

Security Assessment for Employees (SAFE)

FILL IN ORGANIZATION NAME

1.A NAME SURNAME, Given name *) Team/Delegation-POC in first row	Organization	Mobile Phone	Satellite phone	E-mail	Part. in SAFE	
					Yes	No
[Point of contact):]						
Participant 1):						

*) If necessary attach list of other participants (Name, organization, Mobile, e-mail, managers POC-details)

1.B Category of travel / mission					
<input type="checkbox"/> Regular duty travel	<input type="checkbox"/> Part of delegation	<input type="checkbox"/> Meeting	<input type="checkbox"/> Field trip	<input type="checkbox"/> Visit (to)	Text
<input type="checkbox"/> Other task(s)	Text				
1.C Justification for mission/travel/task					
Mission/travel/task purpose and goals	Text				
Mission/travel/task initiated by	Text				
Why participants are relevant	Text				
Other qualifying arguments	Text				

1. Itinerary, where and when?					
When will this occur (time/date from-to)?					
Where (Itemize if more than one location)?					

2. Threats/Dangers – Company X security assets that may be exposed to threats or danger					
If travelling to risk exposed areas use MFA list of Risk Exposed Countries and contact the relevant Embassy.					
Use Control Risk Online Solutions for Risk details, and International SOS Travel Advice App .					
<input type="checkbox"/> Own staff	<input type="checkbox"/> Other participants		<input type="checkbox"/> Reputation	<input type="checkbox"/> Information	<input type="checkbox"/> Tangible assets
<input type="checkbox"/> Other threats/endangered values		Text			

3 A. Security related incidents that may occur during this operation					
#	Incident	Specify / Describe	Threat/Danger level ¹⁾	Consequence ²⁾	Source
1	<input type="checkbox"/> (Car-)accident	Text			
2	<input type="checkbox"/> T Criminal acts				
3	<input type="checkbox"/> T Civil unrest				

4	<input type="checkbox"/> Terrorist/IED					
5	<input type="checkbox"/> Tech. break down					
6	<input type="checkbox"/> Sickness					
7	<input type="checkbox"/> Other					

1) Threat/Danger level: Insignificant=1, Low=2, Moderate=3, High=4, Severe=5.

2) Consequence: Insignificant=1, Limited=2, Moderate=3, Severe=4, Critical=5

3 B. Threat assessment of security and safety incidents mentioned in tab 3						
← Measures to minimize risk	Threat / Danger ↑	(5) Severe				
		(4) High				
		(3) Moderate				
		(2) Low				
		(1) Insignificant	(2) Limited	(3) Moderate	(4) Severe	
			(5) Critical			
		Consequence →				
		← Minimize vulnerability / probability of loss				

Resulting risk:	
	Severe: Risk NOT acceptable. Re-consider operations.
	High: Risk NOT acceptable. Implementation of enhanced security and safety measures are required.
	Moderate: Risk acceptable. Implementation of security and safety measures is a prerequisite.
	Low: Risk acceptable. If basic security measures are known and accepted, the risk result is acceptable.

4. Measures to minimize risk					
Preventive action /measures	Yes	No	Minimize vulnerability / probability of loss	Yes	No
Instructions From the embassy			Personal first aid kit		
Travel advice			Personal provisions and water		
Completed BSAFE E-learning			Vaccines/Medicines		
Safety orientation (Before travel)			Satellite phone		
PST threat assessment			Other...		

5. Implemented security and safety measures and theirs effect on risk					
#	Measures	Effect	Residual Risk		
			(L)	(M)	(H)
1	Tekst/Text	Tekst/Text	Green	Yellow	Orange
2	Tekst/Text	Tekst/Text	Green	Yellow	Orange

6. Recommendations and decisions					
Contact person forwards the completed SAFE to line manager with the recommendation that the task/travel shall be:					
<input type="checkbox"/> Carried out	<input type="checkbox"/> Canceled	<input type="checkbox"/> Postponed	Dato/signature : _____		
The line manager considers that:					
<input type="checkbox"/> The purpose of the mission/travel is justified. <input type="checkbox"/> Relevant threats are well assessed. <input type="checkbox"/> The security measures described are adequate.			<input type="checkbox"/> The purpose of the mission/travel is NOT well justified. <input type="checkbox"/> Relevant threats are NOT well assessed. <input type="checkbox"/> The security measures described are NOT adequate.		
The immediate manager accepts responsibility for residual risk and the recommendation is approved. Implementation requires that the security measures are realised.					
Dato/signature/stamp:					

Details on your whereabouts are in my shared digital calender, yes__/no__.
If no, specify below.

If external stayover is required, specify accommodation (Name of hotel, POC, address, telephone)

Date (From/to)	Accommodation	POC	Address	Telephone

If applicable, list other objects to be visited (Place, address, host, POC, address, telephone)

Date (From/to)	Place/object/host	Place/object/host	POC	Address	Telephone

If applicable, list travel/flight-routes (Incl stayovers). Alternatively add/insert copies from travel agencies)

Date (From/to)	Departures (Place/Time)	Arrivals (Place/Time)	Flight nr.	Transit/Stayover

Additional information. (E.g who & how & when to report/notify)
