**OBUHSN-24 Appendix 2: Risk assessment form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Field course title |  | | | |  | | |  | | | |
| Duration |  | | | | To | | |  | | | |
| Description of activities | | | | | | | | | | | |
| Number of Students |  | | | | Number of Staff | | |  | | | |
| Itinerary | | | | | | | | | | | |
| Method of travel |  | | | | | | | | | | |
| Pick-up point(s) |  | | | | | | | | | | |
| Special points of safety with risk category, High, Medium or Low H,M or L | | | | | | | | | | | |
|  | | | | | | | |  | | | |
| Accommodation address(s) | | | | | | | Telephone Number(s) | | | | |
| What type of evaluation of accommodation has been carried out? The evaluation should include security, quality of welfare facilities and fire safety arrangements. | | | | | | |  | | | | |
| Have all participants been issued with and signed for a copy of "Codes of Practice for Safe Working" | | | | | | |  | | | | |
| Will students be at any time working away from the main group. | | | | | | |  | | | | |
| Has a pre-course briefing been carried out | | | | | | |  | | | | |
| Have all students completed a next of kin form | | | | | | |  | | | | |
| EMERGENCY CONTACT NUMBERS AT OXFORD BROOKES UNIVERSITY | | | | | | | | | | | |
| Calls from with the UK  Site Services Manager (01865) 483059  Site Services shift control manager (01865) 483060  Student Services (01865) 484650 | | | | | | | International calls  + 44 (0) 1865 483059  + 44 (0) 1865 483060  + 44 (0) 1865 484650 | | | | |
| Any other information | | | | | | | | | | | |
| Signed............................................................................  (Course Leader)  Print………………………………………………………  Signed............................................................................  (Dean of School / Director of Directorate)  Print………………………………………………………  Signed............................................................................  (Safety Officer)  Print……………………………………………………… | | | | | | | Date.................................  Date.................................  Date................................. | | | | |
| **CONFIDENTIAL** Staff/Student Emergency Contact form (only to be used in an emergency) | | | | | | | | | | |
| Name | | | | Staff/Student No | | | | | | |
| Local Address | | | | Home Address | | | | | | |
| Field Course Title | | | |
| Telephone Number | | | | Telephone Number | | | | | | |
| Personal Tutor | | | Fields | | | Date | | | | |
| Name and address of contact person | | | | | | Telephone No | | | | |
| Current GP's Name  Practice Address | | | | | | Telephone No | | | | |
| Do you suffer from any of the following? Delete as appropriate | | | | | | | | | | |
| Asthma or Bronchitis | | YES | NO | Allergies to any drugs | | | | | YES | NO |
| Heart Condition | | YES | NO | Any other Allergies | | | | | YES | NO |
| Fits, Fainting or Blackouts | | YES | NO | Other illness or disability | | | | | YES | NO |
| Severe headaches | | YES | NO | Severe travel sickness | | | | | YES | NO |
| Diabetes | | YES | NO | Back or knee problems | | | | | YES | NO |
| Are you receiving medical or surgical treatment from a doctor/hospital. | | | | | | | | | YES | NO |
| Have you been given specific medical advice to follow related to the above. | | | | | | | | | YES | NO |
| If the answer to any of the above questions is YES, please give details here: | | | | | | | | | | |
| In preparation for your planned field trip have you ensured that you have had the appropriate vaccinations for: (a) the work you are undertaking, (b) the destination of travel.  If your response is no, you are strongly recommended to seek medical advice **before** your departure. | | | | | | | | | YES | NO |
| Please advise if you have any special dietary requirements | | | | | | | | | | |
| Signed: | | | | | | Date: | | | | |