**FIELDWORK RISK ASSESSMENT FORM**

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| **SECTION 1 – FIELDWORK DETAILS** |
| **Fieldwork** | **Enter objective of fieldwork** |
| **Duration** |  |
| **Location** |  |
| **Description of activities** |  |
| **Course Organiser/Fieldwork Leader** |  |
| **Course Supervisor** |  |
| **Students involved** | **Number of Postgraduates/Undergraduates** |
| **Management/Supervision** | **If lone working is unavoidable a detailed ‘reporting in’ procedure must be described. If fieldwork involves overnight accommodation away from home this must also be included see also Section 5** |

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| **SECTION 2 – HAZARD IDENTIFICATION** |
| **Potential Hazards?** | **Who is at risk and how could they be injured?** | **What Control Measures are in place?** | **Severity x Likelihood (after control measures have been implemented) = Risk Rating** |
| **Severity** | **Likelihood** | **Risk rating** | **Tolerable yes/no** |
| 1. **Location**
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| 1. **Weather**
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| 1. **Transport/Vehicles**
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| 1. **Accommodation**
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| 1. **Handling**
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| 1. **Health and Fitness**
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| 1. **Lone Working**
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| **SECTION 3 – PERSONS AT RISK** |
| **Identify Persons at risk** |  |
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| **SECTION 4 – ENVIRONMENTAL PROTECTION** |
| **Measures to protect the environment** |  |
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| **SECTION 5 – EMERGENCY PROCEDURES** |
| **First Aid Arrangements** | **Carry a first aid kit** **Carry a fully charged mobile phone and switch it on – NB ensure network coverage is available** |
| **Emergency Contact Arrangements** | **Name:****Checking in times:****Tel no:** |  |
| **Contact Details** | **University Security (24 hours): 01273 873333****Line Manager/Supervisor:****Parent/Guardian:** |  |
| **SECTION 6 – TRAINING/COMPETENCE REQUIREMENTS** |
| **Staff** | **Enter training required** |
| **Students** | **Enter training required** |
| **SECTION 7 – INSURANCE DETAILS** |
| **Staff** |  |
| **Students** |
| **SECTION 8 – ACCEPTANCE OF RISK ASSESSMENT** |
| **Signed …………………………………………………………..****(Student)****Signed…………………………………………………………….****(Supervisor/Team Leader)****Signed…………………………………………………………….****(Health and Safety Coordinator)****Signed …………………………………………………………….****(High risk activities to be signed by Head of School/Unit** | **Date:****Date:****Date:****Date:** |

Likelihood

S = Severity Rating

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| Major (3) | May cause death or major injury (Broken bones, loss of limb, off work for more than a month) |
| Serious (2) | May cause injuries or illness resulting in short-term disability  |
| Slight (1) | All other injuries or illnesses |

L = Likelihood of occurrence and is graded as follows:

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| High (3) | Where it is certain harm will occur |
| Medium (2) | Where harm will often occur |
| Low (1) | Where harm will seldom occur |

Risk Rating = Severity of harm x likelihood of occurrence

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| 3Severity | 6 | 9 |
| 2 | 4 | 6 |
| 1 | 2 | 3 |

**GREEN – Low Risk**

**AMBER – Medium Risk**

**RED – Low Risk**

Likelihood