

**Checklist 7** *(page1 of 3)* **Districts 9500 & 9520**

**Travel**

**Initial DATE: 10/04/2019 RISK ASSESSMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | |
| This form must be completed and forwarded to the District Insurance Officer **3 weeks prior to travel**.  Place a tick in either ‘**Yes**’ or ‘**No**’. Where the question is not applicable to your travel – tick ‘**N/A**’.  Please provide brief details for any question that you have ticked ‘**Yes**’. | | | | | | | | | | | | | |
| Destinations(s): | | |  | | | | | | | | | | |
| Purpose of Travel: | |  | | | | | | | | | Is this trip to include holidays? | | Yes  No |
| Contact details (eg. Mobile phone, local phone, email): | | | | | |  | | | | | | | |
| **Your Travel** | | | | | | | | | | | | | |
| What is your length of stay? *Details:* | | | | | | | | |  | | | | |
| Is this your first visit to the location? *Details:* | | | | | | | | | |  | | | |
| Are you travelling alone? *Details:* | | | | | | |  | | | | | | |
| Are you meeting Rotarians? *Details:* | | | | | | | |  | | | | | |
| **Your Health** | | | | | | | | | | | | | |
| Do you have any medical conditions that may be aggravated by this travel? | | | | | | | | | | | | Yes  No  N/A | |
| *Please provide details:* | | | | |  | | | | | | | | |
| Is the destination at risk of infectious diseases for which no vaccination is available? | | | | | | | | | | | | Yes  No  N/A | |
| *Please provide details:* | | | | |  | | | | | | | | |
| Do you require specific medications that may be difficult to obtain at your destination? | | | | | | | | | | | | Yes  No  N/A | |
| *Please provide details:* | | | | |  | | | | | | | | |
| Will you be carrying prescription drugs with you?  *Be aware some countries have different drug laws (view Travel Doctor tmvc.com.au)* | | | | | | | | | | | | Yes  No  N/A | |
| *Please provide details:* | | | | |  | | | | | | | | |
| You **MUST** disclose to the insurer details of any pre-existing medical/health condition(s) | | | | | | | | | | | | Yes  No  N/A | |
| *Please provide details:* | | | | |  | | | | | | | | |
| Are you travelling against the advice of a qualified medical practitioner? | | | | | | | | | | | | Yes  No  N/A | |
| *Please provide details:* | | | | |  | | | | | | | | |
| **Natural Environment** | | | | | | | | | | | | | |
| Will you be exposed to climatic extremes (eg: excessive heat, cold, humidity, etc.)? | | | | | | | | | | | | Yes  No  N/A | |
| *Please provide details:* | | | |  | | | | | | | | | |
| Is the location subject to extreme weather or natural events (eg: hurricanes,  Tornadoes, earthquakes, flooding, avalanche, etc.)? | | | | | | | | | | | | Yes  No  N/A | |
| Do you intend to undertake: | | | | Motor racing,  Motorcycle racing,  BMX,  Cycle racing,  Horse riding,  Rock climbing,  Hand gliding,  Bungee jumping,  Surfing,  Parachuting,  Paragliding  Flying *(except RPT – Regular Public Transport).* | | | | | | | | | |
| *Please provide details:* | | | |  | | | | | | | | | |

