## 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/y	/y		to dd/mm/yy			
Location(s) of research activities:							
Brief Description of research							
activities:							
detivities.							
Expedition Leader or					Onsite contact	μ.	
Field Safety Officer:					Offsite contact i	τ.	
Tiola Salety Silledi.							
First Aid/Medical Emergency		First	First Aid Kit available			onnel trained in first aid	
[trained personnel required for groups >5]		Local emergency response phone #:			No. or personner damed in mot aid		
[uamed personner regamed for groups > 6]				Level of training: Basic/Standard + CPR			
☐Emergency/contact list completed	rgency/contact list completed appended					Wilderness/Survival	
Medical evacuation plan:							
Communication methods:	,			#	_)		
Cell phone (#		Radi					
Satellite phone (#			ator beacon			de de que de conde el Duineiro el	
Frequency of mandatory comm with field research team:	unication	ı □Daily □Wee				ch team to contact Principal / Departmental contact	
with held research team.		☐ Mon			OR	Departmental contact	
Dept contact		Othe		)		estigator/ Dept to contact Field	
Bopt domast			· \	/	research tea		
		•					
Accommodations & Lodging:	Indoor			Camping/Outdoor Rec	ommended Equipi	ment:	
Facility name:				Tent			
Facility contact #:				Potable water require		Provisions – food, fuel, etc	
				Stove/cookware/utens	sils	Lighting – lantern, flashlight, etc	
Possible Hazards		Applies?	Suggest	ed Precautions		Precautions/Licensing	
Communicable Disease prevale	ent in	Yes	Review	v regional travel advisories		Trecautions/Electising	
Region					•		
		□ No	I ∏Ensure	e appropriate vaccinations			
		☐ No			medication		
		□ No	☐ Ensure	e appropriate vaccinations e appropriate prophylactic controls (netting, repellent			
Health Conditions		☐ No ☐Yes	☐Ensure☐Insect	e appropriate prophylactic	)		
E.g., allergies, diabetes, health condit	tions	☐Yes ☐ No	Ensure Insect Encou	e appropriate prophylactic controls (netting, repellent rage participants bring add ed medication	)		
	tions	☐Yes ☐ No ☐Yes	Ensure Insect Encou require	e appropriate prophylactic controls (netting, repellent rage participants bring ade ed medication rch habitat/behavior	)		
E.g., allergies, diabetes, health condit	tions	☐Yes ☐ No	Ensure Insect Encourequire Resea	e appropriate prophylactic controls (netting, repellent rage participants bring adeed medication rch habitat/behavior r spray	)		
E.g., allergies, diabetes, health condite Predatory Animals	tions	☐Yes☐No☐Yes☐No☐No	Ensure Insect Insect Encourequire Resea Peppe	e appropriate prophylactic controls (netting, repellent rage participants bring adeed medication rch habitat/behavior r spray	) equate supply of		
E.g., allergies, diabetes, health condite Predatory Animals  Firearms/Weapons	tions	☐Yes☐No☐Yes☐No☐Yes☐No☐	☐ Ensure ☐ Insect ☐ Encourequire ☐ Resea ☐ Peppe ☐ Firearr ☐ Firearr	e appropriate prophylactic is controls (netting, repellent rage participants bring added medication rch habitat/behavior r spray ms In license (PAL) issued to p	) equate supply of	Name and License number:	
E.g., allergies, diabetes, health condite Predatory Animals	tions	☐Yes☐No☐Yes☐No☐No	☐ Ensure ☐ Insect ☐ Encourequire ☐ Resea ☐ Peppe ☐ Firearr ☐ firearm	e appropriate prophylactic controls (netting, repellent rage participants bring added medication rch habitat/behavior r spray ms nicense (PAL) issued to participants	) equate supply of	Name and License number:	
