****

**Field Activities Plan**

**PI Name** Click or tap here to enter text.

**Department Contact Name** Click or tap here to enter text.

**Department Contact Number** Click or tap here to enter text.

**Project Name:** Click or tap here to enter text.

**Project Description** Click or tap here to enter text.

**Dates of Field Work:** Click or tap to enter a date. **to** Click or tap to enter a date.

The Field Activities Plan is an all-encompassing template that contains a hazard assessment, the foundation for an effective safety plan. A hazard assessment is required **before** any field activity and should be reviewed whenever there is a change in activities, location or people that will affect the hazards and controls. The hazard assessment is a requirement set out in Part 2 of the *Alberta* *Occupational Health and Safety Code (AB Reg. 87/2009)*. All other aspects of your FAP will naturally flow from this hazard assessment (emergency response plan, communications plan, insurance plans, administration plans).

**Please go to the** [**FRO Pre-Planning**](https://www.ualberta.ca/environment-health-safety/field-research-office/fieldresearchpreplanning) **web page and follow the steps outlined.**

**Use template with** [**FAP Instruction Sheet**](https://drive.google.com/a/ualberta.ca/file/d/1j6eFha94kWaHDYVdDJc_Z5cTkHo9PFBS/view?usp=sharing) **for helpful tips.**

# Project Details

|  |  |
| --- | --- |
| **Date FAP Prepared**  | Click or tap to enter a date. |
| **Prepared by** |  |
| **Department** |  |
| **Principal Investigator (PI)** |  |
| **Supervisor of Project (if not PI)** |  |
| **Project Description (synopsis of field research activities)**  |  |
| **Supervisor’s Contact Info** | Work Ph# Alternative Ph#Email:  |
| **Health & Safety Representative (Name & contact #)** | [Note if **5 or more workers** on a **worksite**, must have a Health & Safety Representative that is a worker at the work site with no supervisory duties]  |
| **Date of Departure**  | Click or tap to enter a date. |
| **Date of Return**  | Click or tap to enter a date. |
| **Location of Research (specific –GPS locations, etc.)** |  |
| **Nearest city/town (EMS)**  |  |
| **Mapped location**  | **[if possible, include a Google or other map of the areas of research]** |

# Field Research Participants and Collaborators

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Emergency Info Form completed** | **Waiver/Informed Consent completed** | **Certificate of Insurance obtained** |
| **UAlberta Field Research Participants** |  |
|  |  | 🞎 | 🞎 | n/a |
|  |  | 🞎 | 🞎 | n/a |
|  |  | 🞎 | 🞎 | n/a |
|  |  | 🞎 | 🞎 | n/a |
|  |  | 🞎 | 🞎 | n/a |
| **Non- UAlberta Collaborators on field research project** |  |
|  |  | 🞎 | 🞎 | 🞎 |
|  |  | 🞎 | 🞎 | 🞎 |

# Hazard Assessment, Control and Safety Inspections

* 1. Hazard Assessment and Control

*It is preferred to utilize* [*EHS’s Hazard Assessment Web Application*](https://www.ualberta.ca/environment-health-safety/self-help/hazard-assessment-web-application) *to prepare the general hazard assessment and control piece. You must make it specific to your situation. After you complete the HAWapp hazard assessment, you can embed it here or attach to the FAP. Go here to see a sample* [*eCompliance field hazard assessment*](https://cloudfront.ualberta.ca/-/media/ualberta/vice-president-finance/environment-health-saftey/documents/fro/eComplianceFieldHazardSample)*. DO NOT copy and paste from this sample, you should be creating your own.*

*OR:*

*Alternatively, you can prepare a table similar to the format below. Make sure you make it your own but check out this spreadsheet containing examples of field hazards and controls (*[*EHS Control library*](https://docs.google.com/spreadsheets/d/1dkpo3PTS1WKVTuQItdRuOv7ZFJ3bweBGjMT2iQ6_fWc/edit?usp=sharing)*).*

|  |  |  |
| --- | --- | --- |
| **Task**  | **Hazards** | **Control (mitigation)** |
| *e.g. Collecting samples in boreal forest*  | *Traversing on uneven ground* | *Wear protective eyewear, clear safety glasses for low light/dark conditions, tinted lenses for sunny weather. When working near terrain where permafrost is slumping, awareness of local area is critical.* |
|  |  |  |
|  |  |  |
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|  |  |  |
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* 1. Daily Field Safety Meetings

 *These books are to keep track of daily field safety meetings. There are instructions in front of book. These books should be kept with the department/supervisor for 10 years. Request yours in this* [*online form*](https://docs.google.com/forms/d/e/1FAIpQLSeNSTxU6xecoTzW8bUiAhZeCTvXU6h9oZg19QgUYSQST47OGw/viewform?usp=sf_link)*.*

|  |  |  |
| --- | --- | --- |
| **Field Safety Log Book Obtained from FRO:** | **Date Obtained:** | **Discussion with research team**  |
|[ ]  Click or tap to enter a date. |[ ]

