

Form FW1  
**Hazard and risk identification for fieldwork activities**

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| **This form aids in identifying the hazards and risks associated with conducting offsite work, including all fieldwork, in the UK or abroad and conference travel or hosted activities defined as high risk or where local circumstances require a risk assessment.**  This form must be used in conjunction with the [Offsite Work Emergency Response Procedures](http://www.imperial.ac.uk/safety/safety-by-topic/off-site-working/offsite-work-emergency-response-procedure/) (OWERP)- See Appendix 1, and any associated risk assessment forms identified within this document and should be completed with reference to the Safety Department [Off-Site working guidance](http://www.imperial.ac.uk/safety/safety-by-topic/off-site-working/supervision/) and [Staff travel](http://www.imperial.ac.uk/staff-travel-and-expenses/planning-a-trip/country-guidance/) advice.  **All risk assessments must be reviewed by the Principal Investigator, offsite co-ordinator, where appointed, and the faculty appointed safety officer.**  **Approval from the HoD is required for high-risk offsite work. Check with your Faculty Policy on whom else may be required to give consent. High risk work is defined as:**   * **Any activity taking place in a country or region that the** [**Foreign and Commonwealth Office**](https://www.gov.uk/government/organisations/foreign-commonwealth-office) **(FCO) advise against.** * **Any activity taking place in a country or region listed with the College insurance with** [**limitations in Insurance cover**](http://www.imperial.ac.uk/staff-travel-and-expenses/planning-a-trip/country-guidance/) * **Work including taught fieldwork involving undergraduate students** * **Any activity requiring residence overseas for more than 3 months (Please contact OH and your strategic HR partner for further advice)** * **The activity or procedure is high risk (refer to the questions highlighted in red within this document)**   It is the responsibility of the ICL person directing the research (E.g. the Principal Investigator) to ensure that all these requirements are complied with and that this risk assessment remains valid.  **This form and the OWERP, once completed and reviewed, must be retained by the offsite coordinator or the Faculty appointed Safety Officer. This is especially important in the event of an incident when the contact details may need to be accessed quickly.** |

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| **ICL PRINCIPAL INVESTIGATOR OR PERSON IN CHARGE.** | | |
| Name: | | Position: |
| Department/ Section: | Division: | Faculty: |

|  |  |
| --- | --- |
| **PERSON CONDUCTING THIS ASSESSMENT.** | |
| Name: | Position: |
| Department/ Section: | Date risk assessment undertaken: |

|  |  |
| --- | --- |
| **THE ACTIVITY** | |
| Title: | |
| Proposed start date for this work: | Proposed end date for this work (if known): |
| Purpose of the activity: Taught fieldwork: Research: Other:  (if other, describe): | |

|  |  |  |
| --- | --- | --- |
| **LOCATION OF THE ACTIVITY OR ACTIVITIES** | | |
| Country: | City/town: | Province/Region: |
| Full address (include GPS coordinates if known): | Is this your home country Yes  No |  |

|  |  |
| --- | --- |
| **INDEPENDENT OR JOINT ACTIVITIES** | |
| Will this work be conducted with any other organisation or institution? Yes  No | **If no, proceed to Section 1** |
| Name, address and contact number of the other organisation: | |
| Describe this involvement: | |
| Name and address of local contact: | |

# Introduction

## Description of the fieldwork activity

Provide a detailed description. This must be sufficiently detailed so as to provide the reviewer with an adequate insight into the work. If possible please include an itinerary, if not included elsewhere, even if it is approximate. You may refer to and append documents as necessary.

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## justification for the activity

*Provide a justification for the offsite activity, which takes into account the risk from the activity and location and the academic and educational benefits of the trip. E.g. if the work can be conducted equally well from ICL premises using video conferencing why is it necessary to travel?*

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## Duration of the project and number of persons involved

|  |  |  |  |
| --- | --- | --- | --- |
| Number of trips | Duration of each trip | Number of Imperial College members per trip | Number of non-Imperial staff members involved |
|  |  |  |  |

