Brock University Travel and Field Safety Detailed SAFETY PLANNING RECORD

USE THIS FORM FOR ALL UNIVERSITY TRAVEL & FIELD ACTIVITIES
(EXCLUDING FACULTY AND STAFF CONFERENCE AND MEETING TRAVEL)

Complete this form in conjunction with the Basic Risk Assessment, where the risk level has been identified as elevated.

Instructions:

- *To be completed in as much detail as possible by the Primary Investigator/Responsible Authority or Solitary Traveler (PI/RA/ST).*
- *Departmental and Divisional Administrators must also review, sign and forward to Dean, AVP for approval prior to departure*
- *Associated documentation is to be kept with the PI/RA/ST and the Department or Division*
- *Attach additional detailed information where space is insufficient.*
- *Trips that are for credit, research, sanctioned competition or work, warrant the completion of a trip-specific Informed Consent (as attached)*
- *Trips that are optional or recreational may warrant the completion of a trip-specific waivers*
- *Numerous excursions to the same location or group of locations can be dealt with via one form.*
- *The form is good for a single academic year and a new form must be completed annually.*

File No: _____

Basic Risk Assessment completed and attached ☐

PART I – GENERAL INFORMATION

Trip Title/Reference: _____ Trip Dates: Departure: _____

Return: _____

Name: (PI/RA/ST) _____ Department: _____ Extension: _____

e-mail: _____

Location of Activity:

Country: _____ DFAIT Rating: _____
(See: www.voyage.gc.ca)

Geographical Site: _____ Nearest City (name, distance to): _____

Nature of Research/Trip/Activity: _____

Itinerary

Yes	No	N/A	
			Will itinerary be left with responsible person at the University?: *Name:*
			Will itinerary be left with responsible local authority? *Name:*
			Are emergency contact numbers for local emergency assistance known?
			Are emergency contact numbers for each participant known? Attach list or indicate location of list:
			Will site specific maps be provided/available for participants? Attach copies.

Trip Logistics e.g., accommodations and food

Food: ☐ Individual ⇒ ☐ Purchased ☐ Carried Preservation Mechanism: _____

☐ Group ⇒ ☐ Prepared ☐ Supplied Details: _____

Accommodations: ☐ Hotel ☐ Hostel ☐ B&B/Billet ☐ Other ☐ Camping Camping Equipment ☐ Own ☐ Supplied

Details: _____

PART II - EMERGENCY INFORMATION AND COMMUNICATIONS

Emergency Contacts/Procedures: Local Contacts: (Name/Title/Address/Phone/Fax/Email)	Emergency contact list (outside of Field site) including a response plan in case a critical or non-critical incident occurs (attach extra sheets, if required): Brock Security 24/7 Emergency Line - 905 688 5550 x 3200 Brock EHS/Insurance Inquiry or Report – 905 688 5550 x 3274

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Describe accessibility to field site in case of medical emergency: (ambulance, helicopter, local search and rescue team, etc.)	Brock Contact (Individual with trip details)
Nearest Hospital/ Medical Facility: (Name, Address, Phone, Travel Time)	Poison Control Centre or other specialized risk response e.g., avalanche: (Name, Address, Phone, Travel Time)

PART III – TRAINING AND ORIENTATION:

Orientation Information

Yes	No	N/A	
			Is a Trip Review and Orientation session planned? Y/N Date and Time:
			Are participants familiar with the University's policies such as, Occupational Health and Safety Policy / Respectful Work and Learning Policy / Violence Prevention Policy/ Alcohol/ Student Code of Conduct?
			Medical Insurance Requirements ☐ Individual ☐ Group Policy (Attach File)
			Have arrangements been made to provide participants with: ☐ Potable water ☐ Personal washing/hygiene ☐ Toilet facilities or procedures
			Have arrangements been made to provide participants with, and train them in the safe use of, appropriate personal protective equipment (PPE) such as: ☐ Safety Glasses ☐ Protective Footwear ☐ Protective Headwear ☐ Respiratory Protection ☐ Hearing Protection ☐ Coveralls ☐ Gloves ☐ Knee/shin Guards ☐ Flame Retardant Clothing ☐ Face Shield ☐ Other:
			Are participants aware of suitable clothing, footwear and personal supplies required (e.g. boots, hat, raingear, sunglasses, sunscreen, insect repellent)? *List required personal supplies or attach to form:*
			Has any participant reported a condition that may require exceptional medical, physical or emergency accommodations? *If yes, describe special arrangements or attach to form:*
			Is an on-site Orientation Session Planned? Y/N Date and Time:

