



**Metropolitan Police Service  
Risk Assessment**

**Appendix 3  
Forms MPS RA3**

**BOX 1**

<b>Service Branch: SCD13</b>	<b>Names of Assessors: Richard Pooley</b>	<b>Assessment No: 1</b>	<b>Type of Assessment</b>  Corporate
<b>Assessment Date: 26/7/06</b>	<b>Date of Last Assessment:</b>	<b>Review Date: 25/07/06</b>	

**BOX 2**

<p><b>Task / Activity Assessed</b></p> <p><b>ICCU Project Managers Overseas travel</b></p> <p><b><u>General travel activity overseas on MPS ICCU business</u></b></p> <p><b><i>(SEE MPS ICCU WEBSITE FOR GENERIC RA3)</i></b></p>
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**BOX 3**

Hazard	Persons at Risk	Pre-control Risk Rating			MPS Control measures	Post-control Risk Rating		
		S	L	R		S	L	R
<b>Staff becoming unfit for duty due to exposure to extreme cold</b>	Project Manager	4	3	15	Staff are strongly advised to take the appropriate outer barrier shell items and sufficient layered clothing, avoid unnecessary exposure to wind, rain, etc.	2	3	5



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<b>Staff becoming unfit for duty due to exposure to extreme heat</b>	Project Manager	4	3	15	Staff are advised to take the appropriate lightweight clothing, avoid unnecessary exposure to sun, heat etc.	2	3	5
<b>Staff become unwell due to altitude sickness</b>	Project Manager	4	2	15	The travel briefing will include measures wherever possible to allow sufficient time for staff to acclimatise to altitude variations.	4	2	5
<b>Staff become unwell due to dehydration while flying</b>	Project Manager	1	3	5	Staff are advised to avoid caffeine and alcohol before and during the flight, and drink adequate fluids.	1	3	3
<b>Staff becoming unwell due to diseases or infection i.e. malaria, Hepatitis, etc.</b>	Project Manager	4	3	25	Prior to departure, it will be established if the destination is a malarial region, and whether other diseases require inoculations prior to travel with appropriate prevention treatment obtained and used. FCO & Occupational Health Branch guidance will be obtained and staff briefed prior to travel. Health will be closely monitored on return to the UK.	3	3	5
<b>Staff suffering injury due to carrying heavy</b>	Project Manager	3	3	5	Staff to be manual handling trained.  The use of available trolleys and porters to be advised.	3	3	2



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<b>Luggage or equipment</b>					The packing of luggage and equipment into suitable containers to reduce weight of each piece is advised.			
<b>Staff suffering injury as a result of theft or robbery on arrival at destination.</b>	Project Manager	3	3	10	Staff will be briefed on the risks of theft and robbery, or becoming the victim of crime in the country concerned. They will be encouraged to remain vigilant, arrange to be met wherever possible, and comply with the advice and guidance in the Standard Operating Procedures.	3	3	5
<b>Staff suffering injury as a result of air accident.</b>	Project Manager	5	2	15	Reputable airlines will be used for travel. The advice of local missions and / or FCO will be sought regarding local airlines and charters. If a military aircraft is involved liaison with armed service concerned to be carried out.	5	2	5
<b>Staff suffering injury as a result of road collision</b>	Project Manager	4	3	15	The use of reputable vehicle providers only. Staff to be given briefing and guidance on local driving hazards and legislation, and referred to the advice in the SOP regarding road transport, taxis, etc, and being attentive and vigilant while on or near roads.  The use of reputable vehicle providers only. Staff to be given briefing and guidance on local driving hazards and legislation, and referred to the advice in the SOP regarding	4	3	5



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					road transport, taxis, etc, and being attentive and vigilant while on or near roads.			
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**BOX 4**

Is the risk rating for this task post control acceptable and can all controls be immediately implemented?

**Yes** **No**

If No, Box 5 and Box 6 require action and must be signed off.

**Risk Assessor:** **Signature:** **Date:**

**BOX 5**

Hazard	Action by	Action Required	Target Date	Completion Date	Signature when completed



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<b>BOX 6</b>	
<b>Management Confirmation</b>	
I have noted the above assessment and will take appropriate steps to ensure all the actions raised are completed satisfactorily.	
Name (Block Capitals):	
(Corporate Sponsor/Business Group Director/Department Head/BOCU Commander)	
Signed:	Date:

<b>BOX 7</b>		
<b>Risk Assessment Review</b>		
I confirm that the assessment remains valid, controls remain effective and there has been no increase in risk.		
1 <sup>st</sup> Review date: <b>26/7/07</b>	Name:	Signed:
2nd Review date:	Name:	Signed:
3rd Review date:	Name:	Signed:

Risk Rating		Rating Action Bands	
Severity	Likelihood	Band	Action Required
1 No injury	1 Improbable	1 – 5 Low Risk	Manage for continuous improvement
2 First aid injury	2 Remote	6 – 15 Medium Risk	Implement control measures or further control measures, where possible, to reduce risk rating to as low as is reasonably practicable.
3 Lost time injury (over 3 days)	3 Possible	16 –25 High Risk	Consider stopping activity. Implement control measures or further control measures to reduce



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			<b>risk rating to as low as is reasonably practicable immediately.</b>
<b>4 Major injury</b>	<b>4 Probable</b>		
<b>5 Death</b>	<b>5 Very likely to occur</b>		