

Section 1: Risk Assessment Details

Project Name

Pageetest updatedd

Department

Testdept

Start Date

08/05/2018

End Date

08/21/2018

Country

Åland Islands

Classification

false

Approving Manager

Dinesh

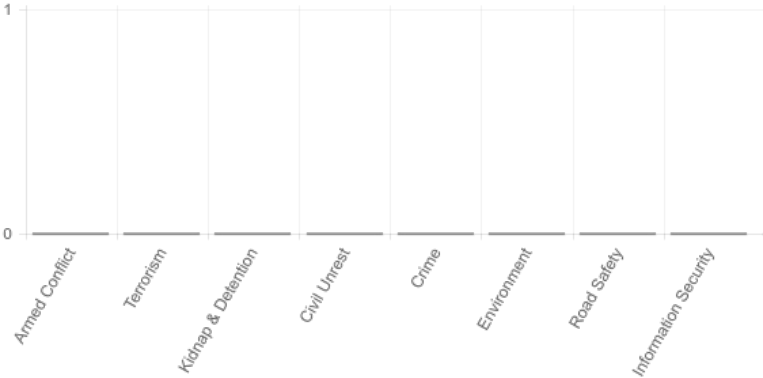
Task Description

ewe

Itinerary Description

ewewe

Country Risk Overview



Description

No Data Available

Security

No Data Available

Section 2: Traveller Details

Primary Traveller:

Name

Dinesh s

Email

dineshdazzler93@gmail.com

Mobile Number

+919500525457

Emergency Name

Email

Email

Mobile

Contact

Relationship

Relationship

Alternative Contact	Email	Mobile	Relationship
<input type="text" value="Name"/>	<input type="text" value="Email"/>	<input type="text" value="Contact"/>	<input type="text" value="Relationship"/>
Nationality	Passport Number	Valid From	Expiry
<input type="text" value="Austria"/>	<input type="text" value="Passport Number"/>	<input type="text" value="Passport Number"/>	<input type="text"/>
Nationality	Passport Number	Valid From	Expiry
<input type="text" value="Nationality"/>	<input type="text" value="1"/>	<input type="text" value="Passport Number"/>	<input type="text"/>

Section 3: Logistics

Supplier Name	Service Provided		
<input type="text" value="ewe"/>	<input type="text" value="Local Driver"/>		
Number	Email		
<input type="text" value="undefined"/>	<input type="text" value="undefined"/>		
Country	City	Cost per day	Currency
<input type="text" value="undefined"/>	<input type="text" value="undefined"/>	<input type="text" value="undefined"/>	<input type="text" value="undefined"/>
Supplier Name	Service Provided		
<input type="text" value="ewe"/>	<input type="text" value="Accommodation"/>		
Number	Email		
<input type="text" value="undefined"/>	<input type="text" value="undefined"/>		
Country	City	Cost per day	Currency
<input type="text" value="undefined"/>	<input type="text" value="undefined"/>	<input type="text" value="undefined"/>	<input type="text" value="undefined"/>
Supplier Name	Service Provided		
<input type="text" value="ew"/>	<input type="text" value="Local Contact"/>		
Number	Email		
<input type="text" value="undefined"/>	<input type="text" value="undefined"/>		
Country	City	Cost per day	Currency
<input type="text" value="undefined"/>	<input type="text" value="undefined"/>	<input type="text" value="undefined"/>	<input type="text" value="undefined"/>

Section 4: Communications

Team Contacts

Name	Local Number	IMEI
<input type="text" value="ewe"/>	<input type="text"/>	<input type="text"/>

Check In Schedule

No.of Check-ins	Timezone
<input type="text" value="5"/>	<input type="text" value="undefined"/>

Call In Times

Point of Contact	Mobile	Email
<input type="text" value="undefined"/>	<input type="text" value="undefined"/>	<input type="text" value="undefined"/>

Detail an Overdue Procedure

ewew

Emergency Details

Name	Role	Number	Email
<input type="text" value="ewe"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5: Contingencies

Medical Provision	Method of evacuation
<input type="text" value="undefined"/>	<input type="text" value="undefined"/>
Local hospital information	Medical Evacuation Company
<input type="text" value="undefined"/>	<input type="text" value="undefined"/>
First Aid Kit:	Personal Protective Equipment :
Satelite Phone <input type="text" value="undefined"/>	Tracker Id <input type="text" value="undefined"/>

Section 6: Risks and Mitigation

Question	Best Practice Advice	Specific Mitigation	Marked as
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Section 7: Any Other Information

Additional risks identified

eee

Additional information provided

ewe