* 1. Field Worksite Safety Inspection

 *It is important the PI or research supervisor attend at the site and do field worksite safety inspections at regular intervals. Access a copy of an example inspection form on this* [*webpage*](https://www.ualberta.ca/environment-health-safety/training/field-activities-plan)*. It will need to be tailored to the activities you are doing.*

|  |  |  |
| --- | --- | --- |
| **Field Worksite Inspector (name)** | **Date completed:**  | **Inspection Form Attached** |
|  | Click or tap to enter a date. |[ ]

* 1. Waste (hazardous and non-hazardous) Disposal

*It is very important that they remove any waste created or brought to the field location. Education is key to the removal of hazardous waste and researchers handling hazardous waste in the field should take the* [*EHS hazardous waste eLearning course*](https://www.ualberta.ca/environment-health-safety/training/hazardous-waste-management)*.*

|  |  |
| --- | --- |
| Will there be hazardous waste at the field site (s)? | Yes 🞎 No 🞎 |
| If there will be hazardous waste, have researchers taken the EHS eLearning course? | Yes 🞎 No 🞎 |
| What is the plan (provide details) for disposal of hazardous waste? |  |

# Emergency Response Plan

*The Emergency Response Plan is a plan to respond to an emergency situation that could arise from hazards that have been identified in section 3. This section is a top level summary of potential emergencies sustained from the hazards identified.*

* 1. ERP Contact Information

|  |
| --- |
| **University Specific Contact Info:** |
| **Department Contact Name (s)** |  |
| **Daytime Department Ph#** |  |
| **After hours Dept. Contact #** |  |
| **UofA Protective Services** | **780-492-5050** |
| **STARS:** | **1-888-888-4567, 1-403-299-0932 or #4567 from a cell phone** |
| **Field Specific Emergency Contact Info** |
| **Cell Phone# of field crew** |  |
| **Satellite Phone# of field crew** |  |
| **Local Contact and Phone Number** |  |
| **Local Emergency Response Number** | If cell phone coverage - 911 or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Local RCMP Detachment** |  |
| **Other Contacts** |  |

* 1. Potential Emergencies and Action Plan

|  |  |
| --- | --- |
| **Potential serious emergencies/hazards** |  |
| **In the event of a incident, who will secure the scene and preserve evidence?**  |  |
| **Procedures for dealing with potential emergencies** |  |
| **Identification of location, operational procedures for emergency equipment** |  |
| **Emergency response training requirements** |  |
| **Location and use of emergency facilities** |  |
| **Fire protection requirements** |  |
| **Alarm and emergency communication requirements** |  |
| **First aid services required and designated first aiders**  |  |
| **Procedures (rescue and evacuation) and responsible workers** |  |

# **Emergency Escalation Protocol**

**Grace period\* is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_hour(s)**

 (number of hours)

\**Grace period is the period of time before the emergency escalation protocol starts – you wait this long before calling the following:*

|  |  |  |
| --- | --- | --- |
| **Steps** | **When to Call** | **Who to Call** |
| 1. | If after grace period, still no check-in, call: | Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_24/7 Contact Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2.  | If #1 does not answer, call: | Department Contact: 24/7 Contact Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | If #1 and #2 do not answer, call: | UAPS: 780-492-5050UAPS to contact Department Chair, OEM, EHS  |
| 4. | If #1, #2, and #3 do not answer, call:  | Local RCMP, Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Communications for Check-in Procedures

|  |  |
| --- | --- |
|  | **With Outside** |
| **Device type** | **Number** | **Registered with PRCC (yes/no)** | **Time of day monitored (check-in procedure)** |
| **Satellite phone (s)** |   |  |   |
| **Cell phone (s)** |   |  |   |
| **Radio frequency** |   |  |   |
| **Alternate device** |   |  |   |
|  | **Within Research Group** |
| **Device type** | **Number/Frequency** | **Time of day monitored (check-in procedure)** |
| **Satellite phone (s)** |  |   |
| **Cell phone (s)** |  |  |
| **Radio frequency** |  |  |
| **Alternative Device** |  |  |

# Permissions Required

*(Ethics/Access to lands) Here is a* [*list of frequently needed research permits*](https://www.ualberta.ca/environment-health-safety/field-research-office/fieldresearchpreplanning/permissions)*.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Permit/Clearance:** |  | **Date Obtained:** |  | **Expiry Date:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Training & Immunizations

