

SAFETY QUESTIONNAIRE

Version: 02

FILE IDENTIFICATION CODE:

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1. FOREWORD

1.1. Document presentation

This questionnaire aims to verify that the management of the involved agency / company / organization has security policy / measures that are adapted to the realization of or contribution to actions in high-risk countries.

This document allows us to identify the awareness regarding the following parameters: safety in the organization in the general sense (1), the ability to identify risks and deploy measures to reduce them or limit their impact (2), the individual preparation of employees / members of the organization (3).

This document is **confidential** and its' conclusion report is internal to Expertise France.

1.2. Instructions

This document must be filled out with as much detail as possible.

2. GENERAL INFORMATION

2.1. Respondent

AGENCY / COMPANY / ORGANIZATION	
COUNTRY	
DATE OF ANSWER	
IDENTITY / POSITION OF THE RESPONDENT	
CONTACT INFORMATION	

3. SURVEY

3.1. General safety management

N°	Question	Answer	Comments ¹ – details – examples
1	<i>Is there a safety policy document in the company / organization (ex.: safety plan)?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2	<i>Does this policy define the safety risk, the way to assess it, the acceptable risk level for the organization and the resources implemented to reduce it and to limit its impact?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3	<i>Is there a safety crisis management procedure (in case of accidents, malicious acts, etc.)?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

¹ If the question is not relevant, please indicate si in th "Comments" column.

3.2. Operational safety organization

N°	Question	Answer	Comments – details – examples
4	<i>Is there a safety officer in the company / organization?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5	<i>If not (8), does each employee / member of the organization know the safety instructions to follow?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6	<i>Is there a safety communication network (WhatsApp or equivalent) set up to exchange, alert and inform employees / members?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7	<i>Is there an incident reporting procedure to capitalize on safety incidents that have impacted the organization / company?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8	<i>Does the company / organization share information and good safety practices with other organizations operating in the same domain?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

N°	Question	Answer	Comments - details - examples
9	<i>Are safety measures set up to limit risks or threats and their effects?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10	<i>If so (14), are these measures outlined in a document or through written instructions?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11	<i>Do the employees / members of the organization have an insurance policy that covers the risks to which they are exposed (health, accidents, kidnapping, etc.)? If so, please specify the details in the comments column (costs covered, type of risks, etc.).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

3.3. Individual safety organization

N°	Question	Answer	Comments - details - examples
12	<i>Are safety briefings given to the employees / members of the organization?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
13	<i>Are the employees / members of the organization trained in first aid?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
14	<i>Do the employees / members of the organization know who is the person responsible for safety issues (to be contacted in case of problems / incidents / accidents)?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

3.4. Open comments

Open comments

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