	TRAVEL AGENCY RISK ASSESSMENT PLAN AND SUPPORT (LOCAL AND INTERNATIONAL PLANT VISITS)	Document No. : FM-CS-25-02 Effective Date: August 12, 2019 Supersedes: FM-CS-25-01

	Area(s) /Activity	Hazard/Risk	Measure(s)/Action Plan
I.	a. Baggage Check-in	Prohibited materials in the luggage	• Participants must be informed on what to bring and not to bring
	b. Immigration	Incomplete documents; Unable to answer officers questions	• Ensure that travel documents are provided to the participants (Visa, Boarding Pass, Departure Card & Tour Voucher) • ICEP will provide the CHED endorsement to BI
	d. Round trip airport transfers	Baggage not found; Baggage exceeding allowable weight.	• Participants must be instructed on the following: a. Make sure personal luggage is properly tagged. b. Do not leave baggage unattended, when leaving the luggage for a short moment, be sure a companion is aware. c. Weigh the luggage when preparing and before leaving. • Coordinate with Airport staff to resolve the concern on baggage of the participants
	c. Round trip Air travel	Air pocket; Lack of oxygen inside the cabin; Too much pressure causing ear pain & headache; Experience dizziness	• Ensure participants' seat plan & check-in as a group. • Notify cabin crew for any physical pain reported by any participant.
II.	a. Incidentals	Flight Delays/ Cancellation	• Coordinate with airport personnel on new schedule • Ensure that companies are notified by the Tour Coordinator • Assist participant in processing insurance claims • Notify ICEP
		Damage to properties	• Participants are liable for any damage of properties caused by their own action of negligence. However, Travel Agency shall facilitate arrangement with involved stakeholders
		Lost passport	• Assist participants in filing temporary passport • Notify ICEP
		Minor illness – head ache, stomach-ache, etc.	• Travel Coordinator shall ensure that first aid kit is available during the trip
		Major illness – food poisoning or scenarios that needs hospitalization	• Travel Coordinator shall ensure that the participant is given medical attention. In the case that the travel insurance is reimbursable, Travel Coordinator shall initially shoulder the hospitalization bill. • Assist participant in processing insurance claims • Notify ICEP

		Accident during the trip	• Provide accident report • If needed, Travel Coordinator shall ensure that the participant is given medical attention. In the case that the travel insurance is reimbursable, Travel Coordinator shall initially shoulder the hospitalization bill. • Assist participant in processing insurance claims • Notify ICEP
III.	a. Transitions & waiting times	Left on board	• Instruct members of the group to stay close or within the range you could be seen. • Travel Agency shall provide emergency contact details to the students
		Lost direction in the public place; Ran out of Phone battery	• Ensure that all participants are on board prior to departure • Ensure that time management is being observed • Instruct participants on the following: a. Stay with the group as much as possible. b. Keep the phone on and pay attention that there might be a call anytime. c. Keep a stand-by battery.
		Group's late arrival at destination due to traffic; Things accidentally broken; Restricted entry of participant due to improper attire	• Ensure that companies are notified by the Travel Coordinator • Travel Coordinator shall coordinate with the companies for the proper attire requirement and any other instructions pertinent to the visit.
IV.	a. Place of stay and/or Hotel	Things accidentally broken; Consumption of non-amenity such us Deposit Requirement for Incidentals	• Always report incidents to the front desk and faculty-in-charge • Instruct participants on the following: a. Read room/house/hotel rules & policies. b. Read Instructions on how to use hotel facilities. c. If needed, call the front desk or housekeeping department for assistance. d. Observe curfew.

I, _____ on behalf of the _____ undertake
(Name of Travel Agency Representative) *(Name of Travel Agency)*
to ensure compliance with the terms of this Risk Assessment Plan and I understand that failure to comply with the terms may subject the travel agency to possible termination of arrangement with Mapúa University without prejudice to other remedies provided by law.

IN THE WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, ____, in the City of Manila, Philippines.

_____
Representative
Travel Agency Name

_____
Director
Office of International Career and Exchange Programs