

HEALTH AND SAFETY PLAN FOR FIELD WORK

Activity Coordinator:

Department: Geography

Staff Visitor Student If student, please specify supervisor: [Not Specified]

Mobile:

Location(s):

Specify where your field work will take place and append a map if working in a remote area.

Duration: Part-Day Trip Full Day Trip Multi-Day Trip

Start Date & Time: **End Date & Time:**

Number of Participants:

Brief Description of Activity:

Safety Equipment

EPerp UHF/VHF Radios First Aid Kit Car Emergency Kit Survival Kit EpiPen

Sat Phone: Mobile Phone:

Other: [Please Specify]

Communication Plan

Please specify how you will be contactable for the duration of your field trip; method and frequency of your contact person; and protocol the contact person will use to contact you. If field plans change while you are away, how will you notify your contact of these changes?

Specify your Main Contact Person, and their connection to you.

Name: **Phone:** **E-mail:**

Their Location: and their connection to you:

Departmental Contact (day trips only): [Specify if only using a Departmental Contact]

List of Participants and their emergency contact details

1. Participant Name; Emergency Contact Name (their connection to you), Phone Number

Is this the first time you have done this trip? Yes

Transport

Please specify how you will travel to the location: Other

(Consider including as required)

- (1) **Flights:** (Carrier, flight number, dates)
- (2) **Public Transport:** (not required for intra-city transport) (Carrier, From-To, Date)
- (3) **Private Vehicle** (see [Driving Policy](#)): (Car Make Model, Licence Plate)
Vehicle has a current WoF and fit for purpose of activity:
Driver Details:
- (4) **Hire Vehicle:** (Company, Dates)
- (5) **Boat** (see [Boating Policy](#)): (Specify Skipper, Boat, etc.)

Risk Assessment and Management

Please detail below the potential risks associated with your trip, and how these will be managed and/or mitigated. If you are visiting a site with its own Health & Safety plans, please also specify who you communicated with (and when) about that sites specific hazards. Hazards may include (but not limited to):

Physical Hazards Biological Hazards Chemical Hazards

Hazards to Environment Human-made Hazards

Medical Information

Please specify any medical information that may be pertinent to the proposed activity that may require management and/or specific interventions:

Field Leader Experience and/or Training

Cultural Considerations and Ethical Behaviour

May include but not limited to: operating in public spaces in accordance to the Code of Conduct policy; have permission to enter private land from landowners; have completed ethical approval to undertake research; how you will interact with the public in the collection of your data; risks associated with interviewing participants in private homes etc.

In Case of Emergency Plan

Specify how long your emergency contact will wait before raising the alarm, and what they should do if they cannot make contact with you.

Delegated Authority

The proposed Health and Safety Document was completed and submitted on:

The proposed Health and Safety Document was reviewed on : by: DSHO and accepted on: