

University of Ottawa – Faculty of Science
Fieldwork Safety Form 1



uOttawa
Faculté des Sciences
Faculty of Science

Principal Investigator: _____

Department: _____

Start Date: _____ End Date: _____

Field Work Information

Please list all geographical sites you will be visiting this Field Work Study Period. Attach a copy of a Google™ Map that shows the approximate area of each site. As well please attach a photocopy of any permits you require.

| Geographical Sites (e.g. Gatineau Park Site 1) | Permit Required | |
|------------------------------------------------|------------------------------|-----------------------------|
| 1) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| Emergency Contacts | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;">Fieldwork Participant 1</p> <p>Name: _____</p> <p>Phone: _____</p> <p style="text-align: center;">Emergency Contact Person</p> <p>Name: _____</p> <p>Phone: _____</p> | <p style="text-align: center;">Fieldwork Participant 2</p> <p>Name: _____</p> <p>Phone: _____</p> <p style="text-align: center;">Emergency Contact Person</p> <p>Name: _____</p> <p>Phone: _____</p> | <p style="text-align: center;">Fieldwork Participant 3</p> <p>Name: _____</p> <p>Phone: _____</p> <p style="text-align: center;">Emergency Contact Person</p> <p>Name: _____</p> <p>Phone: _____</p> |
| <p>Check in Person</p> <p>Having a person who knows when and where you and/or your team will be during your daily fieldwork can be very important. It is suggested that you check in with this person every time you start and end your daily fieldwork and let them know if you have changed your plans.</p> <p>Name: _____ Phone: _____ Relation: _____</p> | | |
| <p>First Aid & Medical Information</p> | | |
| <p>Personnel & Medical Conditions (e.g. Allergies)</p> <p>Name: _____ Med. Condition: _____</p> <p>Name: _____ Med. Condition: _____</p> <p>Name: _____ Med. Condition: _____</p> | | |
| <p>Medical Materials & Safety Devices (Life Jackets) brought to Site</p> <p>_____</p> <p>_____</p> | | |
| <p>Training Required</p> <p>(Wilderness First Aid, CPR, Fire Arms, Boating Licence, Approaching a Helicopter etc.)</p> | | |
| <p>Name</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Type of Training</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Expiration Date</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>Physical Demands</p> | | |
| <p>Working at night</p> <p>Extreme Heat</p> | <p>Walking for long periods</p> <p>Working with a lack of sleep</p> | <p>Other _____</p> <p>Other _____</p> |

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 Drowning | | Actions to Reduce Probability of an unforeseen event | |
| Description | | All of our researchers will have to wear a life jacket before they enter into a boat. | |
| A boat can tip and a person may drown. | | Actions to Reduce Severity of an unforeseen event | |
| | | A person with life guard training will be accompanying large groups on a field trip. | |
| 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 | | Actions to Reduce Probability of an unforeseen event | |
| Description | | Actions to Reduce Severity of an unforeseen event | |
| | | | |
| | | | |
| | | | |

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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 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: _____