# Contact details

### Available emergency support

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name | CID | Position | Email | Mobile / Satellite phone | Land line |
|  |  | Principal Investigator |  |  |  |
|  |  | Person in charge e.g. [Supervisor](http://www.imperial.ac.uk/safety/safety-by-topic/off-site-working/supervision/) |  |  |  |
|  |  | Offsite co-ordinator |  |  |  |
|  |  | In country offsite leader or local contact |  |  |  |
|  |  | Other. |  |  |  |
| College Insurance Medical and Emergency Helpline: +44 (0) 1273 456463 (24 Hour)  Policy Number: 0010016145  Policy Period: 01 May 2022 to 31 July 2023 (both dates inclusive)  Insurer: America International Group UK Limited (AIG) | | | | | |
| Imperial College Security on call Support No. (24/7): College 24hr 365 days security control room: 020 7589 1000 & 0207 594 8910 | | | | | |
| Local emergency services, Police, Ambulance, fire etc: | | | Telephone: | | |
| British Embassy, High Commission or consulate, (Overseas trips only): | | | Telephone: | | |
| Other: | | | Telephone: | | |

### Nearest hospital or medical field station.

|  |
| --- |
| Name and address. |
| Telephone number. |

### Names and contact details of ICL personnel conducting the offsite work

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full name** | **CID** | **Position / Role in group** | **Email** | **Telephone (Imperial)** | **Telephone (offsite)** |
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# Travel to, from and during the fieldwork

### Guidance on [fieldwork travel](http://www.imperial.ac.uk/safety/safety-by-topic/off-site-working/fieldwork/) and [Staff travel and expenses](http://www.imperial.ac.uk/staff-travel-and-expenses/planning-a-trip/country-guidance/)

## All methods of travel to, from and during the fieldwork activity

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mode | Type e.g. plane, helicopter, ferry, inflatable dinghy | Commercial carrier or private hire (or other)? | If commercial carrier, how will they be selected? | If using a private motor vehicle, who will be driving or in control of the vehicle? | How frequently and at what stage of the trip will the different modes of travel be used? | **Carrier name and trip ID where applicable e.g. Airline and flight No.**  **OUT** | **Carrier name and trip ID where applicable e.g. Airline and flight No.**  **RETURN** |
| Air |  |  |  |  |  |  |  |
| Rail |  |  |  |  |  |  |  |
| Road |  |  |  |  |  |  |  |
| Water |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |

## Hazards and risks

### Describe the hazards and risks that may be encountered during the travel and the precautions that will be taken to address these

|  |  |  |
| --- | --- | --- |
| Hazard/risk | Hatch if applicable | Detail the precautions to be taken |
| Navigation in remote areas |  |  |
| Security in unsafe or insecure regions |  |  |
| Off road or poor road conditions |  |  |
| Lack of adequate training in use of the vehicle or equipment |  |  |
| Poorly maintained vehicles or equipment |  |  |
| Lone travel  For example: Travel without a trusted companion in an environment where help in the event of a medical emergency would not be reasonably expected to be forthcoming or where there is a foreseeable risk of abduction, assault, or robbery. |  | *Note: Refer to* [*Lone working policy*](http://www.imperial.ac.uk/safety/safety-by-topic/lone-working/)*.* |
| Other (specify) |  |  |

# Accommodation

### Guidance on [Accommodation](http://www.imperial.ac.uk/safety/safety-by-topic/off-site-working/accommodation/)

## List the accomodation used when travelling to or from the activity or during the activity

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Details | When will this be used? | What reliable information do you have on the suitability of the accommodation?  Note: Indicate if this is parental or own home |
| Private, includes parental or own home |  |  |  |
| Hotel/Motel |  |  |  |
| Camping |  |  |  |
| Other |  |  |  |

## Hazards and risks

### Describe the hazards and risks that may be associated with the accommodation

|  |  |
| --- | --- |
| Hazard/risk | Provide details of the hazard/risk and the precautions to be taken |
| Security |  |
| Food/water quality | (See also Sections 4.2.2 and 4.2.3) |
| Fire |  |
| Other |  |

# Hazards and Risks associated with the location

## All destinations outside of the UK

### Are you going abroad?

|  |
| --- |
| Yes  No  **If not, then proceed to Section 4.2** |

### Have you checked the [Foreign and Commonwealth Office](https://www.gov.uk/government/organisations/foreign-commonwealth-office) (FCO) country advice and the College Insurers web pages?

|  |
| --- |
| Yes  No |
| If no why not? |

### Does the FCO or the College Insurer advise against travel to the country or to particular regions thereof in which the fieldwork will be conducted?

