

Research Centre

**FIELD RESEARCH PLANNING GUIDE**

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**INTRODUCTION**

Athabasca University (AU) researchers who are conducting research ‘in the field’ in solitary, remote or distant locations should plan their projects carefully to consider the safety and wellbeing of themselves and all members of the research team.

This guide has been developed to assist researchers to develop a Field Activities Plan to guide research in the field and to meet the university’s obligations as they relate to occupational health and safety and to reduce liability to organizers/leaders of field research activities. A robust and comprehensive Occupational Health & Safety (OHS) Program is in place at Athabasca University. This guide is intended to supplement the existing OHS policies, procedures, guidelines and practices already enacted, focusing on the unique characteristics and requirements that can arise in conducting field research activities.

**A final copy of the Field Activities Plan must be reviewed and approved by your supervisor** and the approved plan along with all accompanying attachments (Emergency Contact forms, etc.) must be filed with the Research Services Office and Employee Health Office prior to commencing any research activities in the field. Tools to assist with completing these required forms are included in this guide.

**OCCUPATIONAL HEALTH AND SAFETY POLICIES AND PROCEDURES**

All researchers should be cognizant of the policies and procedures of the University with respect to Occupational Health and Safety (OHS) and should familiarize themselves with the OHS Program found [here](http://intra.athabascau.ca/depts/human-resources/health-and-safety/ohs/documents/OHS%20Manual-%20FINAL%20-%20Web%20Edited%20-%20kb%20-%202015.pdff). Of particular note are the following:

1. [Occupational Health & Safety Policy and Procedures](http://ous.athabascau.ca/policy/humanresources/170_001.pdf)  
   This policy sets out the University’s commitment to occupational health and safety and outlines the responsibilities of the executive team, managers/supervisors, employees and the OHS Committee with respect to health and safety matters.
2. [Workplace Hazardous Materials Information Systems (WHMIS) Policy](http://ous.athabascau.ca/policy/humanresources/170_004.pdf)  
   This policy sets out the training and related requirements for all employees with regards to the national system (WHMIS) that addresses hazardous materials in the workplace.
3. [Working Alone Safely Policy](http://ous.athabascau.ca/policy/humanresources/170_005.pdf)  
   This policy is enacted to assess the workplace and outline prevention measures to be taken to minimize or eliminate risks when employees are working alone. It sets out appropriate means of hazard assessment, communication and training.
4. [Use of University Fleet Vehicles Policy](http://ous.athabascau.ca/policy/facilities/useofuniversityfleetvehicles.pdf)  
   This policy defines expectations with respect to the use of AU fleet vehicles by Staff Members on University business. An accompanying procedure outlines the responsibilities and processes related to the use of fleet vehicles.
5. [Safe Work Practices and Procedures](http://intra.athabascau.ca/depts/human-resources/health-and-safety/ohs/elements.php) are also in place to outline specific procedures/ processes in relation to a wide variety of work activities (e.g. Driving, Exacto Knife Use, Manual Lifting, Working with Chemicals, Working at Heights, etc.).

All employees must understand their rights and obligations under the Alberta Occupational Health and Safety Act if the research is being conducted in the province. If it is being conducted in other provinces or countries, they should research and understand how Occupational Health and Safety law affects them in the area where they are working. The Principal Investigator in charge of the research would be considered to be *‘a person designated by an employer as the employer’s representative’* under Alberta OHS legislation and thus is responsible for the research team in the field.

**FIRST AID FOR EMERGENCIES**

The University regularly offers first aid and CPR training to staff in all locations. An [information and guidance sheet](http://intra.athabascau.ca/depts/human-resources/health-and-safety/ohs/documents/First%20aid%20info%20Poster.pdf) is available that sets out the appropriate measures to take to respond to various types of injury/illness and security issues. Working in the field can pose some unique hazards, so careful planning is integral to ensuring all team members remain safe and know how to respond in an emergency.

**In Case of an Incident**[[1]](#footnote-1) **in the Field**

1. Perform any needed first aid.
2. Contact appropriate Emergency Medical Services (e.g., local ambulance, 9-1-1, etc.), if necessary, for assistance and/or evacuation.
3. Notify the person’s emergency contact(s) in the case of a serious incident

**Reporting Incidents**

Whether serious or not, incidents must be reported as follows:

1. Notify the Occupational Health & Safety Office via phone at 780-675-6487.
2. Complete and submit the “OHS Occurrence Report”.
3. Report any accident involving a Fleet Vehicle to the Director, Facilities & Services. If an injury has occurred, also report it immediately to the AU Employee Health Office.

**Workers’ Compensation Board (WCB) Reporting and OHS Reporting**

1. Contact the Coordinator, Employee Health at 780-675-6487 (Office) or 780-689-0436 (Cell), anytime, day or night.

**INCIDENT INVESTIGATION STEPS**

Should an incident occur in the field, the Principal Investigator or designate is responsible for conducting an initial investigation into the incident. Follow up to the initial investigation will be conducted by appropriate others, depending upon the circumstances and nature of the accident or incident (e.g., Employee Health officer; police; other).

1. Prior to entering a scene, ensure that any hazards that may hurt you have been removed or mitigated and that you and others are safe.
2. If safe to do so, ensure that the injured parties receive first aid and/or medical attention.
3. Gather photos, injured party statement(s), and witness statement(s). Review the injured party and witness statements first by yourself, then with the injured party and witness.
4. Gather, document, and record all investigation material.
5. Prepare a timeline of events, including corroborating evidence (e.g. phone records; photographs).
6. Present your investigation data to supervisors and involved parties to develop a possible solution to prevent recurrence of a similar incident.
7. Ensure that investigation report is completed and signed by the appropriate person(s) and that the investigation findings are implemented, as appropriate.

**Types of Evidence**

People – Witness statements, interviews

Paper – Make sure that all proceedings of initial investigation, comments, and discussions are recorded. Inspection and maintenance reports should also be included, as appropriate.

Photos – Always take photos of the incident scene regardless of how minor the incident may seem. Take photos from various angles and starting from a far distance then proceeding towards close-up photos. Ensure that dates and angles of photos are noted (e.g., photo taken on [insert date], at [insert time], camera pointing [insert direction, such as North], at eye height/ground view/mid- waist height.

Policy – Review applicable policies and procedures to determine if they were followed.

Personal protective equipment (PPE) – Determine if the appropriate PPE was worn.

**FIELD RESEARCH PLANNING TOOLS**

The Athabasca University Research Ethics Office has adapted and adopted several planning and emergency response tools (with permission) from the *University of Alberta Field Research Office*. These documents provide information to assist researchers to plan for, establish, and maintain safety and security in the field. All of these tools can be found on the Research Services [website](http://research.athabascau.ca/research-at-au/field-research.php).

These tools include:

1. **Field Research Planning Time-Table (Domestic and International)**  
   These two timetables assist researchers in planning field research activities and in completing their Field Activities Plan.
2. **Field Activities Plan (for Domestic and International Research)**  
   This template is provided for researchers to use to draft their Field Activities Plan to ensure due diligence is addressed and that all necessary training, orientation, and safety measures are in place for the field activities. This **plan** **must be completed by the Principal Investigator and filed with the Employee Health Office and Research Centre** at Athabasca University prior to the commencement of the field activities.
3. **Emergency Information for Field Activities**  
   **This template must be completed by all members of the research team that will be involved in the field activities**. It outlines health and safety concerns (if any) and gathers information on emergency contacts, etc. This **form must be maintained in the field by the Principal Investigator and filed with the Employee Health Office and Research Centre**. All such information shall be kept confidential and shall be destroyed following completion of the field activities.
4. **General Hazard Assessment Form**  
   **When you arrive at your field location**, complete the General Hazard Assessment Form to identify any hazards, the risks they pose and the controls that can be implemented to lessen or eliminate the risks. Revisit the assessment form as needed.

