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| **FIELD woRK RISK ASSESSMENT FORM** | | | | | | |
| **GENERAL OVERVIEW** | | | | | | |
| **DEPARTMENT:** | |  | | | | |
| **Principal Investigator/Activity Coordinator** | |  | | | | |
| **Category of Off-Campus Activity** | |  | | | | |
| **COURSE # (if applicable)** | |  | | | | |
| **DEPARTURE DATE:** |  | | | **RETURN DATE:** | |  |
| **LOCATION OF OFF-CAMPUS ACTIVITY**  Country  Geographical Site  Nearest City | |  | | | | |
| **FIELD RESEARCH TEAM** | | | | | | |
| **Name** | | | **Please Select one (team lead, team member, other (specify))** | | **First Aid Trained? (current)** | |
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| **ASSESSMENT PROCEDURES:** | | | | | | |
| *The Academic Supervisor/Coordinator in charge of the field research is responsible to ensure that all applicable hazards are assessed and appropriately mitigated.*  *The purpose of a hazard assessment is to determine the measures, which must be taken to enable work to be carried out safely. A hazard is an attribute of an activity, substance or thing, which confers on it the potential to cause injury, damage or loss. Risk is the probability of this injury, damage or loss occurring and includes the severity. The output of this assessment tool will help identify those hazards that require further work in order to be counteracted. If you require guidance in conducting the assessment and in implementing appropriate controls, you can contact the Health & Safety Officer.*  *Note that the below does not represent all possible hazards that could be encountered. If there are hazards not found in the table, it is the responsibility of the PI to use the “Other” categories to enter the information.* | | | | | | |
| **HAZARD CATEGORY** | | | **Location of Hazard/Hazard Description** | | **Risk Management Plan** | |
| **TRAVEL & LOCATION** | | | | | | |
| Airplanes, helicopters, watercraft ((drivers have valid licenses) | | |  | |  | |
| Using/driving vehicles (drivers have valid licenses) | | |  | |  | |
| Travel on dangerous roads or off-roads | | |  | |  | |
| High altitudes | | |  | |  | |
| Activities requiring high fitness levels | | |  | |  | |
| Hiking | | |  | |  | |
| Climbing/cliffs | | |  | |  | |
| Isolated or remote locations | | |  | |  | |
| Other locations not specified above (enter below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  | |
| **HAZARDOUS AGENT** | | | | | | |
| Hazardous materials - chemicals / biological agents/ ionizing and non-ionizing radiation | | |  | |  | |
| Designated substances – asbestos / lead / silica / mercury | | |  | |  | |
| Noise >85 decibels | | |  | |  | |
| Vibration | | |  | |  | |
| High force motions | | |  | |  | |
| Working with or near explosives | | |  | |  | |
| Other hazardous agent not specified above (enter below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  | |
| **WILDLIFE** | | | | | | |
| Dangerous animals | | |  | |  | |
| Insects & bites, venomous, disease from insect vectors (e.g. lyme etc.) | | |  | |  | |
| Plants (poison ivy, oak etc.) | | |  | |  | |
| Other wildlife not specified above (enter below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  | |
| **EQUIPMENT & TOOLS** | | | | | | |
| Sharps (needles etc.) | | |  | |  | |
| Hand tools and equipment (e.g. hammer, screwdriver, etc.) | | |  | |  | |
| Powered tools | | |  | |  | |
| Exposed moving parts | | |  | |  | |
| Stationary Power Machines | | |  | |  | |
| Lifting devices & or Mobile equipment | | |  | |  | |
| Large or heavy equipment | | |  | |  | |
| Welding | | |  | |  | |
| Centrifuge | | |  | |  | |
| Autoclave | | |  | |  | |
| Compressed gas and/or pressurized systems | | |  | |  | |
| Electrical equipment: (e.g. electrical panels, lighting, electrical wiring) | | |  | |  | |
| Firearms, projective weapons, etc. | | |  | |  | |
| Other equipment and tools not specified above (enter below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  | |
| **ENVIRONMENT** | | | | | | |
| Diving – caves, current, deep diving, wreak, etc. | | |  | |  | |
| Working from heights – scaffolds / ladders | | |  | |  | |
| Confined or restricted spaces | | |  | |  | |
