

## Department of Integrative Biology Field Course & Field Trip Safety Form

To be submitted to the IB Department Chair for approval prior to entering the field.  
Refer to University of Guelph Safety Policy 851.06.23 for additional details.

Office use only
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### Field Research

Principal Investigator: \_\_\_\_\_ Contact #: \_\_\_\_\_

Time Period (annual renewal): \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

Number of people in the working group: \_\_\_\_\_

Is the number appropriate for this particular field situation? Y  N

OR

**Field Course/Trip Leader:** \_\_\_\_\_

- For on-campus trips, names and contact information for participants are to be entered in Appendix A
- For off-campus trips, participants must submit Release and Indemnification Form in Appendix B

### Location of Activity:

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### Brief Description of Activity:

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### Communication and Emergency Response

What communication equipment will the field course/trip participants have access to? <input type="checkbox"/> Cell phone (# _____) <input type="checkbox"/> Satellite phone (# _____) <input type="checkbox"/> Local hard line (# _____) <input type="checkbox"/> Radio <input type="checkbox"/> Locator beacon
What is the contact number for local emergency response/medical evacuation? (# _____) First aid kit available? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of personnel trained in first aid ____

### Possible Hazards - Indicate concerns relevant to your group:

<i>Hazard</i>	<i>Applies?</i>	<i>Suggested Precautions</i>	<i>Other Precautions</i>
<b>Communicable Disease</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Review regional travel advisories <input type="checkbox"/> Ensure appropriate vaccinations <input type="checkbox"/> Ensure appropriate prophylactic medication <input type="checkbox"/> Insect controls (netting, repellent)	
<b>Health Conditions</b> E.g., Allergies, diabetes, conditions requiring medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Encourage participants bring adequate supply of required medication	
<b>Predatory Animals</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Research habitat/behavior <input type="checkbox"/> Pepper spray <input type="checkbox"/> Firearms	
<b>Firearms/Weapons</b> (type: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Firearm license (PAL) issued to person carrying firearm <input type="checkbox"/> Training on safe use	
<b>Venomous Animals/Plants</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Research habitat/behavior <input type="checkbox"/> Antidotes (if available)	

<b>Work at Height</b> <i>Fall protection is required at heights &gt;3m</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Training on ladder safety <input type="checkbox"/> Climbing equipment (& training)	
<b>Boating</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid license <input type="checkbox"/> Required equipment (see below)	
<b>Electroshocking</b> <input type="checkbox"/> Back-pack <input type="checkbox"/> Generator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Non-conducting boat hull (if applicable) <input type="checkbox"/> CPR trained personnel <input type="checkbox"/> Rubber boots & gloves	
<b>Marine/Aquatic</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Research local current/surf <input type="checkbox"/> Chest waders <input type="checkbox"/> Safety/throw line <input type="checkbox"/> Life jacket/flotation device	
<b>Vehicles</b> <input type="checkbox"/> Cars/Trucks <input type="checkbox"/> ATVs <input type="checkbox"/> Snowmobiles <input type="checkbox"/> Tractors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid license(s) <input type="checkbox"/> Driver Information Profile complete <input type="checkbox"/> Adequate insurance coverage <input type="checkbox"/> Training on safe operation of equipment <input type="checkbox"/> Car/truck checked for spare tire & jack	
<b>Hazardous Materials</b> <input type="checkbox"/> Radioisotopes <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Explosives <input type="checkbox"/> Biological <input type="checkbox"/> Chemical/other haz materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> WHMIS Training <input type="checkbox"/> TDG Certification <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Biosafety/Radiation permits issued (if applicable)	

<b>Is a boat being used?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Name of operator card holder:</b> _____			
<i>Please check if boat is equipped with the following:</i>			
<input type="checkbox"/> Bailing bucket <sup>†</sup>	<input type="checkbox"/> Fire extinguisher <sup>†</sup>	<input type="checkbox"/> Life jackets <sup>†</sup>	<input type="checkbox"/> Flashlight/flares <sup>†</sup>
<input type="checkbox"/> Radio	<input type="checkbox"/> Drinking water	<input type="checkbox"/> Oars or Anchor/line <sup>†</sup>	<input type="checkbox"/> 15m buoyant rope <sup>†</sup>
		<input type="checkbox"/> Compass & charts	<input type="checkbox"/> Knife
			<input type="checkbox"/> Air horn/whistle <sup>†</sup>
			<input type="checkbox"/> First Aid Kit
			<input type="checkbox"/> Spare gas tanks

<sup>†</sup> Required equipment for powered pleasure craft – refer to [www.tc.gc.ca/marinesafety](http://www.tc.gc.ca/marinesafety) for more details

**The above information is accurate and I understand the safety concerns involved in this project.**

**Signature of Professor/Instructor:** \_\_\_\_\_

**This form must be sent to the Chair of the Department of Integrative Biology for approval.**

**Signature of Chair of IB:** \_\_\_\_\_

\*Following approval, the department will submit a copy (minus Appendix A) to the Risk & Insurance Manager (5<sup>th</sup> Fl. UC) as per 851.06.04.

- Principal Investigator/Instructor keeps a copy
- Department keeps a copy
- Department sends completed form, minus Appendices, to Risk & Insurance Manager (5<sup>th</sup> Fl. UC) as per 851.06.04.



**RELEASE and INDEMNIFICATION FORM  
for FIELD TRIPS, EXCHANGES or EXCURSIONS**

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Course: \_\_\_\_\_

Field Trip, Exchange or Excursion: \_\_\_\_\_

Date of Field Trip, Exchange or Excursion: \_\_\_\_\_

I am aware that during this field trip, exchange or excursion (the” **Excursion**”) in which I am participating under the arrangements of the University of Guelph, certain risks and dangers may exist, 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. More particular risks for this Excursion may include but are not limited to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting from my participation in this Excursion.**

In consideration of approval to participate in this Excursion, I, for myself, my heirs, next of kin, executors, administrators and assigns agree to **hereby release and forever discharge the University of Guelph**, its officers, directors, servants, employees and agents from any and all actions, claims and demands for damages, loss and injury, howsoever arising which now or may hereafter be sustained by me in consequence of my participation in the above-noted Excursion.

I also acknowledge the University of Guelph does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally. In these cases, I agree to be accountable in all respects for my own conduct and all actions, claims and demands for damages, loss and injury which may arise as a result of my own conduct. I acknowledge and agree not to ask the University of Guelph, its officers, directors, servants, employees and agents to accept the consequences thereof and agree to indemnify the University of Guelph, its officers, directors, servants, employees and agents from any claims or demands which might be made against the University of Guelph, its officers, directors, servants, employees and agents arising out of or as a result of my own conduct.

**I declare that I have read and understood the above Release and Indemnification Form for Field Trips, Exchanges or Excursions in its entirety and I hereby agree to be bound by the terms and conditions. I am aware that by signing this agreement, I am waiving certain legal rights which I, my heirs, next of kin, executors, administrators and assigns may have against the University of Guelph, its officers, directors, servants, employees and agents.**

Date: \_\_\_\_\_

Signature \_\_\_\_\_  
Participant

\_\_\_\_\_  
Witness

**Note: If the Participant is not of legal age, this Release and Indemnification MUST be accompanied by the properly signed Parental Release and Indemnification Form for Underage Participants.**

**Basic Safety Regulations**

- 1 You should ordinarily travel and work in pairs or larger groups whenever the whole group splits up. There may be occasions when you travel or work alone. In such cases, it is important to inform others of your destination, and anticipated time of return. **Please remain with the group at all times otherwise.**
- 2 Persons with severe allergies are responsible for carrying the appropriate antidote kit.
- 3 Persons with particular medical or dietary needs must advise the course co-ordinator(s) and are responsible for carrying the appropriate medicines or food.
- 4 It is critical to review all supporting course materials, especially those describing the specific risks associated with the particular areas in which the excursion will be conducted.

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Field Trip, Exchange or Excursion: \_\_\_\_\_

OHIP Number: \_\_\_\_\_

Health Information: Do you have any allergies, drug sensitivities or any other medical condition of which the course co-ordinator(s) should be aware? If so, please specify:

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Daytime Evening Cell

I acknowledge that I have read the information contained on this Excursion Safety Sheet. I acknowledge that I am responsible for my own safety and for advising the course co-ordinator(s) of any medical condition which may impact on my participation in the Excursion. Since emergency medical treatment may not be available at all times during this Excursion, I also acknowledge my responsibility to travel with whatever medications necessitated by the above-noted condition.

Date: \_\_\_\_\_

Signature \_\_\_\_\_  
Participant

\_\_\_\_\_  
Witness