**HEALTH AND SAFETY PLAN FOR FIELD WORK**

**Activity Coordinator:**       **Mobile**:

Department:

Staff  Visitor Student  If student, please specify supervisor:

**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):

**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?**

**Transport**

Please specify how you will travel to the location:

(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](http://www.otago.ac.nz/administration/policies/otago047383.html)): (Car Make Model, Licence Plate)

Vehicle has a current WoF and fit for purpose of activity:

Driver Details:

1. Hire Vehicle: (Company, Dates)
2. Boat (see Boating [Policy](http://www.otago.ac.nz/administration/policies/otago005719.html)): (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:  and accepted on: