**HEALTH AND SAFETY PLAN – Short Duration Field Trip**

**Paper Code:**

**Field Trip Leader:**       **Mobile**:

**Location: On-Campus**  **or Off-Campus**

**Describe the 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

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

**Number of Participants:**

**Specify where you will store the participant list:**

**Description of Activity:**

**Repeat Activity?** Yes  No

If Yes, Specify repeat dates and times below:

**Communication Plan**

For off-campus activities please specify how you will be contactable for the duration of your field trip; 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?

Departmental Contact:  or,

Other Contact Person and their Details:

**Transport**

Please specify how you will travel to the location:

**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 going to a site with their own Health & Safety procedures please state who briefed you of the hazards at that location (i.e. their name and date of communication).