants.*

|  |  |
| --- | --- |
| Fieldwork location |  |
| Fieldwork activities description |  |
| Fieldwork Person in Control (PIC) *The PIC has responsibility for the fieldwork activity and for ensuring that adequate planning and management systems are implemented to ensure the health and safety of fieldworkers.* ￼ *r. Usually the Unit Coordinator or HDR academic supervisor* |  | Contact details – email & phone: |  |
| Fieldwork Supervisor *if applicable. Duties and responsibilities as delegated by the PIC. The PIC must maintain overarching management of the fieldwork* |  | Contact details – email & phone: |  |
| Name of alternate contact person on fieldwork |  | Phone & Email contact  |  |
| Total number of participants by type.*A range can be entered if this is applicable ie 4 to 8* | Staff: |  | Under Grad Students: |  |
| Post Grad Students: |  | Volunteers: |  |
| Number of First aid qualified participants who will attend |  | Qualification required:*FA, Mental Health FA, CPR, Defib* |  | Minimum # participants |  |
| *It is mandatory for all participants to complete* [*WHS F012 Fieldwork Participation Declaration*](https://www.une.edu.au/__data/assets/word_doc/0006/266982/whs-f012-fieldwork-participation-declaration.doc) *forms before fieldwork commences.* |

### Part C: Existing Documentation, Licences & Training *– if applicable*

|  |  |
| --- | --- |
| Existing relevant documents *eg: existing experimental procedures, SOP, Technical Instructions, risk assessment* |  |
| WHS F010 Fieldwork Planning Guide & Checklist has been completed? *Yes or No required for remote fieldwork -* [*Link*](https://www.une.edu.au/__data/assets/word_doc/0004/442219/whs-f010-fieldwork-planning-guide-checklist-Sep-2022.doc) | Select Yes or No |
| Training Required |   |

### Part D: Plant and Equipment Details *– 4x4, chainsaw use, machinery or existing SOP or OEM procedure which will be followed. If not applicable state NA*

|  |  |
| --- | --- |
| Plant / Equipment description |  |
| Manufacturer Documents - *eg: Risk Assessment, SOP, Technical Instructions*  |  |
| Licences Required |  |
| Training Required *eg 4x4, chainsaw* |  |

### Part E: Hazardous Substance Details *– if applicable*

|  |  |
| --- | --- |
| Hazardous Substance description |  |
| Documents relevant *eg: Risk Assessment, SOP, Technical Instructions, SDS*  |  |
| List Licences Required |  |
| Training Required |  |
| Are there any vaccinations required by participants? | Select Yes or No | If Yes add details: |  |
| Are there any biosecurity considerations required? | Select Yes or No | If Yes add details: |  |

### Part F: Travel Summary

*It is recommended that for International Travel the UNE Travel Policy and Procedure, Smartraveller and International SOS sites be reviewed well in advance before completing this risk assessment.* ***International destinations that have a travel advice warning from DFAT of Level 3 or 4 MUST have a Risk Assessment approved by WHS Team prior to approval from the head of cost centre with specific DFAT warnings addressed in the assessment.***

|  |  |  |  |
| --- | --- | --- | --- |
| Travel Type |  | International | [ ]  |
| Destination Details |  |
| Destination Contact Person  |  | Contact Details – Email & Phone |  |
| **International Travel Only** |
| What is the DFAT Travel Advice Level for your Destination/s *Check the* [*Smartraveller site*](https://www.smartraveller.gov.au) *for this*  | **Level 1**Exercise Normal Safety Precautions | **Level 2**Exercise a high degree of caution | **Level 3**Reconsider your need to travel | **Level 4**Do not travel |
|  |[ ] [ ] [ ] [ ]
| What is the specific warning advice on Smartraveller for your Destination/s? Provide a summary of the advice. These warnings MUST be addressed in the Risk Assessment in Part P [Smartraveller hyperlink](https://www.smartraveller.gov.au/) |   |
| Have you obtained pre-departure medical and security advice from International SOS? *UNE travellers are entitled to this advice access on Campus Travel.*  | Select Yes or No | Have you Registered your Travel Plans with DFAT using the Smartraveller site? | Select Yes or No |
| Have all required vaccinations and health checks been conducted? *If yes details*  | Select Yes or No | Are all travellers confident and willing to conduct the travel? *Travellers should be provided with a full briefing of the trip details* | Select Yes or No |

