SAFETY QUESTIONNAIRE

Version: 03

FILE IDENTIFICATION CODE:

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

To complete this document, open the document, fill in the boxes to be entered with as much detail as possible and tick the checkboxes without first switching to signature mode. The file identification code on page 1 is automatically calculated on the basis of the answers given to the questionnaire.

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	*Is there a safety policy document in the company / organization (ex.: safety plan)?*	☐ YES ☐ NO	
2	*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?*	☐ YES ☐ NO	
3	*Is there a safety crisis management procedure (in case of accidents, malicious acts, etc.)?*	☐ YES ☐ NO	

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[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	*Is there a safety officer in the company / organization?*	☐ YES ☐ NO	
5	*If not (8), does each employee / member of the organization know the safety instructions to follow?*	☐ YES ☐ NO	
6	*Is there a safety communication network (WhatsApp or equivalent) set up to exchange, alert and inform employees / members?*	☐ YES ☐ NO	
7	*Is there an incident reporting procedure to capitalize on safety incidents that have impacted the organization / company?*	☐ YES ☐ NO	
8	*Does the company / organization share information and good safety practices with other organizations operating in the same domain?*	☐ YES ☐ NO	

N°	Question	Answer	Comments - details - examples
9	*Are safety measures set up to limit risks or threats and their effects?*	▇YES ▇NO	
10	*If so (14), are these measures outlined in a document or through written instructions?*	▇YES ▇NO	
11	Members of the organization/employees are covered by an insurance policy set up by the organization/company to cover the risks to which they may be exposed.	▇YES ▇NO	

3.3. Individual safety organization

N°	Question	Answer	Comments - details - examples
12	*Are safety briefings given to the employees / members of the organization?*	☐ YES ☐ NO	
13	*Are the employees / members of the organization trained in first aid?*	☐ YES ☐ NO	
14	*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)?*	☐ YES ☐ NO	

3.4. Open comments

Open comments

4. TABLE OF CONTENTS