|  |  |
| --- | --- |
| Yes  No  N/R | |
| If yes, ensure that the FCO advice is incorporated into this risk assessment and sufficient detail is included to demonstrate to the reviewer that the particular risks posed by the region or activity have been controlled and justification is given in section 1.2 as to why the work should proceed. Typical risks might include: Civil unrest, robbery, abduction, poor health care, natural disasters, violent crime, discrimination etc | |
| Risk | Controls |
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### Check the [FCO advice](https://www.gov.uk/guidance/lesbian-gay-bisexual-and-transgender-foreign-travel-advice) for Lesbian, Gay, Bisexual and Transgender travellers for the destination country(ies). Does the FCO identify any risks for LGBTQ+ travellers?

|  |  |
| --- | --- |
| Yes  No  N/R | |
| If yes, ensure that the risk assessment addresses these risks and that field work participants know where to seek support if they face any LGBTQ+ issues while abroad. | |
| **Risk** | **Controls** |
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### Are members able to speak the local language?

|  |
| --- |
| Yes  No |
| If no, how will they communicate? |

## 

## All destinations

### For the terrain on, and climate in which the fieldwork will be undertaken describe the hazards and risk and the precautions to be taken to control these. [Guidance](http://www.imperial.ac.uk/safety/safety-by-topic/off-site-working/extreme-environments/) is available and should be consulted when completing this section.

|  |  |  |  |
| --- | --- | --- | --- |
| Terrain |  | Hazards/risks | Precautions |
| Areas of high relief, altitude, mountains and cliffs |  |  |  |
| Agricultural land |  |  |  |
| Railways, motorways and roads |  |  |  |
| Woods and forests |  |  |  |
| Coastlines, estuaries, mudflats and salt marshes |  |  |  |
| Bogs, mires and swamps |  |  |  |
| Rivers, lakes, reservoirs and their margins |  |  |  |
| Tropical or hot climates |  |  |  |
| Deserts, uplands and arid zones |  |  |  |
| Cold climates |  |  |  |
| Other |  |  |  |

### Will you have an unlimited supply of safe drinking water?

|  |
| --- |
| Yes  No |
| If yes, describe the source and any treatment to be carried out: |
| If no, how much will you have access to per day: |

### Where will you source your food? Describe how this will be prepared and any restrictions regarding what can and cannot be consumed.

|  |
| --- |
|  |

### Describe the hygiene facilities available

|  |
| --- |
|  |

### Will the group split up at any stage of the trip?

|  |
| --- |
| Yes  No |
| If yes, describe how this will be managed and what additional precautions are required: |

### How will the group maintain communications? [Guidance](http://www.imperial.ac.uk/safety/safety-by-topic/off-site-working/communication/) is available.

|  |
| --- |
| Between those in the field? |
| Between those in the field and those at Imperial College? |

# Hazards and Risks associated with the fieldwork activity

### Will the work involve any of the following?

|  |  |  |
| --- | --- | --- |
| Hazard | Hatch if expected | Risk assessment form |
| Will you be using hazardous chemicals |  | [COSHH form](http://www.imperial.ac.uk/safety/forms/) or equivalent |
| Deliberate use of biological agents? |  | [Bio1](http://www.imperial.ac.uk/safety/forms/) or equivalent |
| Processing of human blood, excreta or other bodily fluids? |  | [Bio1](http://www.imperial.ac.uk/safety/forms/) or equivalent |
| Use of genetically modified organisms |  | [Bio1](http://www.imperial.ac.uk/safety/forms/) or equivalent |
| Work with ionising radiation (sealed and unsealed sources) |  | [Registration Forms](http://www.imperial.ac.uk/safety/safety-by-topic/laboratory-safety/ionising-radiation-safety/ionising-radiation-forms/) |

### Will the activity involve the use of any hazardous equipment? E.g. cranes for lifting operations, lasers etc

|  |
| --- |
| Yes  No |
| If yes, provide details and describe the precautions required: |

### Will any member of the party be engaged in sub aqua diving?

|  |
| --- |
| Yes  No |
| If yes, provide details of the activity and the precautions to be taken. Separate risk assessment / SOP’s for these activities will be required and should be referenced here: |
| Note that if diving, a health clearance form will need to be completed for each member. |

### Will the activity involve any members of the party working at height? E.g. climbing, ladders, abseiling etc

|  |
| --- |
| Yes  No |
| If yes, provide details and describe the precautions required or reference a separate risk assessment: |

### Will the activity involve and members of the party working in excavations or confined spaces? E.g. archaeological excavation trenches, caving etc

|  |
| --- |
| Yes  No |
| If yes, provide details and describe the precautions required or reference a separate risk assessment: |