**FIELD RESEARCH RESOURCES AVAILABLE**

In identifying and planning for the management of all types of hazards in the field, such as weather, natural disasters, road conditions, health advisories, and wildlife incidents, the following websites provide up-to-date, relevant information that researchers should avail themselves of (please note this is not an exhaustive list and other resources may be available):

[Alberta Emergency Alerts](http://www.emergencyalert.alberta.ca/)  
[Alberta Road Closures](http://www.amaroadreports.ca/)   
[Alberta Health Advisories (water, air quality)](https://myhealth.alberta.ca/Alerts/pages/Alberta-Health-Advisories.aspx)  
[Alberta Parks Advisories (includes road closures and bear warnings within the parks)](http://www.albertaparks.ca/albertaparksca/advisories-public-safety/advisories.aspx)

The following websites offer information and advice on foreign travel advisories and immunization information:

* [Foreign Affairs and International Trade Canada Travel Reports and Warnings](http://www.voyage.gc.ca/countries_pays/menu-eng.asp)
* [IATA (International Air Transport Association)](http://www.iata.org/whatwedo/safety/Pages/index.aspx)
* [Public Health Agency of Canada - Travel Health Program](http://www.phac-aspc.gc.ca/tmp-pmv/index-eng.php)
* [World Health Organization (WHO)](http://www.who.int/en/)
* [International Association for Medical Assistance to Travellers (IAMAT)](http://www.iamat.org/)
* [Alberta Health Services Travel Clinic](http://www.albertahealthservices.ca/info/service.aspx?id=7568)
* [Atlas Immunization Clinics-Edmonton](http://www.atlasimmunization.com/)
* [London Drugs Travel Clinics](http://ldtravelclinics.com/)

Similarly, if travelling internationally, researchers should seek out and check weather and other relevant alerts and advisories in the locations where they will be working.

Often, permits are required to access locations, such as provincial parks, and to work in the field. The University of Alberta Field Research Office has compiled a list of frequently required Canadian permits. You can find the spreadsheet [here](http://www.fieldoffice.ualberta.ca/Planning/Permissions/List%20of%20Permits.aspx). It is important to ensure all required permissions and permits have been obtained before heading into the field.

If travelling internationally, visit [Foreign Affairs and International Trade Canada VISA FAQ site](http://www.voyage.gc.ca/faq/visas-eng.asp) to determine whether you are required to obtain a visa and, if so, how long it normally takes to obtain a visa.  Visa requirement vary, depending upon the length of your stay and where you are going. In some cases, you may be considered a temporary worker or your presence there seen as displacing resident workers, which may make the visa application process more complex. Please see the [US Embassy to Canada site](https://ca.usembassy.gov/visas/contact-information/) for more information on travelling to the US.

**STANDARD OPERATING PROCEDURES**

If you will be engaging in unique or specialized processes or procedures in your field activities or utilizing special equipment and tools, standard operating procedures should be developed to outline the proper and safe implementation or use. A Standard Operating Procedure (SOP) template is available here to use. SOPs must be filed with the Research Centre, along with a copy of your Field Activities Plan.

**FIELD RESEARCH (DOMESTIC) PLANNING TIMETABLE**

This planning timetable is a guideline to facilitate field research. The timelines recommended will vary depending on the remoteness of your research site and the accessibility of needed supplies. The recommendations are general and are not meant to be all-inclusive.

**6 months prior to departure**

* Begin drafting your Field Activities Plan (FAP) to help ensure you address issues such as training needs (including first aid), lodging, equipment, communications, emergency response plan, etc.
* Prepare any Standard Operating Procedures (SOP) required for things such as vehicles, equipment, communications, risky procedures (e.g. climbing, using chainsaws or other hazardous equipment, biohazards, etc.)
* Consider any hiring needs (e.g., research assistant), what qualifications you are seeking, and any special training needs.

