## 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 <del>-</del>	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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Possible Hazards Communicable Disease prevale Region  Health Conditions E.g., allergies, diabetes, health condit Predatory Animals		☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐	Review Ensure Ensure Insect Encou require Resea Peppe Firearr	Potable water required Stove/cookware/uten Stove/cookware/uten stove/cookware/uten ved Precautions vegional travel advisories appropriate vaccinations appropriate prophylactic controls (netting, repellent rage participants bring addition rech habitat/behavior r spray ms	sils s medication t) equate supply of	Provisions – food, fuel, etc Lighting – lantern, flashlight, etc  Precautions/Licensing	
Possible Hazards Communicable Disease prevale Region  Health Conditions E.g., allergies, diabetes, health condit Predatory Animals  Firearms/Weapons		☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐	Review Ensure Ensure Insect Encou require Resea Peppe Firearr	Potable water required Stove/cookware/uten  Stove/cookware/uten  Potable water required store of the store of	sils s medication t) equate supply of	Provisions – food, fuel, etc Lighting – lantern, flashlight, etc	
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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	tions)	☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No☐Yes☐No	Review Ensure Ensure Ensure Insect Insect Encou require Resea Peppe Firearr firearn Trainir Resea Antido Trainir Climbin CPR tr Rubbe	Potable water required Stove/cookware/uten  Stove/cookware/uten  Ped Precautions  Veregional travel advisories  e appropriate vaccinations  e appropriate prophylactic controls (netting, repellent rage participants bring add ed medication rich habitat/behavior respray ns In license (PAL) issued to neg on safe use rich habitat/behavior tes (if available) g (e.g. ladder safety ng equipment (& training) onducting boat hull (if applications) and personnel response to the properties of the propertie	sils  medication t) equate supply of  person carrying	Provisions – food, fuel, etc  Lighting – lantern, flashlight, etc  Precautions/Licensing  Name and License number:	
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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 <sup>†</sup> ☐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