Additional Orientation Comments: _____

Emergency Preparedness and First Aid

First-aid kits are required for all off-campus operations. It is the responsibility of the PI/RA/ST to provide and ensure that the kit is maintained. Prior to the departure the Trip Leader is responsible to document the presence of a first-aid kit for the trip and any other required first-aid supplies. Refer to www.wsib.on.ca for First Aid Requirements as required by The Workplace Safety and Insurance Act and Regulations.

Yes	No	N/A	
			Are Ontario Health Insurance Numbers (or equivalent) for each participant available? List or describe location of list:
			Level of First Aid Required: (not needed for urban environment settings) ☐ Basic ☐ Standard ☐ WAFA
			Designated First Aider(s) (Ont Reg. 1101): Valid Certification/Expiry Date(s):
			Are all participants familiar with the location of first aid kit and its contents?
			Is first aid kit complete?
			Are additional first aid supplies required? List:
			Are participants familiar with Brock University's Incident Reporting Process? (See website below) www.brocku.ca/hr-ehs

First Aid Comments: _____

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PART IV - HAZARD IDENTIFICATION

Identification of the hazards is critical to ensuring the safety of the activity participants. The following checklist will provide a guide to identifying common hazards, however, the PI/RA/ST should review all aspects of the field work or activity to ensure comprehensive hazard identification has been completed.

Physical Demands - What physical demands will the activity entail?

- ☐ Climbing
- ☐ High Altitude
- ☐ Extreme Heat
- ☐ Extreme Cold
- ☐ Manual lifting, carrying or handling heavy loads
- ☐ Other:

Describe Risk Management Strategies: _____

_____

Working Alone (see Brock University's Working Alone Policy)

Yes	No	N/A	
			Will any participant be working alone? If yes, provide details:
			Has an effective communications system been established (e.g. radio, walkie-talkies, phones, whistles, air horns, flares, frequent and scheduled contact)? Describe system:

What other means will be employed to reduce the risk to a participant when working alone?

Yes	No	N/A	
			Limitations or prohibitions on certain activities while alone Y/N Details:
			Provision of emergency supplies Y/N Details:
			Establishment of minimum training or experience or other standards of competency before working alone Y/N Details:
			Other:

Remote Hazardous Areas + Wildlife

What communication systems will be employed? (check all that apply)

- ☐ Cell Phones
- ☐ Radio or Walkie-Talkies
- ☐ Other: _____
- ☐ Leaving Planned Itinerary at Base Camp
- ☐ Leaving Itinerary at Base Camp
- ☐ Whistles/Air Horns
- ☐ Scheduled contacts

How will participants remain orientated to their location? (check all that apply)

- ☐ Provision of maps
- ☐ Compass Provision
- ☐ Other: _____
- ☐ Compass/Map Training
- ☐ Local guides
- ☐ Identification of safest routes
- ☐ Area familiarization trips

What procedures have been established in the case participant(s) become lost?

- ☐ Participant training on remaining at location, use of emergency alarms, use of emergency survival gear
- ☐ Provision of survival gear
- ☐ Procedure for organized search
- ☐ Precautions against fire
- ☐ Precautions in the event of extreme weather conditions

Wildlife

Yes	No	N/A	
			Are participants familiar with the methods of contraction of disease from wildlife in the area?
			What possible diseases may be carried by wildlife in the study area (e.g. rabies, hanta virus)? Are inoculations warranted? Are inoculations complete?
			Have participants been instructed on techniques to avoid unexpected encounters with potentially dangerous wildlife?
			Do the species of study potentially carry zoonosis?
			Have participants been adequately trained in the handling, capture and restraint of study species?
			Will participants be administering drugs/anesthetics or obtaining biological samples? If so, have they been trained in techniques appropriate to the species and in how to manage disposal of waste or surplus materials?

Hazardous Areas and Wildlife Risk Management Strategies: _____

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Chemicals and Hazardous Materials

Yes	No	N/A	
			Is each controlled product properly identified with a supplier and workplace label? *If yes, describe or attach list:*
			Will Material Safety Data Sheets for each controlled product used be readily available to participants?
			Do participants have current certification in Workplace Hazardous Materials Information System (WHMIS) and Transportation of Dangerous Goods (TDG)?
			Will appropriate materials be available to adequately handle hazardous materials, spills, leaks or releases? Describe materials and attach to form.
			Will radioisotopes or biohazards be transported or used in the field? If so, have participants been trained to safely use, store and transport the material in accordance with legal requirements and license conditions and University Policies? *If yes, describe or attach list and management plan:*

Additional Hazardous Materials Risk Management Strategies: _____

_____

PART V - ADDITIONAL RISK ASSESSMENT:

List additional identified hazards related to activities or environment (i.e. extreme heat or cold, endemic disease, firearms, explosives, violence), and strategies for eliminating or reducing risks to acceptable levels:

RISK	PRECAUTIONS TO BE IMPLEMENTED
1. Personal Safety	
2. Security	
3.	
4.	
5.	
6.	
7.	

PART VI - TRAVEL DOCUMENTS AND IMMUNIZATION/PROPHYLAXIS REQUIREMENTS

International Travel

- ☐ Passports for All
- ☐ UP and AWAY Program
- ☐ Visa Requirements
- ☐ Travel Medicine Clinic
- ☐ Out of Country Medical Insurance
- ☐ Other: _____

Immunization Requirements

Travel Immunization/Prophylaxis Requirements:

- ☐ Altitude Sickness Medication
- ☐ Diphtheria
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Japanese Encephalitis
- ☐ Malaria
- ☐ Measles
- ☐ Meningoccul
- ☐ Polio
- ☐ Rabies
- ☐ Rubella
- ☐ Tetanus
- ☐ Tuberculin testing pre & post
- ☐ Typhoid
- ☐ Yellow Fever
- ☐ Other (specify below):

_____

_____

_____

How validated?: _____

Out of Country Medical insurance is mandatory for all participants in international travel: ☐ Group Policy ☐ Individual Policy (attached info)

PART VII – EQUIPMENT AND PROCEDURES

List Essential Equipment (eg. powered or hazardous): _____

_____

Transported? Y/N Rented? Y/N _____ Borrowed? Y/N _____

List Hazardous Procedures: _____

_____

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Some equipment and processes which may apply include:

- ☐ Chain Saws
- ☐ Compressed Air
- ☐ Confined Space
- ☐ Diving
- ☐ Noise exposure above 85dBA
- ☐ Powered saws, grinders & planers
- ☐ Explosives
- ☐ Fall Protection above 1.2 metres
- ☐ Flammable substances
- ☐ Ladders
- ☐ Pleasure Craft Operator Card
- ☐ Travel on Ice over Water
- ☐ Powered Mobile Equipment (i.e. roll over protection, seatbelts, competent operators)
- ☐ Minimum Distances from exposed energized conductors (e.g. power lines)

Yes	No	N/A	
			Are participants trained to operate the equipment safely and in compliance with regulatory standards? *Date/time/details:*
			Have participants been trained in safe work procedures? *Date/time/details:*

Equipment/Processes Risk Management Strategies:_____

_____

PART VIII – SIGNATURES AND APPROVALS

Signatures:

I certify that this Safety Planning Record accurately describes the scope of the planned 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, in accord with the Brock University Policy on Travel and Field Safety: Risk Assessment and Planning, the participants are appropriately briefed and have received appropriate orientation and training prior to participating in the activity.

PI/RA/ST (Please Print)	Signature	Date (mm/dd/yyyy)

Authorizations:

I certify that I have reviewed activity as outlined in the above Safety Planning Record and, based on the information provided, authorize its implementation.

Chair/Director (Please Print)	Signature	Date (mm/dd/yyyy)
Senior Administrator (Dean, AVP) (Please Print)	Signature	Date (mm/dd/yyyy)
Travel and Field Safety Review Comm. Chair or VP (Please Print)	Signature	Date (mm/dd/yyyy)

- **Once completed this form is to be forwarded by the Chair/ Director to the Senior Administrator for approval prior to forwarding to the Travel and Field Safety Review Committee.**
- **A copy is to be retained in the Office of the Department/Centre.**
- **In the case of undergraduate student activity involving international travel, a copy of this form is to be forwarded by the Chair/Director to International Student Services at least three weeks prior to departure.**

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