| Activity includes sampling (specify). If live, non-human vertebrate animals, complete Animal Care documentation | | |  | |  | |
| Working alone | | |  | |  | |
| Working with or near fire | | |  | |  | |
| Temperature extremes | | |  | |  | |
| Sun exposure | | |  | |  | |
| Unclean water | | |  | |  | |
| Other physical environment not specified above (enter below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  | |
| Violence: Are there situations where the student could be exposed to violence? Could the student become a subject of violence? | | |  | |  | |
| Work Stress: Will there be a high level of stress in the student’s work? (e.g. work requiring constant alertness for long periods of time, such as a security monitor, or work with high levels of emotional stress such as working in an Emergency Room) | | |  | |  | |
| Other social environment not specified above (enter below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  | |
| **Any other concerns or comments not previously covered:** | | | | | | |
| **TRAINING REQUIRED?** | | | | | | |
| **Outline required training**  **e.g. Orientation, SOPs, Bears etc.** | | | | | | |
| **EMEGENCY PROCEDURES:** | | | | | | |
| **IDENTIFICATION OF DISABILITIES / SPECIAL NEEDS / MEDICAL NEEDS:** | | Do any of the off-campus activity participants have a disability or medical need that would affect their safe participation? yes no  If so, please provide details of the arrangements that have been made to accommodate the special/medical needs:  Do any of the participants have allergies (*e.g.*, to bee stings, food, drugs)? **yes no**  If so, please indicate the provisions that will be made to deal with allergic reactions should they arise. | | | | |
| **TRAVEL IMMUNIZATION/ PROPHYLAXIS REQUIREMENTS:** | |  | | | | |
| **Detailed Emergency Plan for Activity location (communication and evacuation)** | |  | | | | |
| **University Contacts and Phone Numbers (people at Algoma who are designated as emergency contacts for the field party):** | |  | | | | |
| **Local Contacts and Phone Numbers (contact information for the field party):** | |  | | | | |
| **EMERGENCY PROCEDURES CHECKLIST (ITEMS TO CONSIDER – ALL MAY NOT APPLY)** **Communications**   1. 1. Handout listing emergency numbers & mobile phone with group 2. 2. Emergency contact number for Campus Security Services (705-949-2301 x.4444) 3. 3. Alternate address/numbers/information for off-campus emergency contacts  **Procedures**   1. 4. Outline process for contacting Emergency Support 2. 5. Emergency rendezvous site address 3. 6. Team Leader & line of authority 4. 7. Outline use of special equipment | |  | | | | |
| **First aid kit and First aid certification** *(For any group size, at least one member must be certified) (mandatory)* | |  | | | | |
| **Communication devices** must be available (e.g., cell phones) **(mandatory)** – specify | |  | | | | |
| **REVIEW OF ASSESSMENT** | | | | | | |
| I certify that in my capacity as Off-Campus Activity Leader I will ensure that the Activity described above will be conducted in accord with the Off-Campus Activity Safety Policy and this Safety Plan. I affirm that I will file an Incident Report if any critical or non-critical incidents have occurred during the conduct of the activity.      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & Title (Off-Campus Activity Leader)      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | |
| I certify that this Safety Planning Record accurately describes the scope of the Off-Campus Activity, identifies the foreseeable hazards, and documents the plans that have been put in place to manage the associated risks.  I affirm that I will ensure that, in accord with the Algoma University Off-Campus Activity Safety Policy, the participants are appropriately briefed and have received appropriate training prior to participating in the activity.      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & Title (Principal Investigator/Activity Coordinator)      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | |
| I certify that I have reviewed and approved the above Off-Campus Activity Safety Plan:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & Title [Department/Unit Head (Person in Authority)]      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | |