

UNIVERSITY OF TORONTO
FIELD RESEARCH SAFETY PLANNING RECORD

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Pursuant to the University of Toronto Guidelines for Safety in Field Research, this form is to be completed by the Academic Supervisor and submitted to the Department Chair (or equivalent) prior to departure on field research. Multiple trips to the same site or group of sites can be covered by one form. The form is good for a single academic year and a new form must be completed annually.

DEPARTMENT:	ACADEMIC SUPERVISOR:
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LOCATION OF FIELD RESEARCH:

Country: _____

Geographical Site: _____

Nearest City: _____
 (name, distance to)

NATURE OF RESEARCH: _____

DATE OF DEPARTURE:	DATE OF RETURN:
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FIELD RESEARCH TEAM Chain of Responsible Leadership (attach separate sheet if necessary)	CATEGORY (check all that apply)			
NAME	Team Leader	Team Member	Other (specify)	Trained First Aider
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PHYSICAL DEMANDS:

<input type="checkbox"/> Diving and other Underwater Activities <input type="checkbox"/>	Manual lifting, carrying or handling of heavy loads
<input type="checkbox"/> Climbing	<input type="checkbox"/> _____
<input type="checkbox"/> High Altitude	<input type="checkbox"/> _____
<input type="checkbox"/> Extreme heat	<input type="checkbox"/> _____
<input type="checkbox"/> Extreme cold	<input type="checkbox"/> _____

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RISK ASSESSMENT:

List identified risks associated with activities or environment (e.g. extreme heat or cold, wild animals, difficult terrain, poisonous plants or insects, endemic disease, firearms, explosives, chemicals, soil/water microorganisms, violence), and measures for eliminating or reducing risks to acceptable levels. Attach separate sheet if required.

Risk	Control Measures
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

TRAVEL IMMUNIZATION/PROPHYLAXIS REQUIREMENTS:

- | | | |
|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles | <input type="checkbox"/> Typhoid |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | <input type="checkbox"/> Yellow Fever |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rabies | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Japanese encephalitis | <input type="checkbox"/> Rubella | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Tetanus | <input type="checkbox"/> _____ |

EMERGENCY PROCEDURES

University Contact and Phone Number:

Local Contact and Phone Number:

Communication Method and Check-in Schedule with University:

Local Emergency Services and Phone Numbers:

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ACKNOWLEDGEMENT OF TEAM MEMBERS:

- I, the undersigned, acknowledge that I have read the University's Guidelines for Safety in Field Research and in keeping with it,
- (a) I have been fully informed of the risks of this field research and I accept them;
 - (b) I will comply with the established safety procedures;
 - (c) I am in a satisfactory state of health to undertake the research; and
 - (d) I have received all of the prescribed immunizations.

<u>Name (please print)</u>	<u>Signature</u>	<u>Date</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Signature of Academic Supervisor

I acknowledge that this safety plan has been prepared in keeping with the requirements of the University of Toronto Guidelines for Safety in Field Research:

<u>Name (please print)</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____

Signature of Department Chair (or equivalent)

I acknowledge receipt of this document:

<u>Name (please print)</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____