

Professional Travel Assessment Form

1. Personal Information

Full Name

Position

Department

Email

2. Trip Details

Destination

Purpose of Travel

Start Date

End Date

Mode of Travel

Select

3. Risk Assessment

Identify Any Potential Risks

e.g. Health, security, environmental hazards

Planned Precautions / Mitigation Strategies

4. Approvals

Supervisor Name

Date

Employee Signature / Date

Supervisor Signature / Date