**FIELD ACTIVITIES PLAN (FAP)**

This template is designed to ensure you are meeting your due diligence obligations. The plan should be prepared in advance of your field activity(ies), shared with all participants, and be modified to reflect your risk(s) as your field research activities progress. The Principal Investigator should record any informal training, orientations, etc. held regarding field activities, either prior to or during the activity and should keep a copy of the plan until the research project is concluded. **THIS PLAN (and your itinerary) MUST BE REVIEWED AND SIGNED BY YOUR SUPERVISOR prior to filing it with the Employee Health Officer and Research Services Office.**

|  |  |  |
| --- | --- | --- |
| Date Field Activities Plan (FAP) Prepared | |  |
| Department | |  |
| Name of Principal Investigator (supervising researcher) | |  |
| Name of Principal Investigator’s Supervisor | |  |
| **Principal Investigator’s Usual Contact Information** | | |
| Work phone |  | |
| Home Phone |  | |
| Cell Phone |  | |
| Email |  | |

1. **Project Description/Overview**

|  |  |
| --- | --- |
| Date of Departure (MM/DD/YYYY) |  |
| Date of Return (MM/DD/YYYY) |  |
| Country |  |
| Geographical Site (address or Latitude/ Longitude) |  |
| Nearest Town/City and distance from site |  |
| Project Description |  |

1. **Field Research Participants**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Emergency Info Form Completed | Informed Consent Forms Completed |
| Full Legal Name | e.g., Research Assistant | X | X |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Document Management Checklist**

**Please ensure all documentation is handled as indicated below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Document Name | Original to Accompany Principal Investigator in the Field | **Copy to be reviewed by Supervisor** | Copy to be filed with Research Services Office | Copy to be filed with Employee Health Office | Copy to be left with Designated Contact Person |
| Completed Field Activities Plan | √ | **√** | √ | √ |  |
| Completed Emergency Contact Information Sheets | √ |  | √ | √ |  |
| Detailed Itinerary | √ | **√** | √ |  | √ |
| Signed Participant Consent Forms | √ |  | √ | √ |  |
| Final Equipment List | √ |  | √ | √ |  |
| Permits / Permissions | √ |  | √ |  |  |
| Training Certificates | √ |  | √ | √ |  |
| Insurance information | √ |  | √ | √ |  |
| Vaccination Record | √ |  | √ | √ |  |
| Copy of Passport picture page, Visas | √ |  | √ |  |  |
| Blank General Hazard Assessment Form | √ |  |  |  |  |
| Blank Worksite Safety Inspection Checklist | √ |  |  |  |  |
| Blank OHS Occurrence Report Form | √ |  |  |  |  |

1. **Emergency Response Information (applicable to the field location)**

|  |  |
| --- | --- |
| **University Specific Contact Information** | |
| AU Information Centre | 1-800-788-9041 |
| Research Services General | 780-213-2023 |
| Research Ethics Officer | 780-213.2033 |
| AU Employee Health Officer | 780-675-6487 |
| **Field Specific Emergency Contact Information**: | |
| Local contact and phone number |  |
| Local emergency response number |  |
| Local RCMP / Police services detachment |  |
| Nearest hospital / Healthcare Centre |  |
| Designated Contact Person (outside of research team): Name, Phone Number, Relationship to Principal Investigator |  |
| Other |  |

1. **Hazard Assessment and Control** (include potential weather hazards (e.g. flooding) / wildlife risks (e.g. bear encounter):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Task** | **Potential Hazard** | **Level of Risk**  High, Medium  or Low | **Mitigation of Controls** | **Level of Risk** (after Mitigation)  High, Medium  or Low |
| e.g., Walking in bush where ground is uneven | e.g., Slips, falls, bodily injuries, exposure to disease, etc. |  | e.g., Appropriate footwear for terrain, awareness of area |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Emergency Response Plan** **(ERP)**

(Briefly describe your plan here. Use your Hazard Assessment to guide your responses.)

|  |  |
| --- | --- |
| Potential emergencies |  |
| Procedures for dealing with potential emergencies |  |
| Identification of, location of, and 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 |  |
| Procedures for rescue and evacuation |  |
| Designated rescue and evacuation workers |  |
| Other |  |

1. **Required Permits and Ethics Approval**

|  |  |  |
| --- | --- | --- |
| **Permit/Clearance** | **Date Obtained (MM/DD/YY)** | **Expiry Date (MM/DD/YY)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**8. Field Worksite Safety Inspection / Daily Field Safety Meetings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial Inspection Completed By** | **Date Completed** | **Inspection Type** | **Inspection Form Attached** |
|  |  |  |  |
| **Daily Field Safety Logs completed by** |  |  |  |
|  |  |  |  |

1. **Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Training  Required** | **Training Completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Accommodations**

|  |  |
| --- | --- |
| **Type** (e.g., tent, trailer, cabin, hotel, other) | **Location / Contact Info** (e.g., campground name & phone) |
|  |  |
|  |  |

1. **Meals**

|  |  |
| --- | --- |
| **Type** |  |
| Self-prepared |  |
| Restaurants |  |

1. **Transportation (to and from field site)**

|  |  |  |
| --- | --- | --- |
| **Type (Road, Air, Off-road)** | **Details** | **Source (AU Fleet, Rental, Self-owned)** |
| e.g., Truck | e.g., Toyota Tacoma | e.g., self-owned vehicle |
|  |  |  |
|  |  |  |

1. **Drivers**

|  |  |  |
| --- | --- | --- |
| **Names of Approved Drivers** | **License Type/Class** | **AU Certified for Fleet Vehicle: (yes or no)** |
|  |  |  |
|  |  |  |

1. **Communications**

|  |  |  |
| --- | --- | --- |
| **With Outside** | | |
| **Device Type** | **Number** | **Time of day monitored / check-in procedure** |
| **Cell Phone** |  |  |
| **Satellite Phone** |  |  |
| **Radio Frequency** |  |  |
| **Alternate Device** |  |  |
| **Within Research Group** | | |
| **Device Type** | **Number** | **Time of day monitored / check-in procedure** |
|  |  |  |

1. **Equipment**:

|  |  |  |
| --- | --- | --- |
| **Equipment** | **AU / Rental / Other** | **SOP (Standard Operating Procedure) Prepared (Yes or Not applicable)** |
|  |  |  |
|  |  |  |
| **Personal Protective Equipment Recommended:** | | |
| **List all personal protective equipment recommended for use with any equipment** | | |
|  | | |

1. **Insurance Needs** (check ‘X’ if addressed or N/A)

|  |  |
| --- | --- |
| **Certificate of Insurance required?** |  |
| **Off-Campus equipment noted?** |  |
| **Additional health coverage (if required)** |  |
| **Additional travel insurance (if required)** |  |
| **Medical evacuation insurance (if recommended)** |  |

**17. Immunizations** (if travelling outside of Canada)

|  |  |  |
| --- | --- | --- |
| **Travel Immunizations/Prophylaxis Requirements:** | | |
| Altitude sickness medication  Polio  Diphtheria  Rabies  Hepatitis A  Rubella  Hepatitis B | Tetanus  Japanese encephalitis  Tuberculin testing prior to departure  Malaria  Measles  Typhoid  Meningococcal  Yellow Fever | **Other (specify):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

**Signature of Principal Investigator / Supervising Researcher**

**I acknowledge that this safety plan has been prepared in keeping with the requirements of Occupational Health & Safety Legislation and Athabasca University OHS policy and procedures and is filed with the Research Centre, Employee Health Office and my designated contact person.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date (MM/DD/YYYY)** |
|  |  |  |

The following members of the research team have been provided with a copy of this Field Activities Plan and any additional procedures/protocols. All are aware of the hazards identified and the methods used to control or eliminate the hazards.

|  |  |
| --- | --- |
| **Name** | **Date (MM/DD/YYYY)** |
|  |  |
|  |  |
|  |  |
|  |  |

**SUPERVISOR’S APPROVAL:**

**I have reviewed this field activities plan and find it to be in keeping with the requirements of Occupational Health & Safety Legislation and Athabasca University OHS Policy.**

|  |  |
| --- | --- |
| **Name** | **Date (MM/DD/YYYY)** |
|  |  |
|  |  |

*This form has been adapted with permission from the University of Alberta.*