**CHECKLIST FOR OFF CAMPUS ACTIVITIES**

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| **SECTION A: To be completed by the person organising the activity:** | | | | | | | | | | |
| *(e.g. Leader of group, independent student undertaking project, staff member undertaking independent research)* | | | | | | | | | | |
| **Faculty/Office:** | |  | | | | | | | | |
| **Date(s)/Duration of activity:** | | | | | From |  | | | To |  |
| **Location(s) of activity:** | | | |  | | | | | | |
| **Brief summary of proposed activity, including any practical work involving staff and/or students:**  *(tick relevant heading(s) and give brief description below or attach itinerary)* | | | | | | | | | | |
| * visiting public institution or private organisation (e.g. for meeting, study, training, conference, museum or exhibition visit, etc) * using hired facilities (e.g. exhibition hall, sports centre, science facilities) * providing teaching, instruction or advice (e.g. taught course, mentoring) * practical work (e.g. social survey interviews, data collection, environmental measurement/sampling, laboratory work, sports teaching, filming) * supervised student group * independent student group (e.g. final year undergraduate project, post-graduate project) * independent individual student project (e.g. final year undergraduate project, post-graduate project) * independent staff research or consultancy | | | | | | | | | | |
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| I confirm that I have read and understood the University Code of Practice on Off-Campus Activities and relevant HE Sector guidance on fieldwork and travel, and taken them into account in making the arrangements for this activity, including completing any related risk assessments | | | | | | | | | | |
| **Name**  **(BLOCK CAPITALS):** | | |  | | | | **Job Title:** |  | | |
| **Signature:** |  | | | | | | | **Date:** |  | |

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| **A.1 To be completed for ALL off-campus activities** *(Where required, relevant mitigations should be documented on a risk assessment - See University Code of Practice on Off-Campus Activities and HE Sector guidance on fieldwork and travel)* | | | | |
| * Has a competent Leader and adequate number of competent Supervisors been appointed for proposed activities, including any sub-groups, (with training provided if necessary) | YES | ❒ | N/A | ❒ |
| * Have suitable location(s) and adequate arrangements been made for accommodation/catering, equipment/materials and planned activities and foreseeable emergencies | YES | ❒ | N/A | ❒ |
| * Have necessary authorisations been obtained (e.g., permission to work on site), (copies to be held by Faculty/Office and Leader) | YES | ❒ | N/A | ❒ |
| * Has [insurance@greenwich.ac.uk](mailto:insurance@greenwich.ac.uk) been notified and cover confirmed, particularly for any non-routine activities | YES | ❒ | N/A | ❒ |
| * Are suitable travel arrangements in place, taking latest travel advice into consideration, and if necessary, evidence of suitable driving licenses obtained | YES | ❒ | N/A | ❒ |
| * Are all participants understood to be medically fit for the proposed activities? Where relevant, up-to-date information on relevant declared disabilities, medical conditions/medication should be obtained and stored securely within local files. | YES | ❒ | N/A | ❒ |
| * Has suitable provision been made for relevant declared disabilities/medical conditions, including arrangements with host if necessary (dietary, disabled access/egress, sight, hearing, other support, etc) | YES | ❒ | N/A | ❒ |
| * Are communication arrangements in place, between Leader, Supervisors, participants and Faculty/Office. (Records including itinerary, list of all participants (staff and students) and all contact addresses/phone numbers (including emergency numbers and outside normal hours) should be held securely in Faculty/Office and with Leader) | YES | ❒ | N/A | ❒ |
| * Have all participants been briefed on itinerary, including meeting points and times for independent travel, if any; specific arrangements/code of behaviour (including personal/down time, if any). Any signed confirmation/acceptance sheets should be held securely in Faculty/Office | YES | ❒ | N/A | ❒ |
| * Is there adequate provision for review/revision of arrangements on arrival and during the activity; Updated briefings and information should be forwarded to and held by Faculty/Office if necessary | YES | ❒ | N/A | ❒ |
| * Do all participants (staff and students) know how to access the ‘AMS’, to report any accidents / incidents that occur during the activity | YES | ❒ | N/A | ❒ |
| **A.2 To be completed for all OVERSEAS trips** *(Relevant mitigations must be documented on a risk assessment - See University Code of Practice on Off-Campus Activities and HE Sector guidance on fieldwork and travel)* | | | | |
| * Has the latest security, health and medical advice been obtained and taken into account in arrangements (e.g. FCO travel advice, NHS, latest information from local collaborators and colleagues) | YES | ❒ | N/A | ❒ |
| * Do all participants have up-to-date passports / visas / licences / insurance / European Health Insurance Card EHIC / emergency contact details and carry photocopies of originals | YES | ❒ | N/A | ❒ |
| * Do all participants have up-to-date vaccinations and malaria prophylaxis, if necessary, and current dental and medical checks. (Plus other personal medication, if necessary, and current spare prescription or medical letter) | YES | ❒ | N/A | ❒ |
| **A.3 To be completed for all off campus PRACTICAL WORK, whether conducted in the UK or overseas**  *(See University Code of Practice on Off-Campus Activities and HE Sector guidance on fieldwork and travel)* | | | | |
| * Has a risk assessment been completed or reviewed/revised (if this visit is part of a planned series (completed risk assessment form should be attached to this checklist) | YES | ❒ | N/A | ❒ |
| * Have all participants been briefed on the risk assessment and arrangements, and confirmed receipt/acceptance (Any signed confirmation/acceptance sheets should be held securely in Faculty/Office) | YES | ❒ | N/A | ❒ |

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| **SECTION B: To be completed by other person(s) commenting on arrangements (including risk assessment for practical work, if any)**  *E.g. Leader, Line Manager or Academic Supervisor with day-to-day responsibility for the activity; Health and Safety Manager or Local Officer nominated to advise, others involved in the decision-making process.* | | | | | |
| *Comments:* | | | | | |
| I confirm that I have read and understood the University Code of Practice on Off-Campus Activities and relevant HE Sector guidance on fieldwork and travel, and taken them into account in making comments on the arrangements for this activity and/or any related risk assessments | | | | | |
| **Name**  **(BLOCK CAPITALS):** | |  | **Job Title:** |  | |
| **Signature:** |  | | | **Date:** |  |
| **SECTION C: To be completed by the person approving this activity and any associated risk assessments** *(Person with overall responsibility for the activity e.g. Faculty Operating Officer/Head of Office)* | | | | | |
| *Comments:* | | | | | |
| I confirm that I have read and understood the University Code of Practice on Off-Campus Activities and relevant HE Sector guidance on fieldwork and travel and taken them into account in approving this activity and related risk assessments. | | | | | |
| **Name**  **(BLOCK CAPITALS):** | |  | **Job Title:** |  | |
| **Signature:** |  | | | **Date:** |  |