

Fieldwork Safety Plan

Pursuant to the Department of Biology's Field Work Safety Policy, this form must be completed by the *Supervisor and submitted to the Safety Officer Gurpreet Dhami (2 weeks prior to the planned trip).*

Please consult [Western's Travel Policy](#), and the [Travel Health & Safety webpage](#) before planning any travel. [Western's Student Code of Conduct](#) and [Non-Discrimination/Harassment Policy](#) are in effect **AT ALL TIMES**. The information on this form is collected under the authority of The University of Western Ontario Act, 1982, as amended, and is needed for use in the event of a medical or other emergency. If you have any questions about the University's collection, use, or disclosure of this information, please contact the Coordinator, Freedom of Information and Privacy Office, Stevenson Hall, Room 4101, 519-661-2055, privacy.office@uwo.ca.

Supervisor's Name		Chair's Name	
Telephone (in Field)		First-Aid Training (Supervisor)	

FIELDWORK TEAM: (List other individuals involved in fieldwork)				
Name (first last)	First-Aid	Role on Team	Supervisor	Emergency Contact # Next of Kin

DETAILED ITINERARY:

Date of Departure:		Date of Return:	
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For field work with no set departure and return dates, please instead provide details the range of dates and frequency of travel (e.g., weekly over the summer)	
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Destination (Nearest town/field site):	
Travel Plan How and where?	
Accommodations on site:	
Vehicle info	
Drivers	

Emergency Services: (emergency services and contacts close to your destination)			
Ambulance Station:			
Nearest Hospital			
Hospital Phone:		Distance to Hospital:	

Travel Insurance (for out of province travel):

Is travel insurance required for this course? It is the travellers' responsibility to ensure they have sufficient coverage. Check with your insurance provider to review the details of your plan, notify them of any pre-existing conditions, and have a phone number to call in case of emergency.

Emergency Field Contacts: (known contact at destination)

Name:		Phone:	
Position:		Email:	
Name:		Phone:	
Position:		Email:	
Name:		Phone:	
Position:		Email:	

Nature of Work (Include information on potential hazards and appropriate safety measures)**Emergency Procedures** (Include information on communication and evacuation plans/cell reception). Will the group have access to GPS units/coverage/reading maps. What to do if member gets lost. Who is in charge for Daily check in plan?**Anticipated Weather risks and precautions (e.g. heat, snow etc)****Immunization Requirements.** If yes then specify

It is the leader's responsibility to ensure all risks are identified, and the appropriate risk management strategies are in place. By checking the below mentioned risks, leader acknowledges that the hazardous items have been discussed in the mandatory safety briefing to the crew members prior to departure, and that all participants are aware of certain risks and dangers that may occur, including, but not limited to the hazards of traveling, accidents or illness in remote places without medical facilities, the forces of nature and travel by air, train, automobile or other means, as well as exposure to customs and practices of societies different from our own. Leaders should make sure that participants freely consent to participate in activities and understand, accept, and assume all such risks. Leaders should make sure all participants sign ([AAofR form](#)) and keep these forms in records for upto three years.

Hazard List

Yes No N/A (if yes please Specify the nature of hazard in greater detail (left box) and procedures, training and equipment used to mitigate the hazard(right text box)

Altitude (Sites with extreme elevation, effects of altitudsickness/precautions)

Activity level (high levels of exertion)

Air Quality

Animals/wildlife

Roads/general travel (e.g walking on shoulder)

Vegetation

Working near water

Equipment specific hazards

Other Hazards/Risks

PPE (if required)

Supervisor's Initials		Date	
Chair's Initials		Date:	