



# Field Work Risk Management Plan

This form must be completed for all field work deemed as a significant risk under the Field Work Risk Management Program. Refer to the <a href="#">Field Work Planning Guidelines</a> for additional resources in planning and completing this form.	
<b>Principal Investigator(s)/Field Work Supervisor(s):</b>	<b>Contact Information</b> Email: _____ Phone: _____ Mobile Phone: _____ Other Field Phone: _____
<b>Department:</b>	
<b>Activity Type:</b> <input type="checkbox"/> Research <input type="checkbox"/> Field Trip: Course #: _____ <input type="checkbox"/> Other (specify): _____	<b>Field Work Leader (if different from above):</b>
<b>Nature and Description of Field Work</b>	
<b>Location of Field Work</b> Country: _____ Site Address(es) or GPS coordinates: _____ Nearest City (i.e., with emergency services): _____ Distance to site: _____ <input type="checkbox"/> Travel Itinerary attached for all participants (Locations, Dates/Times)	
<b>Waterloo International Travel checklist complete:</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
<b>Non-UW Field Work Supervisor or Coordinator (i.e., at the site)</b> <input type="checkbox"/> Not applicable	
<b>Name:</b>	<b>Contact Information</b> Email: _____ Phone: _____ Mobile Phone: _____
<b>Organization:</b>	
<b>Mode(s) of Transportation:</b> <input type="checkbox"/> Commercial carrier(s): _____ <input type="checkbox"/> UW vehicle <input type="checkbox"/> Rental vehicle (15 person vans prohibited) <input type="checkbox"/> Private vehicle (owner): _____ <input type="checkbox"/> Other (e.g., host): _____ Name(s) of drivers:  Licenses of assigned drivers verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not applicable  <input type="checkbox"/> Charter vehicle (bus/coach): commercial general liability certificate of insurance with at least a \$10,000,000 per occurrence limit received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not applicable	
<b>Departure Date (list if multiples trips):</b>	<b>Return Date (list if multiple trips):</b>

Leaders	Department	Leadership Role (specify)	First Aid certified and Level
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Participants (INCLUDE NON-UNIVERSITY PARTICIPANTS) \* Complete listing of all personnel in the field. All personnel must ensure that current emergency contact information is on file. Student information can be collected using the [Emergency Contact Form](#). [Forms to be kept by supervisor and department head]. Attach a separate sheet if needed.

Name	Training Verified?	Emergency Contact information updated (Workday/Quest) and provided to Supervisor
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Risk Assessment:** A risk assessment is foundational to an effective safety plan as it identifies hazards, level of risk and associated controls. A risk assessment is required before any higher risk field activity and should be reviewed whenever there is a change or new process, at a minimum prior to each field excursion. **Complete and attach a [Job Hazard Analysis \(JHA\)](#)** for all hazards that will be encountered during the field work.

Does field work involve [working alone](#)?  Yes  No (If yes, a **Working Alone plan must be attached** to this form).

Participants have been advised to disclose conditions/limitations or equity or diversity concerns which may place them at risk and for which they require accommodation or additional risk mitigation.  Yes  No

**Accommodations** | **Location:**

Campsite (name & phone number):

Tents       Trailer       Cabin

Hotel/motel (name & phone number):

Other:

**Training: list all required training *specific to proposed* Field Work**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Field Work Supervisor has completed all mandatory training, including [Supervisor training and Risk Assessment Training](#)  Yes  No

**Personal Protective Equipment:** List all PPE provided, or that participants must provide themselves

- |          |                                   |   |
|----------|-----------------------------------|---|
| 1. _____ | Provided <input type="checkbox"/> | Participant to provide <input type="checkbox"/> |
| 2. _____ | Provided <input type="checkbox"/> | Participant to provide <input type="checkbox"/> |
| 3. _____ | Provided <input type="checkbox"/> | Participant to provide <input type="checkbox"/> |
| 4. _____ | Provided <input type="checkbox"/> | Participant to provide <input type="checkbox"/> |
| 5. _____ | Provided <input type="checkbox"/> | Participant to provide <input type="checkbox"/> |

**Emergency Procedures Communication (as applicable)**

1.  Participants provided with list of emergency numbers, including:
  - Supervisor contact information
  - Local emergency numbers
  - Nearest Canadian embassy
  - UW Special Constable Service (519-888-4911)
  - Transportation provider
2.  Procedures communicated to all participants:
  - Process for contacting emergency assistance
  - Emergency rendezvous site and address
  - Team Leader and line of authority
  - Identification of First Aid certified leaders and participants
  - Identification of translators
  - Identification of alternate driver(s)
3.  Itinerary provided to department head.

Outline below (or attach) specific emergency procedures (see [Field work Planning Guideline](#) for instructions)

Pre-Departure review will be conducted to confirm no changing risks

Participant [Pre-Departure Briefing](#) prepared

## **Approvals**

**Field Work Leader** \_\_\_\_\_  check if not applicable

I certify that in my capacity as Field Work Leader I will ensure that the field work described above will be conducted in accordance with the Field Work Risk Management Program and this Plan.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Principal Investigator/Field Work Supervisor**

I certify that this Field Work Risk Management Plan accurately describes the scope of the Field Work 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 accordance with the Field Work Risk Management Program, that Leaders and Participants are appropriately briefed and have received appropriate training prior to participating in the activity.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Head/Chair/Director**

I certify that I have reviewed and approve the above Field Work Risk Management Plan.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Document Management**

1. Approved Plan to be retained by the Department for 3 years.
2. Copy to be retained in Safety Office for 3 years. Send approved forms to [safety@uwaterloo.ca](mailto:safety@uwaterloo.ca)
3. Copy of this Plan and Emergency Contact information will be kept in the field with:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_