Department of Zoology Field Research Safety Webform – Project/Trip Leader

**Page Name: Department of Zoology Field Research/ Course Information**

**Part 1. Planning Record**

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.

Trip Leader      [text field]

Alternate trip Leader [text field]

If this is a teaching course:

Course information (course number and name)  [text field]

Number of students on trip   [text field]

Number of students in section (if applicable) [text field]    
Number of sections [text field]

**Location of Field Research and Local Emergency Contacts**

Country      [text field]

Geographical Site      [text field]

Nearest Town/City     [text field]

Nearest Hospital [text field]

Nature of Field Activity      [text field]

Date of Departure      [text field]

Date of Return      [text field]

Accommodations [text field]

List of Drivers      [text field]

Travel Itinerary Details      [text field]

Emergency local numbers:

Police [text field]

Fire [text field]

Ambulance [text field]

**Special Considerations**

Immunizations Required   Yes/ No  [radio buttons]

Other      [text field]

**Participants**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Health Insurance | Required Immunization | Visa | First Aid Training Level | Zoology email | Volunteer email  (if not Zoology ID) |
| [text field] | [text field] | [text field] | [text field] | [text field] | [text field] | [text field] |
| [text field] | [text field] | [text field] | [text field] | [text field] | [text field] | [text field] |

**Add 5 More rows + (This will need to be able to expand to accommodate as many people as are going on the trip)**

**Part 2.** **Communication Plan**

**Field Research Internal Communication Plan**

How will the trip team maintain contact with each other?    [text field]

Trip Leader Phone Number     [text field]

Check in Schedule     [multi-line field]

Internal contact Name (contact person at the field site)

Phone number

If internal contact is not made at the designated time, please describe the steps to be taken    [multi-line field]

What will be done if internal contact cannot be made?    [multi-line field]

Who is alerted if contact cannot be made?     [multi-line field]

**Field Research External Communication Plan**

Primary method of external check in     [text field]

Name of team member responsible for external check in     [text field]

Name of the external contact (contact person at UBC)    [text field]

External contact information (ie. Phone)     [text field]

How often will external communication be made (what frequency)?    [text field]

What happens if external contact is not able to contact the field team? [multi-line field]

**Emergency Contacts**

Please list any emergency phone number (both local to the field site, and where the external contact is located)

Name      [text field]

  Phone Number      [text field]

Name      [text field]

  Phone Number      [text field]

**Add More fields +**

**Field Course Communication Plan**

Name of instructor     [text field]

  Phone Number      [text field]

Teaching Assistant    [text field]

  Phone Number      [text field]

Teaching Assistant    [text field]

  Phone Number      [text field]

**Add More fields +**

**Part 3. Assessment of Risk**

Use **Risk Matrix** to assist you in determining level of risk for the hazard identified:

**Likelihood**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Continuously or many times daily, expected to occur regularly under normal circumstances | Very Likely | **Medium** | **High** | **High** | **High** |
| From once per day to once per month, expected to occur at some time | Likely | **Medium** | **Medium** | **High** | **High** |
| From once per month to once per year, may occur at some time | Moderate | **Medium** | **Medium** | **Medium** | **High** |
| It has been known to occur but not likely in normal circumstances | Unlikely | **Low** | **Medium** | **Medium** | **Medium** |
| Not known to have occurred, but considered remotely possible | Rare | **Low** | **Low** | **Medium** | **Medium** |
|  | **Consequences** | Minor | Moderate | Major | Extreme |
|  |  | Minor cuts, bruises, irritation or physical discomfort | Injury or illness requiring medical treatment | Injury or illness requiring hospital admission and/or temporary impairment (less than 6 months) Permanent Disability | Injury or illness resulting in long term or permanent impairment One or more fatalities |

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|  |  |  |  |
| --- | --- | --- | --- |
| [checkboxes or radio buttons] | **High** | **Med** | **Low** |
| **Natural Hazards** |  |  |  |
| Temperature Extremes |  |  |  |
| Uneven/Slippery Walking Surfaces |  |  |  |
| Sharp Objects—rocks, coral, vegetation |  |  |  |
| Heights/Drop-offs (including high elevation) |  |  |  |
| Falling Objects/Obstructions |  |  |  |
| Tight Spaces/Narrow Openings/Overhangs |  |  |  |
| Darkness/Low Light |  |  |  |
| Strong Sunlight (including sunburn) |  |  |  |
| Foul Weather—wind, rain, snow, lightning, flash flood |  |  |  |
| Fire Hazard |  |  |  |
| Smoke/Dust/Fog |  |  |  |
| Toxic/Allergic Sources (vegetation, pollen) |  |  |  |
| Animals—insects, reptiles, mammals, other |  |  |  |
| Water/Current—streams, waves, tides, depth |  |  |  |
| Elevation (low oxygen) |  |  |  |
| Unpredictability of environment |  |  |  |
| **Transportation Hazards** |  |  |  |
| Vehicular Traffic—roads, railroads |  |  |  |
| Bridges |  |  |  |
| Route Conditions – Weather extremes |  |  |  |
| Route Conditions - rough (inc. flat tires) |  |  |  |
| Vehicle Condition |  |  |  |
| **Field Work Hazards** |  |  |  |
| Getting lost |  |  |  |
| Hiking/Walking |  |  |  |
| Climbing |  |  |  |
| Lifting/Carrying |  |  |  |
| Swimming/Snorkeling/SCUBA/Boating |  |  |  |
| Digging/Trenching |  |  |  |
| Use of Tools (including chipping) |  |  |  |
| Fatigue/Dehydration |  |  |  |
| Animal bites |  |  |  |
| Research/location specific additional risks:  [text field] |  |  |  |

For tasks with hazards determined as 'High' or ‘Med’ risk, please explain how that risk will be mitigated. Consider removing activities determined to be ‘High’ risk. Outline mitigated protocols that would be followed for this activity.   [multi-line field]

**Part 4. Emergency Response Plan**

Please indicate in the sections below, the appropriate guidelines that are to be followed in the event of an emergency.

**If a team member is injured and can communicate**

How will that member communicate their injury? Who will they communicate with, and how will that person respond?  [multi-line field]

How will emergency help (example: paramedic) be gained if necessary?   [multi-line field]

**If a team member is injured and cannot communicate (not conscious)**

How will the other team members become alerted to this? (Failure to check in). Who will respond if this happens?   [multi-line field]

How will emergency help (example: paramedic) be gained if necessary?    [multi-line field]

**Evacuation plan**

Please list circumstances that could arise which would cause evacuation from the field  [multi-line field]

Can all of these circumstances be perceived by the on-site team?  Yes/ No [radio buttons]

If no, fill out the following 2 sections:

Please give the name and contact information of the external contact who will communicate to the team that they must evacuate     [text field]

Please give the name and contact information of the team contact who will receive this information from the external contact      [text field]

Please describe the procedure for safe evacuation of all the team members. Include how it will be determined that each team member is safely evacuated.   [multi-line field]

Submit Button