|  |  |
| --- | --- |
| **Project Title (same as TFWRA)** |  |
| **Principal Investigator/Assessor** |  |
| **Date of original TFWRA approval** |  |
| **Dates of new travel/fieldwork** |  |

 **SBOHVM Travel & Fieldwork**

**Risk Assessment Supplement**

|  |  |
| --- | --- |
| **SECTION A - CONFIRMATION OF RAPID RISK ASSESMENT** | Tick to confirm  |
| **The activities and risks are unchanged from the original TFWRA** | [ ]  |
| **For international travel, the risks on the AIG** [**Lifeline**](https://travelassist.my.salesforce-sites.com/TravelAssistance/TGHomePage?PL=AIG+UK) **have not increased in any category for the country or otherwise substantially changed to indicated altered or /increase risk** | [ ]  |
| **The trip will be registered on the UoG** [**travel portal**](https://frontdoor.spa.gla.ac.uk/tins/index.html) **and any additional insurance will be arranged** (Please append this form and the original TFWRA when prompted) | [ ]  |

Copy an image of the AIG Risk Indicator matrix below and give date of check:

**AIG Risk Indicator matrix**

|  |
| --- |
| **SECTION B – SCHEDULE AND LOGISTICS**  |
| **New Itinerary.** Include anticipated dates, locations, and activities  |
| **DATES** | **LOCATION** | **ACTIVITIES** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Overnight accommodation.** List all addresses and telephones where these are applicable  |
|  |
| **Transport** |
| **Outward and return journey mode of transport and dates/times/flight numbers.** If applicable; can list different schedules for multiple participants. |  |

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| **For additional personnel, please complete the emergency contact details** |
| *Participant Name* | *Emergency contact name* | *Emergency contact relationship* | *Emergency contact (phone, email)* |
|  |  |  |  |
|  |  |  |  |
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| ***Participant Acknowledgement*** |
| To be completed by each participant for the upcoming travel to confirm that they have been provided with and have reviewed the original risk assessment and acknowledge the risks identified therein and their own responsibilities in mitigating those risks.  |
| **Name**  | **Contact Info (phone number/ e-mail)** | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |

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| **Line manager / supervisor authorisation – Required for all travel and/or fieldwork.** |
| I have assessed the original TFWRA and I am satisfied that this trip falls under the original TFWRA and suitable control measures are in place to manage foreseeable risks and I agree to the travel/ fieldwork being undertaken. |
| **Signed (Line Manager or Group Leader)**: | **Date:**  |
| **Print Name:**  |