|  |  |
| --- | --- |
| **PI/Supervisor’s Name:** . |  |
| **Faculty/Department:** |  |
| **Home Base Contact Name and Contact Info:** |  |
| **Project Description (brief):** |  |
| **Dates of Research Work:** |  |
| **Participant Names:** |  |

|  |
| --- |
| *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 research activity and should be reviewed whenever there is a change in activities, location or people that will affect the hazards and controls.* ***MAKE A COPY of this template and SAVE it in your electronic documents.*** ***SHARE a digital copy with your faculty leader and with the home base liaison.******Keep a physical copy with you in the field.*** |

# **Project Details**

|  |  |
| --- | --- |
| **Date Prepared**  |  |
| **Prepared by** |  |
| **Principal Investigator (PI)** |  |
| **Project Description (synopsis of field research activities)**  |  |
| **Supervisor’s Contact Info** |  |
| **Date of Departure**  |  |
| **Date of Return**  |  |
| **Location of Research (specific –GPS locations, etc.)** |  |
| **Nearest city/town (EMS)**  |  |
| **Map of location**  |  |

# **Field Researchers, Volunteers and Collaborators**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Emergency Contact Name** | **Emergency Contact Phone Number** |
|  |  |  |  |
|  |  |  |  |
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# **Hazard Assessment, Control and Safety Inspections**

### Hazard Assessment and Control

***Please REMOVE examples in the table below and make it your own dependent upon your specific research project. Start with the first thing you do: travel to your research site using air transportation, vehicle, bus, etc. Many leave this activity out.***

|  |  |  |
| --- | --- | --- |
| Task  | Hazards | Control (mitigation) |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
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|  |  |   |
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|  |  |   |
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### Daily Field Safety Meetings

You must have daily field safety meetings (a field level hazard assessment) that supplement the FAP. Include this information in your field notebook at the start of each day.

# **Emergency Response Plan**

The Emergency Response Plan is a plan to respond to an emergency situation. This section is a top-level summary of potential emergencies sustained from the hazards identified.

|  |  |
| --- | --- |
| Local Police Detachment |  |
| Region Emergency Contact |  |

###

|  |  |
| --- | --- |
| Potential serious emergencies |  |
| In the event of an incident involving a researcher, who will secure the scene and preserve evidence e.g., call emergency services when it warrants. (Note that most EMS will secure the scene) |  |
| 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 |  |

# **Check-in Procedures**

|  |
| --- |
| **Outside of Active Field Participants** |
| Device type | Number | Time of day monitored (check-in procedure) |
| Satellite phone (s) |   |   |
| Cell phone (s) |  |   |
| Alternate device |   |   |
| **Within Field Participant Group** |
| Device type | Number/Frequency | Time of day monitored (check-in procedure) |
| Satellite phone (s) |  |   |
| Cell phone (s) |  |  |
| Alternative Device |  |  |

### Emergency Escalation Protocol

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

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

|  |  |  |
| --- | --- | --- |
| **Steps** | **When**  | **Who**  |
| 1 | If after grace period, still no check-in, call: |  |
| 2 | If #1 does not answer, call: |  |
| 3 | If #1 and #2 do not answer, call: |   |

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

|  |  |
| --- | --- |
| Equipment | Owned or Rented; Insured? |
|  |  |
|  |  |
|  |  |

#  **Approval**

***Different projects may have additional requirements. Please ensure that you are aware of (and have obtained/completed) the following:***

***[ ]  (For international travel), registration with the Registration of Canadians Abroad is mandatory (***[***https://travel.gc.ca/travelling/registration***](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftravel.gc.ca%2Ftravelling%2Fregistration&data=05%7C02%7Cchelsea.gardner%40acadiau.ca%7Caf976eb896554e04de0c08dd6dfbfa5f%7C38b8cceeacfd40eb972e552d7cd548a3%7C0%7C0%7C638787651201840209%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=ZjnpKcewqRFaFuQlJnpB%2BTFwRHjs4CDySjZ8xjfgTDw%3D&reserved=0)***). For non-Canadians, register with your relevant embassy/government and note the details for your PI below:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***[ ]  Basic first aid, Wilderness first aid, or similar (Red Cross or equivalent)***

***[ ]  Travel Insurance***

***[ ]  Code of Conduct***

**Copies of the Code of Conduct, Travel Insurance, First Aid Certification, and other Waivers / Records to be kept in the field with the researcher and with home base.**

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. By signing below, participants confirm that there are no known medical reasons that would prevent them from participating in the field activity.

|  |  |  |
| --- | --- | --- |
| **Researcher’s Name:**  | **Signature:** | **Date (DD/MM/YYYY)** |
|  |  |  |
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