E.g., allergies, diabetes, health condite Predatory Animals  Firearms/Weapons (type:	tions	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Ensure ☐ Insect ☐ Insect ☐ Encourequire ☐ Resea ☐ Peppe ☐ Firearr ☐ Firearr ☐ firearn ☐ Trainin	e appropriate prophylactic controls (netting, repellent rage participants bring added medication rch habitat/behavior r spray ns n license (PAL) issued to pag on safe use	) equate supply of	Name and License number:	
E.g., allergies, diabetes, health condite Predatory Animals  Firearms/Weapons	tions	☐Yes ☐ No ☐Yes ☐ Yes ☐ Yes	☐ Ensure ☐ Insect ☐ Insect ☐ Encourequire ☐ Resea ☐ Peppe ☐ Firearr ☐ Firearr ☐ Trainir ☐ Resea	e appropriate prophylactic controls (netting, repellent rage participants bring ade ed medication rch habitat/behavior r spray ms ilicense (PAL) issued to participants afe on safe use rch habitat/behavior	) equate supply of	Name and License number:	
E.g., allergies, diabetes, health condite Predatory Animals  Firearms/Weapons (type:  Venomous Animals/Plants	tions)	☐ Yes ☐ No	☐ Ensure ☐ Insect ☐ Insect ☐ Encourequire ☐ Resea ☐ Peppe ☐ Firearr ☐ Firearr ☐ Trainir ☐ Resea ☐ Antido	e appropriate prophylactic controls (netting, repellent rage participants bring ade ed medication rch habitat/behavior r spray ns n license (PAL) issued to participants afe use rch habitat/behavior tes (if available)	) equate supply of		
E.g., allergies, diabetes, health condite Predatory Animals  Firearms/Weapons (type:	)	☐Yes ☐ No ☐Yes ☐ Yes ☐ Yes	☐ Ensure☐ Insect☐ Insect☐ Encourequire☐ Resea☐ Peppe☐ Firearr☐ Trainir☐ Resea☐ Antido☐ Trainir☐ Trainir☐ Insect☐ Inse	e appropriate prophylactic controls (netting, repellent rage participants bring ade ed medication rch habitat/behavior r spray ms n license (PAL) issued to participants after use rch habitat/behavior tes (if available) g (e.g. ladder safety	) equate supply of	Name and License number:  Equipment certification date:	
E.g., allergies, diabetes, health condite Predatory Animals  Firearms/Weapons (type:  Venomous Animals/Plants  Work at Height	)	Yes No Yes No Yes No Yes No Yes	Ensure Insect Insect Encourequire Resea Peppe Firearr firearm Trainir Resea Antido Climbii	e appropriate prophylactic controls (netting, repellent rage participants bring ade ed medication rch habitat/behavior r spray ns n license (PAL) issued to participants afe use rch habitat/behavior tes (if available)	equate supply of equate supply equate supply of equate supply of equate supply of equate supply equate sup		
E.g., allergies, diabetes, health condit  Predatory Animals  Firearms/Weapons (type:  Venomous Animals/Plants  Work at Height Fall protection is required at heights >3m	)	☐ Yes ☐ No	Ensure Insect Insect Insect Encourequire Resea Peppe Firearr firearn Trainir Resea Antido Trainir Climbii	e appropriate prophylactic controls (netting, repellent rage participants bring adeed medication rch habitat/behavior r spray ms n license (PAL) issued to participants after use rch habitat/behavior tes (if available) g (e.g. ladder safety ng equipment (& training)	equate supply of equate supply equate supply of equate supply of equate supply of equate supply equate sup		
E.g., allergies, diabetes, health condit  Predatory Animals  Firearms/Weapons (type:	)	☐ Yes ☐ No	☐ Ensure ☐ Insect ☐ Insect ☐ Encou require ☐ Resea ☐ Peppe ☐ Firearr firearn ☐ Trainir ☐ Resea ☐ Antido ☐ Trainir ☐ Climbir ☐ Non-cc ☐ CPR tr ☐ Rubbe	e appropriate prophylactic controls (netting, repellent rage participants bring ade ed medication rch habitat/behavior r spray ms ilicense (PAL) issued to participants of a gon safe use rch habitat/behavior tes (if available) go (e.g. ladder safety ng equipment (& training) onducting boat hull (if applications) a gloves	equate supply of equate supply equate supply of equate supply of equate supply of equate supply equate sup	Equipment certification date:	
