DRAFT - Trip Risk and Emergency Management Plan (TREMP)

USE THIS RISK ASSESSMENT AND PLANNING FORM FOR ALL TRAVEL AND FIELD ACTIVITIES, WHERE REQUIRED (E.G., INVOLVES STUDENTS OR NOVICE PARTICIPANTS; ELEVATED HAZARD; INTERNATIONAL TRAVEL; OR >250KM DISTANCE).

Instructions:

- *To be completed by the Principal Investigator/Responsible Authority.*
- *Departmental Supervisors must also review and sign the form.*
- *Submit this form to HR/EHS, at least two weeks before the start date of the trip for review and transmittal to the TFSRC.*
- *HR/EHS will keep the original, and return a copy to the PI/RA.*

Part One – Activity Leader(s)/Team

Name: _____ Department: _____ Extension: _____
(Principal Investigator/Responsible Authority)

Email: _____

Number of Staff/Faculty: _____ Number of Students/Participants*: _____ Number <18 years: _____
(*Keep a list of participant names, emergency contacts & insurance info with the Activity Leader and Brock Dept.)

Supervisor/Student ratio: _____

Leadership Team:
(attach separate sheet, if needed):

Name: (Include PI/RA, where applicable)	Role in Team: (Indicate chain of leadership)	Email:	Off Campus Contact Information (phone, e-mail)	CPR, First Aid or other certification including date certified (Attach copies where applicable)

Check forms that will be completed and kept on file:
- ☐ Waiver (Recreational/Voluntary participants)
- ☐ Informed Consent (Employees and Student course participants)
- ☐ Supervisor Statement

Part Two – Trip Location

☐ **On-Campus**

☐ Main Campus

_____
Area

☐ Hamilton Campus

☐ Rodman Hall

☐ **Off-campus, attach labeled map:**

☐ Facility Location: _____

☐ Province/State and Country: _____

☐ Field Site (geographic location): _____

Nearest Town/City: _____

Distance from Brock _____km DFAIT Level: _____

To assess the risk of travelling to an international destination please consult the DFAIT website for travel reports and warnings (www.voyage.gc.ca)

Part Three – Description of Trip

Have you completed this form for the same trip in the past? ☐ Yes ☐ No If yes, provide year: _____

☐ Undergraduate course/name: _____

☐ Graduate course/name : _____

☐ Research Activity: _____

☐ Other Travel: _____

Date/Time of Trip: _____

Purpose of Trip: _____

Description: _____

_____
Please attach a detailed itinerary

Part Four – Transportation

Travel To Pickup Location: _____

☐ University Vehicle ☐ Rented Vehicle ☐ Private Car ☐ Van (drivers require F class license*)
☐ Taxi ☐ Public Transportation (bus, train, subway, ferry) ☐ Other _____

Travel During:
☐ University Vehicle ☐ Rented Vehicle ☐ Private Car ☐ Van (drivers require F class license*)
☐ Taxi ☐ Public Transportation (bus, train, subway, ferry) ☐ Other _____

Travel From: Drop-off Location: _____

☐ University Vehicle ☐ Rented Vehicle ☐ Private Car ☐ Van (drivers require F class license*)
☐ Taxi ☐ Public Transportation (bus, train, subway, ferry) ☐ Other _____

If traveling by water or air, provide company name, flight details and insurance information
☐ Commercial Plane: _____ (Airline & Flight info) ☐ Small, Fixed-Wing: _____ (Charter Company) ☐ Helicopter: _____ (Charter Company)
☐ Boat - Type (e.g. canoe): _____ ☐ Other: _____

Drivers/Operators name, license and insurance information: _____

Only drivers >21 years are covered by University non-owned auto insurance. University name must be in contract in Ontario for coverage. If F class license required, provide a statement of driving record from www.mto.gov.on.ca/english/dandv/driver/record.shtml

Part Five – Communication Please indicate all types of communication you will have available for the field activity