*Copies of training certificates and vaccination/immunization records should be kept with the Field Activities Plan (both in field and with the department contact).*

| **Participant’s Name**  | **Training Received** | **Immunizations/Vaccinations received** |
| --- | --- | --- |
| *Eg. Jane Doe*  | *e.g EHS Supervisory Professional Development E-Learning on August 9, 2018* | *e.g. Tetanus shot received August 1, 2018(eg. of possible immunizations: Polio, Diphtheria, Rabies, Hep A, Hep B, Rubella, Tetanus, Japanese encephalitis, Tuberculin testing, Malaria, Measles, Typhoid, Meningococcal, Yellow Fever)*  |
|  |   |  |
|  |   |  |

# Accommodations & Meals

|  |
| --- |
| **Type of accommodations utilized** |
| Campground: ☐ Tents: ☐ Trailers: ☐ Cabin: ☐ Hotel/Motor ☐ Other |
| If campground/hotel/cabin/camp, provide name, address & phone #:  |
| **Meals** |
| Self-cooked ☐ Catered ☐ Restaurant ☐ |

# Transportation

*Include all transportation to and from the field site as well around the field site.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of transportation (road, air, boat)**  | **Details (license plate, UofA owned, rental car? Air Carrier)**  | **Time of Use/Travel**  | **Location of use** |
| e.g. 2015 Toyota Tacoma | XTL 3499, UofA Fleet Vehicle #952 | April 14 -30, 2019 | Edmonton - Fort McMurray |
|  |  |  |  |

# Drivers & Passengers

 *Please see University of Alberta webpage on driver authorization*

|  |
| --- |
| **UAlberta Approved Drivers** |
| **Name (Surname, Given name)**  | **License type/class** | **U of A certified for vehicle type?** |
|  |  | 🞎 |
|  |  | 🞎 |
| **Passengers in UAlberta Vehicles** |
| **Name (Surname, Given name)** | **Affiliation (volunteer, collaborator, staff, etc.)** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Passengers in Collaborators’ Vehicles** |
| **Name (Surname, Given name)** | [**Certificate of Insurance**](https://www.ualberta.ca/risk-management/insurance-and-risk-assessment/certificates-of-insurance/request-certificate) **obtained** |
|  |  |
|  |  |
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|  |  |

1. Equipment *All equipment should be listed in case equipment is lost, stolen, damaged to assist in insurance claim. Remember to include Personal Protective Equipment.*

|  |  |  |
| --- | --- | --- |
| **Equipment** | **UofA Owned or Rented?** | **Standard Operating Procedure (provide link)** |
|  |  |  |
|  |  |  |

1. Insurance Needs
*Personal property is not insured. Please see* [*Insurance & Risk Assessment’s page on Field Research*](https://www.ualberta.ca/risk-management/insurance-and-risk-assessment/field-research)*.*

|  |
| --- |
| **Off-Campus Equipment inventoried and list created?**  |[ ]
| **Inventory list for field research equipment (link)** |  |
| **Participants informed of need to purchase extra travel insurance and insure personal items through home owner or rental insurance.**  |[ ]
| **Medical Evacuation Insurance obtained?** |[ ]
| **Certificate of Insurance needed and obtained?** |[ ]
| [**WCB Clearance Certificate**](https://www.ualberta.ca/risk-management/insurance-and-risk-assessment/student-wcb) **needed and obtained?** |[ ]

# Document Management

*Copies of the FAP, Emergency Info Forms, Waiver Forms, and Training Records to be kept in the field and with:*

|  |  |
| --- | --- |
| **Dept. Contact** |  |
| **Email** |  |
| **Phone** |  |
| **Google Link to FAP, if available.** |  |

# Approval

***To be completed by Principal Investigator involved on project.***

I acknowledge that this safety plan has been prepared in keeping with the requirements of the [University of Alberta Off-Campus Activity and Travel Policy](https://policiesonline.ualberta.ca/PoliciesProcedures/Policies/Off-Campus-Activity-and-Travel-Policy.pdf) and according to my review of [Appendix B (Risk Assessment Matrix)](https://policiesonline.ualberta.ca/policiesprocedures/infodocs/%40finance/documents/infodoc/cmp_072390.pdf) and consideration of the research personnel, activities that will be performed and the research site, the risk for this FAP is (CHECK A BOX) low [ ]  , medium [ ]  high[ ]  or extreme [ ] . If your risk is extreme, you will need to consult with the [Office of Insurance & Risk Assessment](https://www.ualberta.ca/risk-management/insurance-and-risk-assessment/contact-us) or email insurance.risk@ualberta.ca.

|  |  |  |
| --- | --- | --- |
| **Principal Supervisor’s Name** | **Signature:** | **Date (DD/MM/YYYY)** |
|  |  | Click or tap to enter a date. |

***To be completed by those participating in the research.***

By signing below, the following members of the research team have been informed and/or provided with a copy of this Field Activities Plan and any additional procedures/protocols that are attached to form part of the FAP and are aware and in agreement with the hazards identified and the methods used to control or eliminate the hazards.

|  |  |  |
| --- | --- | --- |
| **Researcher’s Name:**  | **Signature:** | **Date (DD/MM/YYYY)** |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |