

**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:		
Expedition Leader or Field Safety Officer:		Onsite contact #:

First Aid/Medical Emergency <i>[trained personnel required for groups >5]</i> <input type="checkbox"/> Emergency/contact list completed <i>appended</i>	<input type="checkbox"/> First Aid Kit available <input type="checkbox"/> Local emergency response phone #: _____	___ No. of personnel trained in first aid ___ Level of training: Basic/Standard + CPR Wilderness/Survival
	Medical evacuation plan:	
Communication methods: <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	
Frequency of mandatory communication with field research team: Dept contact _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (_____)	<input type="checkbox"/> Field research team to contact Principal Investigator / Departmental contact OR <input type="checkbox"/> Principal Investigator/ Dept to contact Field research team

Accommodations & Lodging:	Indoor	Camping/Outdoor	<i>Recommended Equipment:</i>
Facility name:		<input type="checkbox"/> Tent	<input type="checkbox"/> Adequate sleeping bags
Facility contact #:		<input type="checkbox"/> Potable water required	<input type="checkbox"/> Provisions – food, fuel, etc
		<input type="checkbox"/> Stove/cookware/utensils	<input type="checkbox"/> Lighting – lantern, flashlight, etc

<i>Possible Hazards</i>	<i>Applies?</i>	<i>Suggested Precautions</i>	<i>Precautions/Licensing</i>
Communicable Disease prevalent in Region	<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)	
Health Conditions E.g., allergies, diabetes, health conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Encourage participants bring adequate supply of required medication	
Predatory Animals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Research habitat/behavior <input type="checkbox"/> Pepper spray <input type="checkbox"/> Firearms	
Firearms/Weapons (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	Name and License number: _____
Venomous Animals/Plants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Research habitat/behavior <input type="checkbox"/> Antidotes (if available)	
Work at Height <i>Fall protection is required at heights >3m</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Training (e.g. ladder safety) <input type="checkbox"/> Climbing equipment (& training)	Equipment certification date: _____
Electroshocking <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	
Marine/Aquatic <input type="checkbox"/> Research local current/surf <input type="checkbox"/> Diving Project approved Project # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SCUBA <input type="checkbox"/> Chest waders <input type="checkbox"/> Safety/throw line <input type="checkbox"/> Life jacket/flotation device	SCUBA divers certificate Nos: _____ _____ _____

Hazardous Materials <input type="checkbox"/> Chemical/ other hazardous materials <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Radioisotopes <input type="checkbox"/> Biological <input type="checkbox"/> Explosives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> WHMIS Training by all personnel <input type="checkbox"/> TDG Certification - name trained individuals: <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Radiation permit issued (if applicable) <input type="checkbox"/> Biosafety permit issued (if applicable)	Permit # _____ Permit # _____
Political/Civil Unrest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Local guides/security <input type="checkbox"/> Research local travel warnings via Centre for International Programs www.uoguelph.ca/cip/ <input type="checkbox"/> Contact numbers for Embassy/Consulate/Trade Office _____	
Extreme Environmental Conditions - arctic - desert - remote locations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Survival skills training <input type="checkbox"/> Wilderness first aid <input type="checkbox"/> Locator beacon <input type="checkbox"/> GPS	
Animal Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> AUP approved # _____ <input type="checkbox"/> training modules completed by all personnel	
Vehicles <input type="checkbox"/> Cars/Trucks <input type="checkbox"/> Water craft <input type="checkbox"/> ATVs <input type="checkbox"/> Snowmobiles <input type="checkbox"/> Tractors/Heavy equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid license <input type="checkbox"/> Driver Information Profile complete <input type="checkbox"/> Adequate insurance <input type="checkbox"/> Equipment training & authorization	License # _____ _____

Transportation	
Name(s) of drivers / license holder(s):	
Itinerary of Travel:	
<input type="checkbox"/> University-owned/leased <input type="checkbox"/> Rented vehicle <input type="checkbox"/> Public transportation - flight, train, etc	<input type="checkbox"/> All operators have valid licenses and training <input type="checkbox"/> Health Insurance (International travel) <input type="checkbox"/> Private vehicle (not recommended)

Boating <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name(s) of operator card holder(s):	
Equipment: <input type="checkbox"/> Bailing bucket [†] <input type="checkbox"/> Fire extinguisher [†] <input type="checkbox"/> Radio <input type="checkbox"/> Drinking water	<input type="checkbox"/> Life jackets [†] <input type="checkbox"/> Flashlight/flares [†] <input type="checkbox"/> Oars or Anchor/line [†] <input type="checkbox"/> 15m buoyant rope [†] <input type="checkbox"/> Compass & charts <input type="checkbox"/> Knife
	<input type="checkbox"/> Air horn/whistle [†] <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Spare gas tanks

[†] - Required equipment for powered pleasure craft – refer to www.tc.gc.ca/marinesafety for more details

I believe the above to be accurate and complete, and that all reasonable precautions to protect the health and safety of participants have been taken. All participants understand the safety concerns involved in this project.

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.

