

INTERNATIONAL TRAVEL RISK ASSESSMENT

INSTRUCTIONS FOR USE

- Refer to the <u>International Travel Risk Rating List</u> to determine whether a risk assessment is required. Tip: Check the **Risk** Assessment Required column.
- The International SOS country report is required to complete this risk assessment. Access the report/country briefing via to the International SOS website or via the International SOS mobile App.
- This risk assessment must be approved by a nominated Authorising Manager prior to proceeding with travel bookings. A copy of this assessment, along with supporting document/s, is to be sent to your manager and the Authorising Manager.
- Travellers will be notified via email whether the risk assessment is approved. Approved forms are to be sent to the OHS Helpdesk ohshelpdesk@saiglobal.com.
- Enter actions requiring implementation prior to departure into the <u>Safety, Incident and Gift (SIG) System</u>.

For further assistance, please contact the OHS Helpdesk ohshelpdesk@saiglobal.com.					
1. TRAVELLER INFORMATION					
Traveller Name:					
Position:					
Department:			Location:		
2. TRAVEL DETAILS					
Cities/Countries of Travel:					
Proposed Date of Travel:			Duration of Travel (days):		
Purpose of Travel:					
Do you have an itinerary for this trip? (If yes, attach to this form)					
Select travel booking option used:			Comments:		
3. AUTHORISATION					
Before you start this section, open the Country Risk Rating List. Search for the country of travel and identify the Authorisation Level (noted in the Authorisation Level column). If you are travelling to multiple locations, select the location with the highest authorisation level. Countries with an authorisation level of N/A do not require a risk assessment.					
What is the Authorisation Level?					
Name of Authorising Manager. Click here to view the approved Authorising Manager List – Identify the appropriate Manager from your division.					
4. ADDITIONAL TRAVEL DETAILS					
Question		Response	Comments		
Do you have any medical conditions that may require medical treatment during travel?					



4. ADDITIONAL TRAVEL DETAILS				
Question	Response	Comments		
Will you be travelling alone? If no, please provide names of travel companions.				
Are vaccinations or preventative medication recommended for your destination? If yes, specify.				
Will you be vaccinated prior to the trip and/or take preventative medication recommended?				
If you are travelling to a high-risk destination (i.e. SLT approval level), have you obtained a security briefing report from International SOS?				
If no – email your itinerary to securitysupport@intlsos-cr.com to obtain a report.				

5. DESCRIBE THE POTENTIAL RISKS (As outlined in the International SOS Country/City Report)					
RISK	DESCRIBE THE HAZARD/RISKS	RISK LEVEL*	CONTROLS - WHAT WILL YOU DO TO MANAGE THESE RISKS?		
Personal Safety I.e. crime, kidnapping					
Medical I.e. diseases, illnesses					
Political I.e. Social unrest, terrorism					
Natural disasters I.e. Flooding, hurricanes					
Cultural I.e. female travellers					



5. DE	5. DESCRIBE THE POTENTIAL RISKS (As outlined in the International SOS Country/City Report)					
RISK		DESCRIBE THE HAZARD/RISKS	RISK LEV	′EL*	CONTROLS - WI MANAGE THESE	HAT WILL YOU DO TO ERISKS?
Other						
* Refer to	o <u>WHS Risk Level Ma</u>	atrix				
		ROL MEASURES/ACTIONS REQUIR	ING IMPLE	EMENT	ATION PRIOR T	O TRAVEL IN SIG
6. TF	RAVELLER ACKNOW	/LEDGEMENT				
	I have read and un	derstood the travel information provided	d in the Inte	rnation	al SOS Report.	
	I have a copy of th	e <u>International SOS Membership Card</u> o	r have dowr	nloaded	I the International	SOS mobile app.
	I will ensure that I	have the required visa and driving permi	t, if applicat	ole, prio	r to my departure.	
	I will notify my Ma	nager of any changes to travel arrangen	nents both r	orior to.	and during, travel.	
	I will implement ar International SOS.	nd/or comply with the control measures	identified ir	n this as	ssessment as well	as those recommended by
	Controls/actions requiring implementation prior to departure have been entered into <u>SIG</u> .					
		y itinerary (if available) and a copy of the ng to countries requiring CEO or SLT aut		al SOS	Report. Note: Inte	rnational SOS reports must be
Addition	nal Comments:					
Signatu	ıre:			Date:		
7. Al	JTHORISATION					
Travel is	S:	Approved Not Approved				
Comme	ents:					
						I
Name:				Position	on:	
Signatu	ire:			Date:		