

Africa Wild Trails Limited
Third Party Provider Safety & Quality Assessment Form

Section 1: Provider Details

- **Company/Organisation Name:** Tuli Wilderness (Pty) Ltd
 - **Contact Person:** Stuart Quinn
 - **Position:** Managing Director
 - **Phone Number:** + 27 78 391 4220
 - **Email Address:** info@tulitrails.com
 - **Physical Address:** MR40 Tuli Block, Botswana
 - **Nature of Service Provided:** Tourism operation offering game drives, walks, catering and accommodation
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Section 2: Legal & Operational Compliance

Please tick and provide documentation where applicable:

Requirement	Yes No Comments / Attachments		
Registered business in operating country	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Valid operating license(s)	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Public liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Professional indemnity insurance	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Staff trained and certified for their roles	<input type="checkbox"/>	<input type="checkbox"/>	Yes
First aid trained staff on site or on activity	<input type="checkbox"/>	<input type="checkbox"/>	Yes

Section 3: Health & Safety Standards

Please confirm the following:

Safety Consideration	Yes No N/A Notes			
Risk assessments carried out for all activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Emergency procedures in place and documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Access to emergency services / evacuation plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Equipment regularly inspected and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Vehicles comply with roadworthiness standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Accommodation fire safety measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes

Section 4: Environmental & Ethical Standards

Practice	Yes	No	Comments
Environmental responsibility policy in place	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Minimises single-use plastics / waste	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Employs and trains local staff	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Engages positively with local communities	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Does not participate in exploitative wildlife activities	<input type="checkbox"/>	<input type="checkbox"/>	Yes

Section 5: Declaration

I declare that the information provided is accurate and complete, and I understand that Africa Wild Trails relies on this assessment to ensure the safety and quality of its services. I agree to inform Africa Wild Trails of any significant changes to operations, safety standards, or compliance status.

- **Name: Stuart Quinn**
 - **Position: Managing Director**
 - **Signature:** 
 - **Date: 23 April 2025**
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Africa Wild Trails Internal Use Only

- **Assessed by (Name):** Angus Wingfield
- **Date Reviewed:** 28.04.25
- **Approved / Further Action Required:**
- **Notes:**

