## 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	t #:								
Time Period (annual renewal)	dd/mm/	/vv				to dd/mm/yy	1			
Location(s) of research activities:							,			
Brief Description of research										
activities:										
detivities.										
Funcilities London on							Onella sentest	. //		
Expedition Leader or							Onsite contact	#:		
Field Safety Officer:										
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First Aid/Medical Emergency		IL	_	Aid Kit av			No. of pers	soni	nel trained in first aid	
[trained personnel required for groups	s >5]	L	Loca	I emergei	ncy i	response phone #:				
	,	,   _					Level of tra	ainir	ng: Basic/Standard + CPR	
☐ Emergency/contact list completed	appended	d							Wilderness/Survival	
Medical evacuation plan:										
Communication methods:					e (#_		)			
Cell phone (#		_)   [	Radi	0						
Satellite phone (#		_)   [	□Loca	tor beacc	on					
Frequency of mandatory comm	unicatio	n [	Daily	1			Field resear	rch	team to contact Principal	
with field research team:			■Wee	kly			Investigator	r/D	epartmental contact	
			Mont				OR			
Dept contact		ΙĪ	Othe			)	Principal Inv	vest	tigator/ Dept to contact Field	
				•		,	research te			
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Accommodations & Lodging:	Indooi	r			(	Camping/Outdoor Rec	commended Equip	оте	ent:	
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L Facility name:						ITent			IAdequale sieeping bags	
Facility name:  Facility contact #					+	Tent Potable water require	hd		Adequate sleeping bags  Provisions – food, fuel, etc.	
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Facility contact #:  Possible Hazards Communicable Disease prevale	ent in	☐Y∈	es	Revi	iew r	Potable water require Stove/cookware/utens  Precautions regional travel advisories	sils		Provisions – food, fuel, etc Lighting – lantern, flashlight, et	tc
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Possible Hazards Communicable Disease prevale Region  Health Conditions E.g., allergies, diabetes, health condit Predatory Animals  Firearms/Weapons (type:  Venomous Animals/Plants  Work at Height Fall protection is required at heights >3m	tions)	Ye   N   Ye   N   Ye   N   Ye   N   N   N   N   N   N   N   N   N	es	Revi Ensu Ensu Inse Inse Reso Reso Firea Firea Train Antic Clim	iew r ure a ect cc oura iired earc per s arm arm ning earc dote ning	Potable water required Stove/cookware/utensing stove/c	medication equate supply of		Provisions – food, fuel, etc Lighting – lantern, flashlight, et  Precautions/Licensing  Name and License number:	ic
Possible Hazards Communicable Disease prevale Region  Health Conditions E.g., allergies, diabetes, health conditions Predatory Animals  Firearms/Weapons (type:  Venomous Animals/Plants  Work at Height Fall protection is required at heights >3m Electroshocking	tions)	Ye   N   Ye   Ye	es	Revi Ensu Ensu Inse Enco requ Reso Pepp Firea firea Train Reso Antic	iew reaction in items in items are a control in items in	Potable water required Stove/cookware/utensing Stove/cookware/utensing Stove/cookware/utensing Stove/cookware/utensing Stove/cookware/utensing Stove/cookware/utensing Stove/cookware/utensing suppropriate vaccinations appropriate prophylactic portrols (netting, repellent ge participants bring additional medication in habitat/behavior spray stove (PAL) issued to provide the property on safe use in habitat/behavior store (PAL) issued to provide the property of the provide	medication equate supply of		Provisions – food, fuel, etc Lighting – lantern, flashlight, et  Precautions/Licensing  Name and License number:	ic .
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Possible Hazards Communicable Disease prevale Region  Health Conditions E.g., allergies, diabetes, health condit Predatory Animals  Firearms/Weapons (type:  Venomous Animals/Plants  Work at Height Fall protection is required at heights >3m Electroshocking Back-pack Generator  Marine/Aquatic Research local current	tions)	Y e   N     Y e     N       Y e     N	es   0   0   0   0   0   0   0   0   0	Revi Ensu Ensu Inse Enco requ Reso Pepp Firea firea Train Reso Antic Clim Non CPR Rubl SCL Che	iew r	Potable water required Stove/cookware/utensing Stove/c	medication equate supply of		Provisions – food, fuel, etc Lighting – lantern, flashlight, et  Precautions/Licensing  Name and License number:  Equipment certification date:	de
Possible Hazards Communicable Disease prevale Region  Health Conditions E.g., allergies, diabetes, health condit Predatory Animals  Firearms/Weapons (type:  Venomous Animals/Plants  Work at Height Fall protection is required at heights >3m  Electroshocking  Back-pack Generator  Marine/Aquatic	tions)	Y e   N   Y e   N   Y e   N   N   Y e   N   N   N   N   N   N   N   N   N	es   0   0   0   0   0   0   0   0   0	Revi Ensu Ensu Inse Enco requ Reso Pepp Firea firea Train Reso Antic Clim Non- CPR Rubi Scu Safe	iew r	Potable water required Stove/cookware/utensing Stove/cookware/utensing Stove/cookware/utensing Stove/cookware/utensing Stove/cookware/utensing Stove/cookware/utensing Stove/cookware/utensing Stove/cookware/utensing spropriate vaccinations appropriate prophylactic portrols (netting, repellent ge participants bring additional medication in habitat/behavior spray stove stove stove stove spray stove sto	medication equate supply of		Provisions – food, fuel, etc Lighting – lantern, flashlight, et  Precautions/Licensing  Name and License number:  Equipment certification date:	

Hazardous Materials  Chemical/ other hazardous materials  Compressed Gas  Radioisotopes  Biological  Explosives	☐Yes ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	■WHMIS Training by all per ■TDG Certification - name t ■Personal Protective Equipt ■Radiation permit issued (if ■Biosafety permit issued (if	rained individuals: ment applicable)	Permit #Permit #
Political/Civil Unrest		Local guides/security Research local travel warr International Programs w Contact numbers for Emba	ww.uoguelph.ca/cip/	
Extreme Environmental Conditions - arctic - desert - remote locations	☐Yes☐No☐☐	Survival skills training  Wilderness first aid  Locator beacon  GPS		
Vehicles Cars/Trucks Water craft ATVs Snowmobiles Tractors/Heavy equipment	☐ Yes ☐ No ☐ ☐ Yes ☐ No ☐ ☐ No ☐ ☐ ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	AUP approved #	complete	License #
Transportation Name(s) of drivers / license holder(s): Itinerary of Travel:  University-owned/leased Rented vehicle Public transportation - flight, train, etc	□Healt	perators have valid licenses a h Insurance (International tra te vehicle (not recommende	avel)	
Boating Yes No Name(s) of operator card holder(s):				
Equipment:  Bailing bucket† Fire exting Radio Drinking  **Required equipment for powered pleasures.**		☐ Life jackets† ☐ Oars or Anchor/line† ☐ Compass & charts o www.tc.gc.ca/marinesafety	☐ Flashlight/flares¹☐ 15m buoyant rope¹☐ Knife for more details	☐ Air horn/whistle <sup>†</sup> ☐ First Aid Kit ☐ Spare gas tanks
I believe the above to be accurate and cor taken. All participants understand the safe			o 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