

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: [Specify 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).