|  |
| --- |
| Health and Safety Assessment Checklist: 3rd Party Providers |

This form is for completion by third party providers or those offering overseas field trip services such as travel, accommodation and activities for University students and staff. Its purpose is to assess and confirm all the health, safety and insurance arrangements in place prior to any proposed visit(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **About the 3rd Party Provider** | | | | | |
| Name of organisation /  on-line link | |  | | | |
| Address  (where UOE students and/or staff will be based) | |  | | | |
| Country | |  | | | |
| Size of organisation (approx. number of employees) | | Less than 6 | 6 - 249 | 250-1000 | More than 1000 |
| Nature of the business including details of the location and local environment e.g. access routes; remoteness; accommodation type and layout; studies, activities and instruction available; transport provided/arranged; hygiene standards; provision of food.  If local or international registration or licensing is required - please include details e.g. boat registration  Please include: cultural environment, environmental hazards and potential impacts.  Are plans / photos available? | |  | | | |
| 1. Does the organisation hold certification for BS8848:2014 or meet the specification for an equivalent standard (PLEASE SPECIFY) to provide visits, fieldwork, and adventurous activities? | | | | | YES / NO |
| If the answer to the above question was NO, please describe the background of the organisation and length of experience providing currently offered field trip arrangements: | | | | | |
| **Please include references for the services that you will be providing for the University of Essex.** | | | | | |
| 1. Does the organisation have incident and emergency planning arrangements in place? Please provide full details of policies / procedures in place e.g. access to medical advice and medical aid provision, access to hyperbaric treatment: | | | | | YES/ NO |
|  | | | | | |
| 1. **ACTIVITIES:** What activities will the organisation be providing, if any, to the student(s) and staff during their visit? **Where appropriate an itemised checklist will need completion for adventurous or specialist activities e.g. diving; climbing; shoreline activities and boating.** | | | | | |
|  | | | | | |
| 1. **ACCOMMODATION**: Will the organisation be providing accommodation to the student(s) and staff? | | | | | YES / NO |
| If the answer to the above question was YES, please give details below, including for safe construction; fire safety arrangements ([guidance](file:///\\isslx108.essex.ac.uk\sl18296\Documentation%20updates%20post%20May%202022\2022-05-11%20Fire%20etc.%20safety.docx) is available for details); toilet and washing facilities e.g. if shared/communal; security; power supply if applicable; lighting; cleaning expectations (COVID-19); ventilation/heating/cooling; any special arrangements e.g. mosquito nets or external facilities; pedestrian access incl. lighting within and between accommodation locations. General safety of facilities: use of open fires or stoves; electrical safety checks; use of gas heaters; window restrictors; balconies; pools and lifts. Details of any legal or periodic inspections or checks in place and undertaken. Please details arrangements in place for the control of Legionella e.g. flushing / shower heads. | | | | | |
|  | | | | | |
| 1. **TRAVEL**: Will the organisation be providing travel or transport for the student(s) and staff? | | | | | YES / NO |
| If the answer to the above question was YES, please give details below, including the various modes of transport; how providers, routes and schedules are planned and approved; considerations required for environmental or climatic factors (heat/cold/storms/ high wind /flooding / mudslides/ currents/tides etc.) - safety controls in place such as seat belts, buoyancy aids, lifejackets, access to first aid; knowledge of local routes and conditions; experience/competency assessment for drivers; contingency plans or alternate arrangements. Details of any legal or periodic inspections (e.g. MOT or equivalent) and other checks (e.g. drivers licence checks, vehicle insurance) in place and undertaken. | | | | | |
|  | | | | | |
| 1. **CATERING**: Will the organisation be providing any food and drink to the student(s) and staff at any time during their visit? | | | | | YES / NO |
| If the answer to the above question was YES, please give details below, including for hygiene arrangements in the supply chain, storage and preparation facilities; organisation’s arrangements for those preparing and serving food and their competency / experience; arrangement in place to meet special dietary requirements; identification of food allergens in the end-to-end sourcing-to-serving of food. Information regarding water supply and any testing/sampling arrangements in place. Details of any legal or periodic inspections or checks in place and undertaken. | | | | | |
|  | | | | | |
| 1. **Your Health and Safety Processes** | | | | | |
| Does your organisation have a written Health and Safety Policy?  **If yes, please attach a copy of the current policy.** | | | | | YES / NO |
| Do you carry out risk assessments of your work practices to identify health and safety risks to your employees and others in your undertaking?  **If yes, please attach relevant copies** | | | | | YES /NO |
| Are there formal procedures for fires and other events that present serious and imminent danger to people associated with your organisation and its activities?  **If yes, please attach all copies** | | | | | YES / NO |
| Do you have procedures for reporting, recording and investigating accidents and incidents?  **If yes, please attach a copy and example(s).** | | | | | YES / NO |
| **Please include all details of any medical incidents or evacuations experienced (last 5 years) and their outcomes.** | | | | | |
| Please give details of the health, safety and instructional training and competency of your organisation’s team - to include any volunteer personnel or others who may be involved during the University of Essex’s visit. | | | | | |
|  | | | | | |
| What health and safety instruction / training will be given for each element of your provision? | | | | | |
|  | | | | | |
| What supervision or monitoring arrangements will be in place for student(s) and staff staying with the organisation; participating in activities or under instruction? | | | | | |
|  | | | | | |
| 1. **Insurance** | | | | | |
| Do you hold Public Liability Insurance?  **If yes, please attach a copy of the current certificate.** | | | | | YES / NO |
| Does your insurance cover liability for injuries or sickness suffered by students or staff attributable to the time spent with your organisation?  **If yes, please attach a copy of the current certificate.** | | | | | YES / NO |
| Insurance provider: |  | | | | |
| Policy number: |  | | | | |
| Limit of indemnity: |  | | | | |
| Does your insurance cover injuries and property damage that students or staff may cause during their time with your organisation?  **If yes, please attach a copy of the current certificate.** | | | | | YES / NO |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you hold Professional Indemnity Insurance?  **If yes, please attach a copy of the current certificate.** | | | | | | | YES / NO |
| You need to immediately notify your University of Essex contact if: you do not renew the insurance cover set out in these policies, or if the level of cover currently detailed as in place is altered in any aspects. | | | | | | | |
| 1. **Your details** | | | | | | | |
| Your name: | |  | | | | | |
| Your position: | |  | | | | | |
| Contact telephone number: | |  | e-mail: |  | | | |
| * The above statements are true to my best knowledge and belief * I agree that the we will: * Provide the student(s) and staff with a full health and safety induction, including fire, emergency and first aid arrangements, arrangements for protection from significant risks associated with their activities and procedures for reporting accidents, incidents, hazards and other health and safety concerns * Promptly report any accidents and incidents involving the student(s) or staff to [Safety@essex.ac.uk](mailto:Safety@essex.ac.uk) at the University of Essex | | | | | | | |
| Signed: |  | | | | Date: |  | |

THIS ASSESSMENT IS ONLY FULLY COMPLETED ONCE **PAGE 5** HAS BEEN APPROPRIATLEY SIGNED AND DULY AUTHORISED.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. ***For University use:\**** | | | | | |
| **Action taken** | | **By whom** | | | **Date** |
|  | |  | | |  |
| **Has an appropriately itemised checklist been completed for all adventurous or specialist activities e.g. diving; climbing; shoreline activities, caving and boating?** | | | | | |
| **\***Signed: |  | | Date: |  | |
| **VENTURE LEADER** |  | |  |  | |
| **\***Signed: |  | |  |  | |
| **AUTHORISED**  **HOD / HOS** |  | |  |  | |