

University of Ottawa – Faculty of Science
Fieldwork Safety Form 2



uOttawa
Faculté des Sciences
Faculty of Science

Principal Investigator: _____

Department: _____ Start Date: _____ End Date: _____

Fieldwork Information

Country: _____ Province/State: _____

Field Site: _____

Owner of Site: _____ Permit Required: Yes No

Nearest Community and Distance to Site: _____

Nearest Canadian Consulate: _____

Emergency Contacts

Fieldwork Participant 1

Name: _____

Phone: _____

Emergency Contact Person

Name: _____

Phone: _____

Fieldwork Participant 2

Name: _____

Phone: _____

Emergency Contact Person

Name: _____

Phone: _____

Fieldwork Participant 3

Name: _____

Phone: _____

Emergency Contact Person

Name: _____

Phone: _____

First Aid and Medical Plan

First Responding Authority: _____

Contact Information: _____

Medical Materials on Site: _____

Documents for Medical Service (e.g. Insurance): _____

Med. Conditions of each Participant (e.g. Allergies): _____

Immunization or Prophylaxis Required: _____

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Risk Management

Fill out the risk assessment below by following the example in red. Fill out as many hazards that apply to your research. Please print another page if necessary.

EXAMPLE

Hazard Identification		Risk Assessment	
Hazard A Bear Attack		Actions to Reduce Probability of an unforeseen event An electric bear fence will be set up around our camp.	
Description A bear can enter our camp and attack us.		Actions to Reduce Severity of an unforeseen event If a bear enters our fence, we will have a rifle ready to protect us.	
Hazard _____		Actions to Reduce Probability of an unforeseen event _____	
Description _____ _____ _____		Actions to Reduce Severity of an unforeseen event _____ _____	
Hazard _____		Actions to Reduce Probability of an unforeseen event _____	
Description _____ _____ _____		Actions to Reduce Severity of an unforeseen event _____ _____	
Hazard _____		Actions to Reduce Probability of an unforeseen event _____	
Description _____ _____ _____		Actions to Reduce Severity of an unforeseen event _____ _____	

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Hazard Identification	Risk Assessment
Hazard _____	Actions to Reduce Probability of an unforeseen event _____ _____
Description _____ _____ _____	Actions to Reduce Severity of an unforeseen event _____ _____
Hazard _____	Actions to Reduce Probability of an unforeseen event _____ _____
Description _____ _____ _____	Actions to Reduce Severity of an unforeseen event _____ _____
Hazard _____	Actions to Reduce Probability of an unforeseen event _____ _____
Description _____ _____ _____	Actions to Reduce Severity of an unforeseen event _____ _____
Hazard _____	Actions to Reduce Probability of an unforeseen event _____ _____
Description _____ _____ _____	Actions to Reduce Severity of an unforeseen event _____ _____
Hazard _____	Actions to Reduce Probability of an unforeseen event _____ _____
Description _____ _____ _____	Actions to Reduce Severity of an unforeseen event _____ _____

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Physical Demands

Extreme Cold	Working at night	Other _____
Extreme Heat	Walking for long periods	Other _____
Diving	Lifting heavy materials	Other _____
High Altitudes	Working with a lack of sleep	Other _____

Travel Itinerary

Departure Date: _____ Carrier: _____ Flight Number: _____

Arrival Destination: _____

Departure Date: _____ Carrier: _____ Flight Number: _____

Arrival Destination: _____

Departure Date: _____ Carrier: _____ Flight Number: _____

Arrival Destination: _____

Departure Date: _____ Carrier: _____ Flight Number: _____

Arrival Destination: _____

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I certify that this field work form 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 the participants are appropriately briefed and have received training prior to participating in the activity.

If I am a participant of the off-campus activity, I acknowledge that:

- I am aware of the foreseeable risks associated with this off-campus activity and I consent to assume them;
- I am in a satisfactory state of health to undertake the off-campus activity and I have received all of the prescribed immunizations;
- I am aware that I will need supplementary health insurance and that I am responsible for obtaining required visas and travel documents for participation in international activities;
- I will act in a safe and responsible manner through the course of the off-campus activity, taking into account instructions received and the welfare of others.

Principal Investigator

Name: _____ Signature: _____

Participants

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Environmental Health & Safety Officer

Name: _____ Signature: _____