# Template for Submission to Purdue Security and Risk Assessment Committee (SRAC), Purdue-WL

Petition for Purdue-WL Students to Travel to Locations under Department of State Travel Advisory of “Level 2 - Exercise Increased Caution – Contains Areas with Higher Security Risk” (L2-EIC-CAWSR) or Higher

**Introduction:**

These materials are designed for those requesting student travel to locations with a Travel Advisory of L2-EIC-CAWSR or higher (per the DOS [world-at-a-glance](https://travelmaps.state.gov/TSGMap/?extent=-0.879381859%2C47.401628436%2C20.397707357%2C54.42135931) map) on a Purdue-endorsed activity. To aid the Security and Risk Assessment Committee (SRAC) with informed deliberations, please submit prior to any final rate request submission for study abroad programs or at least two months in advance of other intended travel. (You may also submit a 23-section prose document which effectively covers these topics if you wish.)

1. **Name of Purdue employee (with title) overseeing int’l experience**: Email: Office phone: Mobile phone:

:

Above person is travelling with student(s)  yes  no

If yes, identify primary leader’s departmental emergency contact at Purdue:

Name Relationship Telephone

I plan to contact this person  on arrival,  daily,  at least once weekly,  other

List other personal emergency contact: (optional)

Name Relationship Telephone

I plan to contact this person  on arrival,  daily,  at least once weekly,  other

List all other Purdue employees (with titles) accompanying the person(s) overseas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all other supervisors/leaders on-site (with titles) during the experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Activity Participants and Purpose:

Purpose:

Is this a Purdue-WL departmental study abroad program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (If yes, pardon any redundancy, for the audience of this document is the Security and Risk Assessment Committee.)

Names of country location(s) for travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Travel: Total number of participants anticipated: (not including leaders)

Sub-total components of the above (insert numbers, including “0”, in each category):

undergraduate student(s) of Purdue University, West Lafayette

professional student(s) of Purdue-WL

graduate student(s) on assistantship (i.e. with graduate staff appointment) of Purdue-WL

graduate student(s) not on assistantship (i.e. not fulfilling RA/TA-ship during experience) WL

official volunteer(s) of Purdue-WL

other (describe )

# Telephone (supply telephone information for all options that apply)

Emergency Cell phone of Leader (see #1) will be used overseas:  no  yes (number ) Describe reason this phone will be operable overseas:

unlocked phone with SIM card, if yes, who will you notify when unlocked successfully?

buying phone in country, if yes, who will you notify when completed?

activating US number for international use

Name of primary local contact overseas:

Local contact cell phone: Local contact office phone: NOTE: for emergencies call Purdue Police 765-494-8221 for routing

# Lodging (description for participants, mark all that apply)

Provide Itinerary with city and lodging contacts described:  see other attached; or

Describe: Related past experiences in location(s):

# Modes of transportation in country (mark all that apply)

private coach/van/car with professional driver  private vehicle of institutional contact

public taxis  public busses/metro/subway

other (describe):

If in Colombia, will you pledge to advise students that hailing taxi cabs from the streets is ill-advised and could be dangerous, hence, to obtain taxis through either hotel staff or reputable Purdue sources?  yes  no

# Local Resource Contact (mark all that apply)

family in location (describe: )

university colleague (name: )

corporate colleague (name, organization: )

alumni connection (name, organization: )

third-party provider name, organization:

­ Note: If yes, please provide draft contract of overview and provisions if possible.

hotelier (Name: )

List location of nearest US Consulate (city: )

I will be registering  myself  group online via US Dept of State <https://step.state.gov/step/>

other (specify: )

# Information associated with Travel Advisory

Date most recent Travel Advisory issued:

Cities and/or regions named in Travel Advisory that will be visited:  none or describe:

Airports, ports, roads, or highways named in Travel Advisory that will be utilized:  none or describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: It is helpful for this submission to include a map outlining locations of both anticipated activities and recent

disturbances. Map is included as attachment or appendix showing above areas  yes  no

In addition to the above, please reference the specific travel advisory as a whole (regarding the stated concerns precipitating it), along with steps being taken to mitigate those risks. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Health

vaccinations/immunizations being researched and pursued

I have checked medical requirements for entry (e.g. chest x-rays, vaccinations, immunizations)

I am pursuing yellow fever inoculations  yes  no

I will take Malaria Prophylaxis  yes  no

Describe additional health issues at destination and what you will do to mitigate consequences (or check  if not applicable). Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Technology

List any electronic device being taken:

describe personal

describe Purdue-owned

none

Country on the DOS watch list?  yes  no (per [http://www.state.gov/strategictrade/redflags/)](http://www.state.gov/strategictrade/redflags/)

Country on US export control?  yes  no (per [http://www.purdue.edu/research/research-compliance/export-control/overview.php )](http://www.purdue.edu/research/research-compliance/export-control/overview.php)

# Activities (please answer all items)

Under what circumstances will students be unsupervised by Purdue and/or local leadership?

Will leadership advise students to not venture out on their own?  yes  no If no, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any possible vulnerabilities/risks associated with anticipated activities. This should include all higher-risk activities which are out of the ordinary relative to your daily life: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe what you will do to mitigate risk for the above:

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# Crisis Management

If a perceived crisis, who would you consult locally for advice?

If you needed medical attention, what facility would you visit? Name Don’t know

What are the possible natural disasters that could affect the program (e.g. earthquake, tsunami, volcano) and how will leadership be prepared to respond to such situations?

How will participants contact others for emergency responses?

Closer to the time of departure, if worsening circumstances compel Purdue to not allow the individual/group to proceed, what program contingency is in place? Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During the program, if you need to exit the country through an alternative routing, what will you do?

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During the program, if you need to shelter-in-place, what will you do?

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Please identify closest US Embassy and provide contact details.

Regarding physical security, please describe local law enforcement resources in the city/cities where the program will be located:

Identify 911-type number(s) abroad at location (per [911 Abroad)](http://travel.state.gov/content/dam/students-abroad/pdfs/911_ABROAD.pdf) (source: : [http://travel.state.gov/content/dam/students-abroad/pdfs/911\_ABROAD.pdf)](http://travel.state.gov/content/dam/students-abroad/pdfs/911_ABROAD.pdf)

Will the person identified in item #1 inform participants about Purdue's emergency evacuation coverage provided by the insurance policy?

yes  no Insurance policy information: <https://www.purdue.edu/IPPU/SA/HealthSafety/insurance.html>

In case of medical emergency, natural disaster, or political unrest, necessitating your evacuation or relocation, please see your Gallagher insurance card for additional details. It is highly recommended that you program their emergency international number into your cell phone prior to reaching your destination.

**Please include answers to the following questions with regard to health and safety planning:**

1. Medical: Demonstrate how a student will be able to receive medical care during the program (e.g. testing, available hospital facilities, quality of care).
2. Housing: Describe student housing parameters (including ability to self-isolate due to quarantine, outbreak, or contact tracing timetable needs).
3. Instruction: Describe guiding parameters for all spaces to be utilized for instruction and official program endeavors.
4. Activities: Describe program-related activities (e.g. logistics, expectations).
5. Group transportation in-country: Describe plans for student travel (e.g. vehicles, parameters).
6. Academic continuance: Describe student's ability for academic continuance if quarantined/isolated (i.e. both locally and if returned home).
7. Leadership contingency: Explain who would assume leadership if the primary supervisor were incapacitated
8. List current (at the time of submission) quarantine requirements upon arrival (from the USA) for each country that you plan to visit.
9. How will a student with infection and required quarantine be handled during the time abroad?
10. If a student is unable to return home because of a medical, how will the student be cared for and by whom?​”
11. In cases of student group programs in international locations (and the above scenario) when there are two program leaders, will one stay with the student?
12. In cases of student group programs overseas (and the above scenario) with one program leader, what will they do - - remain with the student [yes/no] and not return to the US with other students? If no, who will be the in-country person that can be trusted to assist the student?

=== Please submit to SRAC via Brian Harley, [bharley@purdue.edu,](mailto:bharley@purdue.edu) Purdue-WL Office of Programs for Study Abroad ===