**CHECKLIST 7** *(page 2 of 3)*

**TRAVEL RISK ASSESSMENT cont…**

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| --- | --- | --- | --- | --- |
| **Wildlife** | | | | |
| Will you have contact with domestic, wild or feral animals (ie: physical injury, infectious diseases etc)? | | Yes  No  N/A | | |
| *Please provide details:* |  | | | |
| Will you have contact with biting/stinging reptiles or insects (other than mosquitoes)? | | Yes  No  N/A | | |
| *Please provide details:* |  | | | |
| **Eating and Drinking** | | | | |
| Will the destination have difficulty providing reliable/safe drinking water/ice? | | | Yes  No  N/A | |
| *Please provide details:* |  | | | |
| Will the destination have difficulty providing reliable/safe food (ie: cooked and uncooked?) | | | | Yes  No  N/A |
| *Please provide details:* |  | | | |
| **Accommodation** | | | | |
| Will there be difficulty obtaining reliable and adequate commercial accommodation (eg: hotels)? | | | Yes  No  N/A | |
| Will there be difficulty obtaining reliable and adequate domestic accommodation (developed domestic homes)? | | | Yes  No  N/A | |
| Will there be difficulty obtaining reliable and adequate rural – ‘village-style’  Accommodation? | | | Yes  No  N/A | |
| Accommodation is mainly provided by:  Rural domiciles  On board river/sea vessel  Motor vehicle/Campervan  Camping  Bivouacking/hiking  Is local sanitation poor or inadequate?  Yes  No  N/A | | | | |
| **Socio-Cultural Environment** | | | | |
| Are you familiar with the local environment (eg: laws, religion, culture, customs, etc)? | | | Yes  No  N/A | |
| Do you have any knowledge of local languages? | | | Yes  No  N/A | |
| **Technology and Infrastructure** | | | | |
| Is there difficulty obtaining adequate and reliable emergency services (eg: police, ambulance etc.)? | | | Yes  No  N/A | |
| Is there difficulty obtaining adequate and reliable medical care (eg: hospitals, first aid, etc.)? | | | Yes  No  N/A | |
| Is the local power supply poor or unreliable? | | | Yes  No  N/A | |
| Are safety standards for equipment and operation significantly below those of Australia? | | | Yes  No  N/A | |
| **Work Environment** | | | | |
| Are you undertaking work in confined spaces or working at heights? | | | Yes  No  N/A | |
| Are you working with or exposed to hazardous chemical/radiation sources? | | | Yes  No  N/A | |
| Are you working with plant, industrial, agricultural or other potentially hazardous equipment? | | | Yes  No  N/A | |

**CHECKLIST 7** *(page 3 of 3)*

**TRAVEL RISK ASSESSMENT cont…**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Transportation** | | | | |
| If you are undertaking significant travel using railway systems, is the system unreliable or unsafe? | | | Yes  No  N/A | |
| If you are undertaking significant travel using ferries/charter vessel services, are they seen as unreliable or unsafe? | | | Yes  No  N/A | |
| If you are undertaking significant domestic air travel, is it seen as unreliable or unsafe? | | | Yes  No  N/A | |
| If you are undertaking significant road travel, are local road, traffic and vehicle conditions considered unreliable or unsafe?  ***NOTE:*** *For over 75 yr old travellers -* ***most*** *hire car companies require a letter from your GP stating you are fit to drive.* | | | Yes  No  N/A | |
| **Communications** | | | | |
| Will you be out of mobile phone network coverage? | | | Yes  No  N/A | |
| Will contact via landline, phone, fax, email be difficult? | | | Yes  No  N/A | |
| Will your travel plans be subject to sudden and/or frequent changes? | | | Yes  No  N/A | |
|  | | | | |
| **Security** | | | | |
| Is the destination at risk of infectious diseases for which no vaccination is available? | | | Yes  No  N/A | |
| Is the destination(s) regarded as risky from a violent crime perspective? | | | Yes  No  N/A | |
| Is there active terrorism and/or civil unrest in the area? | | | Yes  No  N/A | |
| Are you taking Rotary related assets with a value of greater than AU$1,000 ie: laptop)? If so describe below – what precautions will be taken against theft. | | | Yes  No  N/A | |
| *Please provide details:* |  | | | |
| Are you visiting any specific sites that may be seen as attractive targets for violent civil protest or terrorist actions? | | | Yes  No  N/A | |
| *Please provide details:* |  | | | |
| In the event of a crisis requiring emergency evacuation, have you a detailed plan to leave? | | | Yes  No  N/A | |
| *Please provide details:* |  | | | |
| Have you read the Travel Advisories / Warnings of the Department of Foreign Affairs and Trade (DFAT) and City Brief? | | | | Yes  No  N/A |
| Name: Signed: Date: | | | | |
| **District Use Only** | | | | |
| Outcome of assessment: | | | | |
| Assessment conducted by: | | Date processed: *(dd/mm/yyyy)*:  / / | | |

*Contact details:*

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