**5 months prior to departure**

* Determine your communication device needs (kind, number, cost). If you plan to use cell phones or satellite phones, ensure they will work where you are going and know if there will be roaming charges
* If you will be using an AU Fleet Vehicle, check the [*Use of University Fleet Vehicles Policy and Procedures*](http://ous.athabascau.ca/policy/facilities/useofuniversityfleetvehicles.pdf) to ensure you make all necessary arrangements with Facilities and Services
* Draft a list of equipment you will need to take with you. Keep in mind applicable regulations related to the transportation of dangerous goods, etc.
* Draft your trip description and itinerary, which may include the following:
  + Route (start and end points)
  + Time(s) of departure
  + Stopping point(s)
  + Return time, including stopping points
  + Location of field destination, including description of terrain
  + Maps (with enough detail to be able to locate you and your team in case of emergency)
  + Activities that will be engaged in during the field activities

**4 months prior to departure**

* Contact the Research Centre to discuss the hiring of any personnel
* Update the Field Activities Plan, if required
* Ensure you have submitted any paperwork required for permits, permissions, licenses, access to lands, animal use or human participant ethics approval
* Identify any training for personnel and make appropriate arrangements for same
* Contact local officials as necessary and appropriate (AU Occupational Health & Safety Office, ambulance, forestry service, police) to let them know the particulars of your field research activities

**2 months prior to departure**

* Confirm first aid training and identify requirements for First Aid Kit(s)
* Set up a Field Safety Log Book to utilize in the field for daily meetings
* Ensure all personnel complete and submit an Emergency Information Form.
* Familiarize the team on incident/injury reporting requirements as outlined in the Athabasca University Occupational Health & Safety Policy and Procedures
* Discuss WCB coverage with the Human Resources and the Occupational Health & Safety Office

**1 month prior to departure**

* Gather all Emergency Information Forms, and
  + Copy all forms to take with you in the field and review them for any disclosed health issues
  + Ensure all original Emergency Information Forms are filed with the Research Centre and Employee Health Office
  + Speak with individuals who have disclosed health issues and plan for precautions if necessary
* Ensure an Emergency Response Plan is in place as part of your Field Activities Plan, including:
  + Emergency contact numbers for AU and for all participants on trip
  + Nearest hospital or medical aid information
  + Check-in system, as appropriate
  + Plan for contacting emergency services
  + Evacuation route in case main route is blocked by a hazard (e.g., fire; flood)

**3 weeks prior to departure**

* Review supply list
* Plan and draft detailed field/project schedule
* Check all equipment to ensure it is operable

**2 weeks prior to departure**

* Review Field Activities Plan (FAP) to ensure it is complete
* Go over the FAP in detail with all personnel
* Plan for team safety meeting to be conducted at field site
* Finalize your itinerary, file it with Research Centre, and provide a copy to your designated contact person
* Ensure all permits, permissions are in place
* Update list of equipment as needed and file list with the Research Centre, so they know what equipment is being used in case of an incident
* Remain in contact with your designated contact person once out in the field

**Following Field Research**

* Complete any further injury/incident reports, as required
* Monitor your health for 21 days and consult a health provider if you have any of the following symptoms:
  + High fever, lasting more than 2 days
  + Nausea, vomiting and/or diarrhea lasting more than one week
  + Persistent cough and shortness of breath
  + Swollen glands in any area of the body
  + Skin lesions that are enlarged, painful or ulcerate
  + Other unusual symptoms
* If you receive an animal bite, you should consult your health care provider even if you received first aid treatment in the field
* Advise all personnel to monitor their health in the same manner and to advise you if they develop any health conditions that may be related to the research trip
* Debrief:
  + Did any first aid treatments or evacuations take place during the research trip? Reflect on what went well, what went wrong, and determine what could have been done better
  + Report debrief outcomes to the AU Employee Health Office and Research Centre, so others can benefit from your experiences
  + Return all equipment leased or rented

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

**FIELD RESEARCH (INTERNATIONAL) PLANNING TIMETABLE**

This planning timetable is a guideline to facilitate field research. The timelines recommended will vary depending on how remote your research site is and how accessible supplies are. The recommendations are general and are not meant to be all-inclusive.