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	)	☐ Yes ☐ No ☐ Yes	☐ Ensure ☐ Insect ☐ Insect ☐ Encourequire ☐ Resea ☐ Peppe ☐ Firearr ☐ Firearr ☐ Trainir ☐ Resea ☐ Antido ☐ Trainir ☐ Climbir ☐ CPR tr ☐ Rubbe	e appropriate prophylactic controls (netting, repellent rage participants bring ade ed medication rch habitat/behavior r spray ms in license (PAL) issued to participants for a gon safe use rch habitat/behavior tes (if available) reg (e.g. ladder safety ng equipment (& training) onducting boat hull (if applications & gloves A	equate supply of equate supply equate supply of equate supply of equate supply of equate supply equate sup		
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	)	☐ Yes ☐ No	☐ Ensure ☐ Insect ☐ Insect ☐ Encourequire ☐ Resea ☐ Peppe ☐ Firearr ☐ Firearr ☐ Trainir ☐ Resea ☐ Antido ☐ Trainir ☐ Climbir ☐ CPR tr ☐ Rubbe ☐ SCUB	e appropriate prophylactic controls (netting, repellent rage participants bring ade ed medication rch habitat/behavior r spray ms n license (PAL) issued to participants of a gon safe use rch habitat/behavior tes (if available) ag (e.g. ladder safety ng equipment (& training) onducting boat hull (if applications & gloves A waders	equate supply of equate supply equate supply of equate supply of equate supply of equate supply equate sup	Equipment certification date:	
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	)	☐ Yes ☐ No ☐ Yes	☐ Ensure ☐ Insect ☐ Insect ☐ Encourequire ☐ Resea ☐ Peppe ☐ Firearr ☐ Firearr ☐ Trainir ☐ Resea ☐ Antido ☐ Trainir ☐ Climbir ☐ CPR tr ☐ Rubbe ☐ SCUB. ☐ Chest ☐ Safety.	e appropriate prophylactic controls (netting, repellent rage participants bring ade ed medication rch habitat/behavior r spray ms in license (PAL) issued to participants for a gon safe use rch habitat/behavior tes (if available) reg (e.g. ladder safety ng equipment (& training) onducting boat hull (if applications & gloves A	equate supply of equate supply equate supply of equate supply of equate supply of equate supply equate sup	Equipment certification date:	

Hazardous Materials  Chemical/ other hazardous materials  Compressed Gas  Radioisotopes  Biological Explosives	□Yes □ No	■ WHMIS Training by all personn ■ TDG Certification - name traine ■ Personal Protective Equipment ■ Radiation permit issued (if appli ■ Biosafety permit issued (if appli	d individuals: icable)	Permit #Permit #
Political/Civil Unrest	□Yes □ No	□ Local guides/security □ Research local travel warnings International Programs www.u □ Contact numbers for Embassy/ Office _	oguelph.ca/cip/	
Extreme Environmental Conditions	☐Yes ☐ No ☐Yes	Survival skills training Wilderness first aid Locator beacon GPS		
Vehicles	No No No	□AUP approved #     □training modules completed by     □Valid license     □Driver Information Profile completed by     □Adequate insurance     □Equipment training & authorizate	lete	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 and tr ealth Insurance (International travel) ivate vehicle (not recommended)	raining	
Boating Yes No Name(s) of operator card holder(s):				
Equipment:  Bailing bucket <sup>†</sup> Radio  Prinking  Required equipment for powered pleasures.		Oars or Anchor/line† 15 Compass & charts K	lashlight/flares† 5m buoyant rope† nife nore 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			tect 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