University of Guelph



Field Research Safety Plan
Completion of the form is the responsibility of the Principal Investigator in advance of all field research expeditions.

Principal Investigator:		Contact #:					
Time Period (annual renewal)	dd/mm/yy to dd/mm/yy						
Location(s) of research							
activities:							
Brief Description of research activities:							
activities.							
					T o u	"	
Expedition Leader or					Onsite contact	#:	
Field Safety Officer:							
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First Aid/Medical Emergency		First Aid Kit available			No. of personnel trained in first aid		
[trained personnel required for groups >5]		☐Local emergency response phone #:			Level of training: Basic/Standard + CPR		
☐Emergency/contact list completed <i>appended</i>		,				Wilderness/Survival	
Medical evacuation plan:						vviiderriess/ Sui vivai	
wedical evacuation plan.							
Communication methods:			al hard line (#)		
Cell phone (#	,) Radi			/		
Satellite phone (#		, I -	ator beacon				
Frequency of mandatory comm	unication	n Daily	У		Field researd	ch team to contact Principal	
with field research team:		□Wee			Investigator	/ Departmental contact	
		☐Mon			OR		
Dept contact		Othe	er ()		estigator/ Dept to contact Field	
					research tea	<u>m</u>	
				0 : 10 : 1			
Accommodations & Lodging:	Indoor	'		Camping/Outdoor Red	commenaea Equipi		
Facility name:				☐Tent		☐Adequate sleeping bags	
					. al		
Facility contact #:				Potable water require		Provisions – food, fuel, etc	
				Potable water require		Provisions – food, fuel, etc	
Facility contact #:		Applies?	Suggeste	Potable water require Stove/cookware/uten		Provisions – food, fuel, etc Lighting – lantern, flashlight, etc	
Facility contact #: Possible Hazards	ent in	Applies?	Suggeste	Potable water require Stove/cookware/uten	sils	Provisions – food, fuel, etc	
Facility contact #: Possible Hazards Communicable Disease prevale	ent in		Review	Potable water require Stove/cookware/uten	sils	Provisions – food, fuel, etc Lighting – lantern, flashlight, etc	
Facility contact #: Possible Hazards	ent in	Yes	Review Ensure	Potable water require Stove/cookware/uten ed Precautions v regional travel advisories	sils	Provisions – food, fuel, etc Lighting – lantern, flashlight, etc	
Facility contact #: Possible Hazards Communicable Disease prevale Region	ent in	☐Yes ☐ No	Review Ensure Ensure Insect	Potable water required Stove/cookware/uten ad Precautions v regional travel advisories appropriate vaccinations appropriate prophylactic controls (netting, repellent	sils s medication t)	Provisions – food, fuel, etc Lighting – lantern, flashlight, etc	
Facility contact #: Possible Hazards Communicable Disease prevale Region Health Conditions		□Yes □ No	Review Ensure Ensure Insect Encou	Potable water required Stove/cookware/uten ed Precautions vegional travel advisories e appropriate vaccinations e appropriate prophylactic controls (netting, repellent rage participants bring add	sils s medication t)	Provisions – food, fuel, etc Lighting – lantern, flashlight, etc	
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Facility contact #: Possible Hazards Communicable Disease prevale Region Health Conditions		Yes No Yes No Yes Yes	Review Ensure Ensure Insect Encou require	Potable water required Stove/cookware/uten Stove/cookware/uten And Precautions Veregional travel advisories Exappropriate vaccinations Exappropriate prophylactic controls (netting, repellent rage participants bring add medication rich habitat/behavior	sils s medication t)	Provisions – food, fuel, etc Lighting – lantern, flashlight, etc	
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Hazardous Materials Chemical/ other hazardous materials Compressed Gas Radioisotopes Biological Explosives	□Yes □ No	■ WHMIS Training by all pers ■ TDG Certification - name tra ■ Personal Protective Equipm ■ Radiation permit issued (if a ■ Biosafety permit issued (if a	ained individuals: nent applicable)	Permit #Permit #
Political/Civil Unrest	□Yes □ No	☐ Local guides/security ☐ Research local travel warning International Programs wwo ☐ Contact numbers for Embase Office	w.uoguelph.ca/cip/	
Extreme Environmental Conditions	□Yes □ No	Survival skills training Wilderness first aid Locator beacon GPS		
Vehicles Cars/Trucks Water craft ATVs Snowmobiles Tractors/Heavy equipment	No No No	AUP approved #	omplete	License #
Transportation Name(s) of drivers / license holder(s): Itinerary of Travel: University-owned/leased Rented vehicle Public transportation - flight, train, etc	□H€	l operators have valid licenses ar ealth Insurance (International trav ivate vehicle (not recommended)	vel)	
Boating Yes No Name(s) of operator card holder(s):				
Equipment: Bailing bucket† Radio Trine ext Drinking			☐Flashlight/flares†☐15m buoyant rope†☐Knife for more details	☐Air horn/whistle [†] ☐First Aid Kit ☐Spare gas tanks
I believe the above to be accurate and cortaken. All participants understand the safe			protect the health and sa	afety of participants have been
Principal Investigator			Department (Chair
Date			Date	

PI keeps a copy. Department keeps a copy. Send approved copy (minus appendices) to Research Risk Manager, Environmental Health and Safety. Approval must be obtained from the Department Chair. Originals will be retained by the department, a copy sent to Research Risk Manager, Environmental Health and Safety. Refer to University of Guelph Safety Policy 851.06.04 for further details.

Participants Name	Participant Contact Number (cell/home)	Name & Contact Number for Next of Kin