### Will any part or stage of the work be carried out by a lone worker?

|  |
| --- |
| Yes  No |
| If yes, you must speak to you Faculty appointed Safety Officer.  Describe what this work is, how this will be managed and what additional precautions are required.  *Note: Lone work is strongly discouraged. Where it occurs there must be justification and systems in place to mitigate the risks. Consult College and your Faculty Policy on lone work* |

### Does the project involve sensitive or emotive subjects e.g. that might upset or cause offence to individuals or the populace?

|  |
| --- |
| Yes  No |
| If yes justify the activity, are staff sufficiently experienced or trained to deal with this professionally and sensitively: |

### Will you be taking any of the following substances or materials from Imperial College to the fieldwork site?

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Hatch if expected | | Comments |
| Material known or suspected of containing Genetically Modified Organisms or micro-organisms | |  | Permission **may** be required before the material is taken. Contact the College Biological Safety Officer (BSO) |
| Material known or suspected of containing Biological agents categorised in Hazard Group 2, 3 or 4 | |  | Permission **may** be required before the material is taken. Contact BSO. |
| Material known or suspected of containing substances covered by the Anti-Terrorism, Crime and Security act | |  | Permission **will** be required before the material is taken. Contact BSO. |
| Radioactive material  *See* [*Who’s who in the Safety Department*](http://www.imperial.ac.uk/safety/who-we-are/whos-who-in-the-safety-department/) | |  | Permission **may** be required before the material is taken. Contact the College Radiation Protection Adviser (RPA). |

### Does the work involve bringing back any of the following to Imperial College?

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Hatch if expected | | Comments |
| Material known or suspected of containing Genetically Modified Organisms or micro-organisms | |  | Permission must be obtained before the material is brought onto College premises. Contact BSO |
| Material known or suspected of containing Biological agents categorised in Hazard Group 2, 3 or 4 | |  | Permission must be obtained before the material is brought onto College premises. Contact BSO |
| Material known or suspected of containing substances covered by the Anti-Terrorism, Crime and Security Act | |  | Permission must be obtained before the material is brought onto College premises. Contact BSO |
| Radioactive materials  *See* [*Who’s who in the Safety Department*](http://www.imperial.ac.uk/safety/who-we-are/whos-who-in-the-safety-department/) | |  | Permission **may** be required before the material is brought onto College premises. Contact RPA. |
| Animal by-products – [See DEFRA guidance](https://www.gov.uk/government/collections/guidance-for-the-animal-by-product-industry) | |  | Permission may be required before the material is brought onto College premises. Contact BSO |
| Animal pathogens – [See DEFRA guidance](https://www.gov.uk/government/publications/animal-pathogens-guidance-on-controls) | |  | Permission may be required before the material is brought onto College premises. Contact BSO |
| Plant material or soils – [See DEFRA guidance](https://www.gov.uk/guidance/plant-health-controls) | |  | Permission may be required before the material is brought onto College premises. Contact BSO |
| [Drug precursors](http://www.imperial.ac.uk/safety/safety-by-topic/laboratory-safety/drug-precursors/)  *See* [*Who’s who in the Safety Department*](http://www.imperial.ac.uk/safety/who-we-are/whos-who-in-the-safety-department/) | |  | Permission may be required before the material is brought onto College premises. |

### If any of the above are to be brought back to the College (or elsewhere in the UK) describe how these will be transported? See [Dangerous goods transportation](http://www.imperial.ac.uk/safety/safety-by-topic/laboratory-safety/dangerous-goods-transportation/)

|  |  |
| --- | --- |
|  | N/R |

### If any of the above are to brought back to the College (or elsewhere in the UK) describe how any relevant permissions e.g. licensing have been obtained (or state whether any exemptions apply).

|  |  |
| --- | --- |
|  | N/R |

### Will the activity generate any hazardous waste not described within the specific risk assessments listed in Section 5.1.1?

|  |
| --- |
| Yes  No hazardous waste generated  Hazardous waste is generated but is described elsewhere  in form |
| If yes, how will this be treated and/or disposed of? |

### Are there any other hazards, not covered above, that may be encountered?

|  |
| --- |
| Yes  No |
| If yes, please describe: |

# Occupational Health

### Confirm that all trip members have read [Occupational Health travel](http://www.imperial.ac.uk/occupational-health/travel/) guidance

|  |
| --- |
| Yes, they have  No, they have not  Comments? |

### Does the trip involve working in malaria endemic tropical countries, areas more than 24 hours travel distance from medical support, or activities requiring a high standard of physical fitness or is the trip duration longer than 3 months?