### Part G: Travel Itinerary *– if itinerary is complicated with multiple destinations attached itinerary and make not in first line “See attached Itinerary”*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Point of Departure |  | Date |  | Time |  |
| Location of Stopovers or other Destinations during travel |  | Date |  | Time |  |
| Point of Destination |  | Date |  | Time |  |
| Accommodation type at Stopovers and Destination (motel, camping, other) |  | Date In |  | Date Out |  |
| Point of Return |  | Date |  | Time |  |

**Part H: Transport Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Type/s of Transport  | University Vehicle | Public transport | Private transport |
|  |[ ] [ ] [ ]
| Car | Train | Bus | Aeroplane |
|[ ] [ ] [ ] [ ]
| **Other vehicle**/s type description(Helicopter, side by side, utility, 4WD, 7 seater station wagon,22 seat bus) |  |

### Part I: Communication & Emergency Plan *- Mandatory Fieldwork - Remove from View if not applicable using tab on the left of ‘Part I’ Menu Bar*

|  |  |
| --- | --- |
| *Provide details of your Communication and Emergency Plan. Provide dot points on what will you do in an emergency situation and what are your communication actions? How can you be contacted or what is the trigger point for your supervisor to enact this plan? Include details of emergency comms; mobile phone, In-reach SPOT tracker, Sat phone,* |  |
| Name of Emergency Contact Person *(this person is a non-travelling UNE staff member who can assist remotely and escalate further in UNE if required)* |  | Phone & Email contact  |  |

### Part J: Safety equipment is being used – *Do not repeat if covered in other section or referenced documentation.*

|  |  |
| --- | --- |
| What Safety Equipment is being used which has not already been covered in other sections eg: PPE  |  |
| Are participants appropriately trained to safely use equipment issued? Provide details of training provided |  |

### Part K: Risk Assessment

Use the **Risk Matrix in Annex 1** to determine the Risk Rating and Response Required.

|  |
| --- |
| **Hazard Identification and Risk Assessment** |
| Hazard | Risks | Risk Rating Before Control | Controls | Risk Rating After Control | Risk Owner |
| *What are the hazards?* | *What are the Risks associated with the hazard? There may be several Risks from each Hazard.* | *What is the Risk Rating before Control and Response? See Step 1 & 2 Risk Matrix* | *What are the things that will remove or reduce the risk that are required to be implemented? See Step 3 of the Risk Matrix* | *What is the residual Risk Rating after the Control has been implemented?* | *Who is person responsible for implementing and monitoring Controls?* |
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### Part L: Supervisor & Other Approvals – *Mandatory*

* I confirm this Risk Assessment accurately addresses details of the hazards and risks associated with this event, travel, process, equipment, fieldwork and/or activity: **Select Yes or No**
* I will ensure that all participants that are impacted including Fieldwork participants are informed of the hazards, risks and controls in this assessment: **Select Yes or No**
* I confirm that all required approvals will be obtained prior to proceeding with this event, travel, process, use of equipment, fieldwork or activity: **Select Yes or No**
* I confirm that WHS Team whs@une.edu.au have been provided this Risk Assessment for International Travel where the destination/s have a Travel Advice of Level 3 or 4 from DFAT for review and approval: **Select Yes, No or NA**
* I confirm that all required forms are completed and attached with this assessment: **Select Yes or No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assurance of Supervisor / Applicant** | **Name** | **Date** | **Signature** |
| Supervisor |  |  |  |
| **Approvals**  | **Name** | **Date** | **Signature** |
| WHS Approve *for DFAT Level 3 & 4 only (see Part F)* |  |  |  |
| Approved (Head of School/Cost Centre) |  |  |  |

|  |
| --- |
| ***Records Storage Instructions:*** |
| *This completed form must be recorded in TRIM Container A16/3832. The naming convention must include the name of the form.*  |

### Part M: Risk Matrix *– Click on left tab to expand*



### Part N: Participant Sign On – *Mandatory for all participant of Travel*

|  |
| --- |
| **Sign On** |
| *The University shall provide information and training to staff, volunteers, HDR and undergrad student (participants) to enable them to perform tasks safely. This section is signed by all participants (and supervisors) to indicate their understanding of the requirements of this Fieldwork Risk Management Plan and indicates their competence to complete the job in a safe manner as deemed by their supervisor. Workers should always consult with their supervisor where there is concern about the safety of a task that effects themselves or others. This must be completed before commencing the field trip but is not required for completion at the time of submitting for approval or FCM Travel booking.* |
| Date | Participants Name | Participants Signature |
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