

Section 1: Risk Assessment Details

Project Name

Pagestest updatedd new

Department

Testdept

Start Date

08/05/2018

End Date

08/21/2018

Country

Åland Islands

Classification

false

Approving Manager

Dinesh

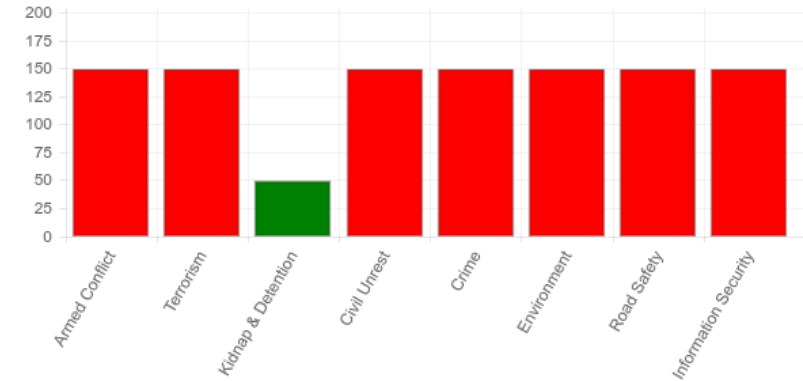
Task Description

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.con

Mobile Number

+919500525457

Emergency Name

Email

Email

Mobile

Contact

Relationship

Relationship

Other Traveller:

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"/>
Name	Email	Mobile Number	
<input type="text" value="test d"/>	<input type="text" value="gfgfg@gmail.com"/>	<input type="text" value="+919500525458"/>	
Nationality	Passport Number	Valid From	Expiry
<input type="text" value="Nationality"/>	<input type="text" value="Passport Number"/>	<input type="text" value="Passport Number"/>	<input type="text"/>
Emergency Name	Email	Mobile	Relationship
<input type="text" value="undefined"/>	<input type="text" value="undefined"/>	<input type="text" value="undefined"/>	<input type="text" value="undefined"/>
Alternative Contact	Email	Mobile	Relationship
<input type="text" value="undefined"/>	<input type="text" value="undefined"/>	<input type="text" value="undefined"/>	<input type="text" value="undefined"/>

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="Accomodation"/>		
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

ew

Service Provided

Local Contact

Number

undefined

Email

undefined

Country

undefined

City

undefined

Cost per day

undefined

Currency

undefined

Section 4: Communications

Team Contacts

Name

ewe

Local Number

IMEI

Check In Schedule

No.of Check-ins

5

Timezone

undefined

Call In Times

0000,0500,1000,1500,2000

Point of Contact

undefined

Mobile

undefined

Email

undefined

Detail an Overdue Procedure

ewew

Emergency Details

Name

ewe

Role

Number

Email

Section 5: Contingencies

Medical Provision

undefined

Method of evacuation

undefined

Local hospital information

undefined

Medical Evacuation Company

undefined

First Aid Kit:

Personal Protective Equipment :

Satelite Phone

undefined

Tracker Id

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