|  |  |
| --- | --- |
| Yes  No | |
| If yes, have all members completed the [Travel Questionnaire](http://www.imperial.ac.uk/occupational-health/travel/) form from Occupational Health? | Yes  No  N/R |
| If any specific precautions have been advised have these been implemented? | Yes  No  N/R |
| Summarise these precautions here. | |

### Are any vaccinations recommended or required for travel to this country or region? See [Occupational Health travel](http://www.imperial.ac.uk/occupational-health/travel/) guidance, and Fit for travel link <http://www.fitfortravel.nhs.uk/destinations.aspx>

|  |
| --- |
| Yes  No |
| If yes, what are these? |
| If yes, have all members arranged to obtain these vaccinations? |

### Is malaria prophylaxis required?

|  |
| --- |
| Yes  No |
| If yes, what drugs are recommended? |
| If yes, have all members of the trip made arrangements to obtain this prophylaxis? |

### Is vector-borne (e.g. by insect) or parasitic disease a hazard in the area of travel or fieldwork?

|  |
| --- |
| Yes  No |
| If yes, describe with the vectors and the disease and the precautions to be taken to minimize the likelihood of transmission. If this has been dealt with already in this form then provide the section reference: |
|  |

### Will you be working with patients, or collecting or handling clinical specimens?

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| --- |
| Yes  No |
| If yes, then those involved should be vaccinated against Hepatitis B |
| If yes, and if working for > 1month in a high TB prevalence country then BCG vaccination may be advised |
| If yes, and if working in a high HIV prevalence country, then HIV prophylaxis may be advised |

### Will you be working with wild, domestic or agricultural animals, or material collected from these?

|  |
| --- |
| Yes  No |
| If yes, describe any details of this aspect of the activity not already described in Section 1.1: |
| If yes, what are the risks of zoonosis and describe the precautions taken to minimise this? |
| If yes, what are the risks of physical injury being caused and the precautions that will be taken? |
| If yes, are there any other hazards associated with this aspect of the activity? |

# Offsite Work Emergency Response Procedures (OWERP)

Please complete the relevant sections of the OWERP form, also available in Appendix 1, for the following.

1. Whenever an FW1 is completed.
2. ALL high risk offsite work, See page 1 of the FW1 for the definition of high risk.
3. Where Faculty Policy requires it.
4. Any trip where the person in charge has determined by risk assessment that there is a need for more detailed planning.

Note that incidents (accidents [including ill-health] or near misses) that occur during fieldwork trips must be reported to the College Safety Department via [Salus](http://www.imperial.ac.uk/safety/safety-by-topic/accidents--incidents/).

# Training

### Identify those trip members that require and have received the following training? See [Safety Training](http://www.imperial.ac.uk/safety/safety-training/) and Occupational Health [First Aid](http://www.imperial.ac.uk/occupational-health/health-protection-at-work/first-aid/)

|  |  |  |
| --- | --- | --- |
| Training type | Full name | Date of training |
| Personal First Aid |  |  |
| Basic Fieldwork First Aid |  |  |
| Fieldwork First Aid |  |  |
| Advanced Fieldwork First Aid |  |  |
| Mental Health First Aid |  |  |
| RGS: Offsite Safety Management (OSSM) |  |  |
| RGS: Off-road driving |  |  |
| Personal Security & Kidnap (Clarity Security Training) |  |  |

### Identify any other training courses and those that have attended these.

|  |  |  |
| --- | --- | --- |
| Training type | Full name | Date of training |
|  |  |  |
|  |  |  |
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# Approvals

**The PI must approve the offsite activity before commencement.** Where the PI is the person engaged in the activity then approval must be obtained from their line manager.

The off-site coordinator or Faculty appointed safety officer must review all fieldwork activities before commencement.

All other approvals identified within any associated activity risk assessments must also be in place.

The Principal Investigator and Offsite Coordinator must confirm the following statements by adding their details and date below.

|  |  |  |
| --- | --- | --- |
| **OFFSITE COORDINATOR OR FACULTY APPOINTED SAFETY OFFICER** | | |
| I have reviewed this risk assessment, OWERP and other supporting documentation and consider them suitable and sufficient for the proposed activity. | Title and name | Date: |
| **PRINCIPLE INVESTIGATOR APPROVAL** | | |
| I retain managerial responsibility for the safety and welfare of those persons listed in Section 6.1.1 and, as such, confirm the validity of the information provided in this form and give assurance that all reasonably practicable measures have been put in place to manage the risks associated with this fieldwork activity and give my approval for the work to commence. | Title and name: | Date: |

# Approval for high risk offsite work.

**The HoD must approve any high-risk offsite work. Please refer to your Faculty Policy for any additional approvals that may be required. High risk work is defined on page 1.**

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| --- | --- | --- |
| **HEAD OF DEPARTMENT APPROVAL** | | |
| I have reviewed this risk assessment and consider that the additional risks posed by the country or region in which the work is taking place and the activities being undertaken have been controlled so far as is reasonably practical and there is a continued academic requirement for the work to proceed which justifies the increased risk. | Title and Name: | Date: |
| **ADDITIONAL APPROVAL** (Where required by Faculty Policy) | Title and Name: | Date: |

# OFF SITE EMERGENCY RESPONSE PROCEDURES (OWERP)

**Appendix 1.**

Relevant sections to be completed under the following circumstances:

1. All work requiring an FW1.
2. ALL high risk offsite work.
3. Where Faculty Policy requires it.
4. Any trip where the person in charge has determined by risk assessment that there is a need for more detailed planning.

**Sections can be omitted where this information is already included in the risk assessment for example in the FW1.**

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| --- | --- | --- | --- | --- | --- |
| **1. AVAILABLE EMERGENCY SUPPORT** | | | | | |
| Full name | CID | Position | Email | Mobile / Satellite phone | Land line |
|  |  | Principal Investigator |  |  |  |
|  |  | Person in charge e.g. [Supervisor](http://www.imperial.ac.uk/safety/safety-by-topic/off-site-working/supervision/) |  |  |  |
|  |  | Offsite co-ordinator |  |  |  |
|  |  | In country offsite leader or local contact |  |  |  |
|  |  | Other |  |  |  |
| **Nearest hospital or medical field station.** | | | Name:  Address:  Telephone: | | |
| College insurance medical and emergency hot line (24/7, 365 days / year): | | | Royal & Sun Alliance (RSA) +44 (0) 208 608 4100  Policy number: RTT 306 251 | | |
| Imperial College Security on call Support No. (24/7): | | | College South Kensington 24hr 365 days security control room: 020 7589 1000 & 0207 594 8910 | | |
| Local emergency services, Police, Ambulance, fire etc: | | | Telephone: | | |
| British Embassy, High Commission or consulate: | | | Telephone: | | |
| Other: | | | Telephone: | | |

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| --- | --- | --- | --- | --- | --- |
| **2. Names and contact details of ICL personnel conducting the offsite work** | | | | | |
| **Full name** | **CID** | **Position / Role in group** | **Email** | **Telephone (Imperial)** | **Telephone (offsite)** |
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| **3. Emergency Response Procedures** | |
| **Event** | **Procedure** |
| Missing persons | Give details of planned check in times and what to do if a check in time is missed. Use the separate sheet below if necessary: |
|  | Who will you attempt to contact and in what order: Add more rows as necessary.  1.  2. |
| Civil unrest and natural disasters | Give details of how the field worker will be alerted to the problem and what they will do in response: |
| Medical emergencies and repatriation | Give details of how the field worker will respond to illness or injury. If they are unable to self help give details of who will assist and what they will be expected to do: |
| Financial plan for emergencies | Give details of what funds are available for medical assistance, repatriation and other emergencies such as vehicle breakdowns and how these funds would be made available: |
| Communication strategy | Give details of the communications equipment that you are taking with you, when it will be used, and how effective it will be: |
| Media management plan | In the event of an emergency give details of how you will manage the media attention, e.g. who will inform the college media department: |
| Next of Kin | Before travel ensure that your next of kin details are up to date with ICL HR |
| **College insurance policy no:** | Policy Number: 0010016145 |

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| **4. MISSING PERSONS: PLANNED CHECK IN TIMES CONTINUATION SHEET** | | | | |
| **Serial** | **Phase in Itinerary / Activity** | **Date** | **Local Time** | **UK Time** |
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| **5. Flight / travel details, continuation from FW1 for complex travel** | |
| Carrier name and trip ID e.g. Airline and flight No.  OUT | Carrier name and trip ID e.g. Airline and flight No.  RETURN |
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| 6. ACTIVITY PHASES, where requested for more complex projects. | | |
| Serial | Details of Activity | **Dates** |
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