**Faculty of Computer Science and Technology**

**Risk assessment**

**Work placement off-site**

**Student**

Placement address

<table>
<thead>
<tr>
<th>Likely</th>
<th>Probable</th>
<th>Possible</th>
<th>Remote</th>
<th>Improbable</th>
<th>Impossible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal injury</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Major injury</td>
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<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor injury</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falling ill</td>
<td></td>
<td>X</td>
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</tbody>
</table>

**Describe the hazard:** Various dangers of travelling, working at other sites.

**What could go wrong?** A person might encounter danger when travelling, including abroad, working at other institutions. A person may require medical assistance.

**Who might be hurt?** Anyone

**Any special risk factor?** Travelling to areas of risk

**When might this happen?** Anytime

**Can this hazard be eliminated altogether, or reduced making an inherent change?** No

**What are the control measures which will be, or are, in place to help stop all of this from happening?**

- Students will ask other institutions to which they are seconded to fill in a Health and Safety Questionnaire about their procedures and systems.
- There will be no travel to a country if the website of the Foreign and Commonwealth Office currently advises against such travel.
- Students will be expected to have arranged adequate medical and travel insurance when travelling abroad.

**What is the residual risk which remains given all the control measures in place?** Please assume that control measures may sometimes fail if it is possible for them to do so.

**Is the residual risk acceptable?** Yes

**Can you identify any further action which is reasonable, in terms of the expense and the amount of time and trouble involved, which would reduce the risk even further?** No

If you have answered 'yes', then please describe the action below and specify when you expect it to be completed.

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Student’s signature ……………………………………….

Date …………………………………………………...

Supervisor’s signature ……………………………….

Date …………………………………………………...

Supervisor’s name ………………………………………...