



Principal Investigator: _____

Department: _____

Start Date: _____ End Date: _____

1. Fieldwork Information

- List all geographical sites you will be visiting during this fieldwork period. Include a Google™ Map page showing the approximate area of each site in relation to the nearest major city.
- Attach a copy of any permits required.
- Append any additional information required.
- Attach a copy of your research protocol, if available.

	Geographical Sites	Permit Required	Map Attached	Duration	Activities Conducted
1		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>		
2		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>		
3		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>		
3		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>		

Non-regional operations

Complete the following section if conducting any fieldwork activities outside of the local Ottawa area

- Country: _____
- Province/state: _____
- Field site: _____
- Nearest community and distance to site: _____
- Nearest Canadian consulate: _____

Do you have previous experience with the fieldwork location(s)? Yes No

- If yes, in what capacity?

Is the fieldwork site subject to a current warning (e.g. natural disaster, public health warning, civil unrest, etc.) or travel advisory? Yes No

- If yes, explain how the fieldwork activity will operate within the operational limitations of the warning or travel advisory.

What living arrangements have been made for individuals participating in the fieldwork activity?

Is the fieldwork conducted as part of part-time or full-time research? Part-time Full-time

2. Fieldwork Participants

List the names of all those participating in the fieldwork, their contact information, their relation to the University of Ottawa, and the names of their emergency contacts.

	Name	Relationship (Staff, Student, Other)	Phone	Emergency Contact Name	Emergency Contact Phone
Participant 1					
Participant 2					
Participant 3					
Participant 4					
Participant 5					
Participant 6					

Are these participants part of a larger research group (e.g. with another institution)? Yes No

- If yes, which institution/group?

3. Check In

It is critical that someone know when and where you and/or your team will be during your daily fieldwork. We strongly recommend that you check in with this person at the start and end of each day of fieldwork, and at regular intervals throughout the day. You must also inform the check-in person(s) of any change of plans.

- Name of check-in person(s): _____
- Phone: _____
- Relationship: _____
- Anticipated frequency of check-in: _____

4. First Aid, Medical and Emergency Information

- First responding authority: _____
- Contact information: _____
- Medical materials and safety devices brought to site: _____
- Documents for medical services (e.g. insurance): _____
- Immunizations or prophylaxis required: _____

Have the participants consulted a healthcare professional to ensure they are in good health and physically fit to conduct the fieldwork activity (e.g. review of allergies, immunization (including tetanus) updated) Yes No

How will participants call for immediate assistance if they require medical care, security services, or are experiencing violence, harassment, etc.?

Do participants have proof of supplemental medical coverage, either through uOttawa, a student association, or other organization? Yes No

Participants with known medical conditions (e.g. allergies), or other conditions, are encouraged to self-declare such conditions to their supervisor to assist the participant and the fieldwork supervisor in ensuring the participant's health and safety during the fieldwork.

5. Training Required

Will participants be required to complete [mandatory training sessions](#), as specified by the University?

Yes No

List all other training workshops participants will be required to complete.

Name	Type of training (e.g. wilderness first aid, CPR, firearm, boating licence, etc.)	Expiration Date

Will a motorized pleasure craft be used? Yes No

- If yes, has the operator qualified for a pleasure craft operator card? Yes No

Will a firearm be carried? Yes No

- If yes, does the person possess the required licences (e.g. possession, transportation means, etc.) Yes No

6. Physical Demands

- | | | |
|---|---|--|
| <input type="checkbox"/> Working at night | <input type="checkbox"/> Walking for long periods | <input type="checkbox"/> Lifting heavy materials |
| <input type="checkbox"/> Extreme temperatures | <input type="checkbox"/> Working with a lack of sleep | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diving | <input type="checkbox"/> High altitudes | |

7. Travel Itinerary

Include all dates and modes of transportation, including (where applicable) the carrier and flight number:

	Date	Mode	Carrier	Flight/Train
1				
2				
3				
4				

8. Dangerous Situation Evacuation Procedure

List reasonably foreseeable situations in which an evacuation from the fieldwork site would be required.

	Situation	Detailed Evacuation Procedure
1		
2		
3		

9. Hazard Identification and Risk Assessment

Using the following table, identify foreseeable hazards and describe how the hazard will be controlled and/or mitigated.

Hazard Identification	Risk Assessment
Hazard Drowning – a boat can tip and a person may drown.	Actions to Reduce Probability of an unforeseen event All our researchers will need to wear a life jacket before they board a boat.
	Actions to Reduce Severity of an unforeseen event A person with lifeguard training will be accompanying large groups on a field trip.
Hazard	Actions to Reduce Probability of an unforeseen event
	Actions to Reduce Severity of an unforeseen event
Hazard	Actions to Reduce Probability of an unforeseen event
	Actions to Reduce Severity of an unforeseen event
Hazard	Actions to Reduce Probability of an unforeseen event
	Actions to Reduce Severity of an unforeseen event
Hazard	Actions to Reduce Probability of an unforeseen event
	Actions to Reduce Severity of an unforeseen event
Hazard	Actions to Reduce Probability of an unforeseen event
	Actions to Reduce Severity of an unforeseen event

10. Safety Checklist

Create a safety checklist that applies to your fieldwork. Examples are shown in red below.

- I’ve checked in to let someone know when and where I will be doing research today
- Self check - life jacket tied correctly
- Partner check – life jacket tied correctly
- Boat gas tank is full
- Radio
- Permits to area of research
- Equipment
- First aid kit
- Downloaded SecurUO
- GPS
- Water and food
- Protective equipment

- _____
- _____
- _____
- _____
- _____
- _____

11. Acknowledgement

I certify that this fieldwork form accurately describes the scope of the 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, in accordance with the Fieldwork Safety Guidelines.

If I am participating in 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 the prescribed immunizations; and
- I will act in a safe and responsible manner throughout the course of the off-campus activity, taking into account instructions received and the welfare of others.

Principal Investigator

Name: [Click or tap here to enter text.](#) Signature: _____



Université d'Ottawa | University of Ottawa

Bureau de la gestion du risque | Office of Risk Management
139, rue Louis-Pasteur, pièce 265 | 139 Louis-Pasteur Street (265)

Participants

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Health, Safety and Risk Manager

Name: _____ Signature: _____

Dean (for non-regional fieldwork)

Name: _____ Signature: _____