Device	Communication devices, if required, ***among*** activity participants	Communication devices for use ***between*** participants and the University	Communication devices available in case of Emergency
Cell phone provider (Owner name/ number) Coverage confirmed ☐			
Land-line phone(s) include name/number			
Satellite phone include number			
Radio Transmitter/signal Device (type/kind)			
Portable Radios (#, power supply etc.)			
Call-in schedule Provide details			
Internet access (e-mail contact)			

Other related/relevant information:

Part Six – Other Trip Logistics e.g., accommodations and food

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

☐ Group ⇒ ☐ Restaurant OR ☐ Prepared Details: _____

Drinking Water Supply Details: _____

Alcohol Restriction Details: _____

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

Part Seven – Hazard Control and Emergency Planning (attach additional pages as needed)

Consider **all** potential and real hazards related to this activity. Examples include: documented training skills, First Aid/CPR training, protective equipment, first aid kit, epipen, emergency contact list, rescue equipment, emergency transportation, other rescue services

Check all that apply:

Specific Hazard or Potential Hazard	Applicable?	Training and/or Control Measures
Location: ☐ Urban ☐ Rural ☐ Dangerous at night ☐ High Crime ☐ Cultural issues ☐ Unfamiliar Territory ☐ Other:		
International Travel ☐ Passports for All ☐ Visa Requirements ☐ Medical Insurance ☐ Immunization Requirements		
Adverse Weather: ☐ Extreme Heat ☐ Extreme Cold ☐ Snow/Ice ☐ Lightning/Rain Storm ☐ Flooding ☐ Other:		Access to radio/internet to monitor weather reports? ☐ Yes ☐ No
Trips, Slips and Falls: ☐ Slippery/Uneven Terrains ☐ Other:		
Physical: ☐ Heavy Lifting/Carrying heavy loads ☐ Other:		
Electrical: ☐ Equipment-related ☐ Other		
Biological: ☐ Allergies/potential poisons ☐ Animal attack/bite ☐ Other		
Chemical: ☐ Hazardous materials brought on trip ☐ Other		
High Altitudes: ☐ Hiking ☐ Climbing ☐ Other		
Water: ☐ Water crossing ☐ Swimming ☐ Diving/Underwater ☐ Boating ☐ Other		
Other:		
Other:		

Emergency Response and Protective equipment that will be brought on the trip:

☐ First Aid Kit(s) ☐ Fire Extinguishers ☐ Life Jackets ☐ Safety Glasses ☐ Safety Gloves ☐ Safety Vests ☐ Helmet/Hard Hat ☐ Safety Boots
☐ Vehicle Emergency kit ☐ Other

Will personal protective equipment/emergency kits be inspected to ensure it is serving its function? ☐ Yes ☐ No By Whom: _____

Part Eight - Emergency Contact Procedures

Emergency Contacts/Procedures: Local Contacts: (Name/Title/Address/Phone/Fax/Email)	**Emergency contact list** (outside of Field site): 1. Brock Security 24/7 Emergency Line - 905 688 5550 x 3200 2. Brock EHS/Insurance Inquiry or Report – 905 688 5550 x 3274 3. *4.* *Attach a response plan for critical and non-critical incidents.*
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 Nine – Required Signatures

Supervisor Signatures:
I acknowledge that this Trip Risk and Emergency Management Plan has been prepared and is in keeping with the requirements contained in the University Policy on Travel and Field Safety: Risk Assessment and Planning.

Principal Investigator/Responsible Authority (Print name)	Signature	Date (mm/dd/yyyy)
Chair/Director (Print name)	Signature	Date (mm/dd/yyyy)
Senior Administrator (Dean, AVP, VP) (Print name)	Signature	Date (mm/dd/yyyy)
EHS Manager (Print name)	Signature	Date (mm/dd/yyyy)
Travel and Field Safety Review Comm. Chair (Print name)	Signature	Date (mm/dd/yyyy)

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of *The Brock University Act, 1964*, and is in accordance with the *Freedom of Information and Protection of Privacy Act (FIPPA)* section 39(2) for the administration of the University and its programs and services. Direct any questions about this collection to the Manager, Environment Health and Safety at Brock University at (905) 688-5550, ext. 4027 or see www.brocku.ca/oehs.