



**Metropolitan Police Service  
Risk Assessment**

**Appendix 5  
Forms MPS RA3**

**BOX 1**

<b>Service Branch: SCD13</b>	<b>Names of Assessors: Richard Pooley</b>	<b>Assessment No: 3</b>	<b>Type of Assessment</b>  <b>Corporate</b>
<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>Off duty activity overseas on MPS business</u></b></p> <p><i>(SEE MPS ICCU WEBSITE FOR GENERIC RA3)</i></p>
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**BOX 3**

<b>Hazard</b>	<b>Persons at Risk</b>	<b>Pre-control Risk Rating</b>			<b>MPS Control measures</b>	<b>Post-control Risk Rating</b>		
		<b>S</b>	<b>L</b>	<b>R</b>		<b>S</b>	<b>L</b>	<b>R</b>
<b>Staff become ill through unknown cause (e.g. food poisoning)</b>	Project Managers	3	3	25	ICCU Project Managers will: Have full occupational health and safety briefing delivered prior to travel Have access to First Aid treatment/ELS Be given details of available medical facilities If required advice and support to be sought from Occupational Health.	3	3	5



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<b>Staff become ill through inappropriate relationships.</b>	Project Managers	3	3	16	<p>Staff will:            Have full occupational health and safety briefing delivered prior to travel            Be given details of prevalent diseases in the host country            Be made aware of cultural differences            Be advised of appropriate medical facilities            If required advice and support to be sought from Occupational Health.</p>	3	3	5
<b>Staff become ill due to consumption of excess alcohol or controlled drugs and unable to complete mission</b>	Project Managers	3	3	16	<p>Staff will:            Have full occupational health and safety briefing delivered prior to travel            Be briefed on implications of these actions in relationship to the disciplinary/conduct code            Be provided with advice and support to be sought from Occupational Health.</p>	3	3	5
<b>Staff injured using hire or allocated vehicles unfit for use</b>	Project Managers	5	3	20	<p>Staff will only use only recognised and accredited transport providers or carefully vet the vehicle and driver if provided locally. There shall be strict compliance with the advice and guidance contained in the overseas travel Standard Operating procedures.</p>	3	3	5
<b>Risk of attack/kidnap when o/s the official itinerary</b>	Project Managers	5	3	20	<p>Staff will be given a full personal safety briefing prior to travel, supported by a threat assessment. They will be provided with the appropriate protection / escort by host country</p>	3	3	5



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<p><b>e.g. sightseeing Injured through off duty sporting activity</b></p>	<p>Project Managers</p>	<p>3</p>	<p>3</p>	<p>15</p>	<p>Staff will: Only use sporting facilities which met safety standards Only use appropriate equipment Be competent to operate the equipment Be given a safety briefing prior to the activity Ensure only qualified/accredited instructors are used Ensure First Aid/ELS provision is available Be briefed on available medical facilities</p>	<p>3</p>	<p>3</p>	<p>5</p>
<p><b>Breach of local cultural/customs that endangers officer safety</b></p>	<p>Project Managers</p>	<p>1</p>	<p>3</p>	<p>15</p>	<p>Staff will: Have full cultural/customs briefing delivered prior to travel Have activity o/s itinerary authorised/approved by line manager and/or lead officer Comply with the advice and guidance contained in the Standard Operating Procedures.</p>	<p>1</p>	<p>3</p>	<p>1</p>



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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

**BOX 6**

**Management Confirmation**

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:**



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**BOX 7**

Risk Assessment Review		
<b>I confirm that the assessment remains valid, controls remain effective and there has been no increase in risk.</b>		
1 <sup>st</sup> Review date: <b>27/7/07</b>	<b>Name:</b>	<b>Signed:</b>
2nd Review date:	<b>Name:</b>	<b>Signed:</b>
3rd Review date:	<b>Name:</b>	<b>Signed:</b>

Risk Rating		Rating Action Bands	
Severity	Likelihood	Band	Action Required
<b>1 No injury</b>	<b>1 Improbable</b>	<b>1 – 5 Low Risk</b>	Manage for continuous improvement
<b>2 First aid injury</b>	<b>2 Remote</b>	<b>6 – 15 Medium Risk</b>	Implement control measures or further control measures, where possible, to reduce risk rating to as low as is reasonably practicable.
<b>3 Lost time injury (over 3 days)</b>	<b>3 Possible</b>	<b>16 –25 High Risk</b>	Consider stopping activity. Implement control measures or further control measures to reduce risk rating to as low as is reasonably practicable immediately.
<b>4 Major injury</b>	<b>4 Probable</b>		
<b>5 Death</b>	<b>5 Very likely to occur</b>		