RISK ASSESSMENT AND MANAGEMENT PLAN FOR OFF-CAMPUS ACTIVITIES (for groups)

The travel risk assessment form is to be completed by faculty members, administrators, or professionals who are organizing official trips for students that will be held outside campus, in either local or foreign locations. These activities may include:

- field study trips
- study abroad programs (lasting an academic term or more)
- participating in conferences, competitions (including athletic competitions), or festivals in a capacity where you will be representing Ateneo de Manila
- official activities conducted by student organizations: outreach trips, evaluation seminars, welcome parties
- requiring students to attend an off-campus event for class (e.g., watching a play, visiting a museum)
- and other similar activities

Groups visiting the same location throughout the academic year, or undertaking the same type of activity throughout the year (e.g., athletic competitions) only need to submit this form once for each type of activity, unless there are changes to the activity or new hazards that require the submission of a new form. For locations regularly visited by groups of students across several years (e.g., study abroad destinations), only one form needs to be filled up per destination, but this form should be checked yearly at the minimum, to see whether new hazards have arisen, and a new form must be filled up upon renewal of any MOUs/MOAs with those locations. For any questions about filling out this form, kindly contact the Campus Events Management Unit of the Office of the Associate Dean for Student and Administrative Services.

Department/Office/ Student Organization holding the activity		Name, position, and contact number of the point person filling in this form	
Description of the group that will be traveling (if it is a class, include the course catalog number and title)		Nature of travel (you may choose from the list above or describe it in your own words)	
If an ADMU faculty member/employee will be accompanying the group, please indicate his/her name, position, and contact number		The name, position, and contact number of the group leader/main liaison (if there is no accompanying ADMU faculty member/employee)	
Name, position, and contact number of your contact at the destination (if applicable)		Full address of the destination (if there is more than one destination, please use a separate sheet of paper to list them all)	
Name & address of the nearest tertiary healthcare facility (e.g., hospital) to your destination (attach a		Name & address of the nearest primary health care facility (e.g., clinic) to your destination (attach a	

separate sheet if needed)		separate sheet if needed)	

Instructions for filling in the risk assessment chart: For each row: in the second column, please write “Y” if the risk is relevant to your group’s travel, and “N” if it is not. If you answered “N”, you can leave the boxes in the next three columns blank. If you answered “Y” please indicate: (a) how likely it is that the hazard would pose a problem without control measures in place (using the 0-3 scale), (b) what control measures you have taken or plan to undertake to minimize the risk, and (c) how likely it is that the hazard would pose a problem after control measures have been put into place.

Example:

Illness due to the location (difference in climate, altitude, presence of allergens, humidity, etc.)	**Y**	**2**	The orientation included instructions on what type of clothes to bring for the weather at the destination. Students with a history of allergy were instructed to bring a personal supply of allergy medicine.	**1**

Type of Risk/Hazard	**Relevant ? (Y/N)**	**Likelihood before control (0 = very low, 1 = low, 2 = medium, 3 = high)**	**Control measures to be undertaken to minimize risk**	**Likelihood after control (0 = very low, 1 = low, 2 = medium, 3 = high)**
HEALTH RISKS				
1. Illness due to the location (difference in climate, altitude, presence of allergens, humidity, etc.)				
2. Illness or injury due to natural physical hazards in the area (e.g., river-crossing, mountain hiking, presence of dangerous animals/insects, etc.)				
3. Injury due to manmade physical hazards (e.g., heavy machinery/equipment, trenches, falling debris, etc.)				

4. Illness due to diseases endemic in the area				
5. Food poisoning or unclean drinking water				
6. Excessive alcohol intake or use of illegal drugs				
7. Suffering from extreme stress, anxiety, or mental strain				
SECURITY/CRIME/VIOLENCE				
1. Being a victim of petty crimes (e.g., theft, pickpocketing)				
2. Being a victim of sexual harassment or sexual assault				
3. Being involved in an outbreak of political instability or unrest				
4. Hostility from local people				
TRANSPORT AND TRAVEL HAZARDS				
1. Being involved in an air, vehicular or boating accident				
2. Individuals getting lost				
3. Unavailability of transportation options				
4. Being unable to obtain the necessary visas for travel				
ENVIRONMENTAL HAZARDS				
1. Being affected by natural disasters				

(e.g., typhoons/hurricanes, snow storms, earthquake, flooding)				
FINANCIAL/LOGISTICAL CONSIDERATIONS				
1. Having unsafe or poorly located accommodations				
2. Individuals being isolated or lacking access to communication (e.g., no cellphone signal)				
3. Participants not being able to afford the costs to complete the activity				
4. Limited supply of food or water				
OTHERS (PLEASE LIST BELOW) (attach a separate sheet if necessary)				

I confirm that I have undertaken adequate arrangements to reasonably ensure the group's safety.

_____ _____

Signature over printed name Date