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| **Description:** |
| **Location(s) of activity:** | **Start and end dates:** |
| **Assessment of Risk:**The hazards and consequent risks of this activity are similar to what I encounter doing low risk work at Cambridge (i.e. office work, attending meetings or lectures), the duration is less than 30 days, there is no specific Foreign and Commonwealth Office (FCO) Travel Advice rating for the location I am visiting and I cannot perceive any person / individual factors that would put me at risk.The statements below list the precautions I will take to avoid any increase in the level of risk. |

* I will follow the current gov.uk Coronavirus (COVID‑19) guidance:  <https://www.gov.uk/coronavirus>
* I will follow the [FCO Travel Advice](https://www.gov.uk/foreign-travel-advice) for the location I am visiting. I understand that this risk assessment is only suitable for travel to countries that have **no specific rating** according to current FCO advice.
* My itinerary and contact information while travelling has been left with a Departmental contact (e.g. Supervisor, local Administrator).
* My contact number is up to date in CamSIS
* I will use a regular mode of travel provided by a reputable company.
* I will not travel if adverse weather, natural disaster or civil disturbance is indicated.
* I will avoid lone working and travelling alone as far as possible.
* I am aware that appropriate accommodation should be used and I will follow University and Departmental policy.
* I will follow the safety advice and guidance of the host organisation / employer / other authority on site.
* I will report any safety concerns to the host organisation and/or to my Department and/or College.
* I will follow ergonomic guidelines regarding use of laptops and other computers as far as practicable.
* I will obtain Travel Insurance if appropriate (e.g. overseas). I will read my Travel Insurance Policy to ensure that I am aware of all exclusions (including higher risk leisure activities).
* I understand that further risk assessment is required for higher hazard activities e.g. laboratory work, visits to developing countries, work in communities etc.

**Person Working Away: I am signing to indicate that I have read and will abide by the statements above and will carry out additional risk assessment where necessary.**

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| **Name:** | **Signature:** | **Date:** |

**Department: I am signing to indicate that this constitutes a suitable and sufficient assessment of the level of risk identified.**

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| **Name:** | **Signature:** | **Date:** |

**Received by Safety Office:**

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| **Name:** | **Signature:** | **Date:** |