**8 months prior to departure (or earlier)**

* Research the safety and appropriateness of locations for travel. Go to the [Government of Canada’s Travel Advice and Advisories](https://travel.gc.ca/travelling/advisories) website and research where you are going
* Make sure all study personnel’s travel documents are sufficient for where you are going. [The International Air Transport Association](http://www.iatatravelcentre.com/) (IATA) has a travel centre where you can enter your information (country of origin, passport information, etc.) and it will advise on the documentation needed for a given country
* All countries require that individuals obtain special permission for entry when they plan to work in the country. This permission is called a visa or work permit.
  + Only the country concerned can provide entry requirements. Some visas can take several months, so make enquiries early
  + Visit Canada’s [Travel Site](https://travel.gc.ca/travelling/documents/visas) to find more information on visas
  + Obtain the required visa or work permit from that country’s embassy or consulate accredited to Canada (i.e. that provide consular services in Canada). Contact information for foreign embassies and consulates in Canada can be found via [Embassy World](http://www.embassyworld.org/)
  + Working without an appropriate visa or overstaying a visa is illegal; if caught, you may be subject to imprisonment, a fine and/or deportation

**Early Planning**

* Begin drafting your Field Activities Plan (FAP) which will help ensure you address issues such as training needs (including first aid), lodging, equipment, communications, emergency response plan, etc.
* Prepare any Standard Operating Procedures (SOP) for things such as vehicles, equipment, communications, risky procedures (e.g. climbing, using chainsaws or other hazardous equipment, biohazards, etc.)
* Consider any hiring needs (e.g., research assistant), what qualifications you are seeking, and any special training needs
* Find out about local laws, customs, holidays, seasonal weather issues and time zone.
* Make initial inquiries regarding permits, permissions, licenses, access to lands, animal use or human ethics approval, if needed
* If you are planning to travel outside of Canada with accompanying University equipment, you should consider the following well in advance of your trip, to avoid unnecessary delays and complications with domestic and foreign customs agencies. Be sure to have a list of equipment, export permits, customs documentation, contacts within AU, Customs Division, and References prepared
  + The destination of the equipment or goods – all equipment or goods destined for countries on Canada’s Area Control List (ACL) require a permit regardless of the nature of the goods. Currently those countries are: Belarus; Democratic People’s Republic of (North) Korea; and Myanmar (Burma)
  + The country of manufacture of the equipment or goods – all equipment or goods manufactured in the United States of America require either an export permit or expert authorization
  + Export permit for US Origin Goods and Technologies is required for all equipment or goods destined for Cuba, the Democratic People’s Republic of (North) Korea, Iran and Syria

**6 months prior to departure**

**Contacts**

* Register at the applicable Canadian Consular Offices abroad in non-EU or North American countries. See the [Government of Canada’s Registration for Canadians Abroad](https://travel.gc.ca/travelling/registration)

**Security & Health**

* Make sure participants are aware of risks associated with (both prescription and non-prescription) drugs and travel – see [Drugs and Travel Information](https://travel.gc.ca/travelling/publications/drugs-and-travel) Program
* Regularly check the country Travel Reports for information on safety and security, local laws and customs, health conditions, and entry requirements
* Check the Government of Canada [Travel and Tourism](https://travel.gc.ca/travelling/publications/drugs-and-travel) site for information on health regulations, passport and customs regulations, etc.
* Check [IATA](http://www.iata.org/Pages/default.aspx) for information on air travel
* Check vaccination recommendations for your destination(s) and advise all participants. Assess health risks so you can plan accordingly. The [International Association for Medical Assistance to Travellers](https://www.iamat.org/) (IAMAT) has information on vaccinations, immunizations, disease risks, etc.
* The [World Health Organization](http://www.who.int/en/) (WHO) is also an excellent resource

**Planning**

* Make travel arrangements.
* Determine your communication device needs (kind, number, cost). If you plan to use cell phones or satellite phones, ensure they will work where you are going and know if there will be roaming charges. You may wish to purchase inexpensive cell phones and SIM (Subscriber Identity Modules) cards to use in the destination country.
* Draft a list of equipment you will need to take with you. Keep in mind applicable regulations related to the transportation of dangerous goods, etc.
* In general terms, draft your trip description and itinerary which may include the following:
  + Route (starting and end points)
  + Times of departure
  + Stopping points
  + Return time, including stopping points
  + Location of field destination, including description of terrain
  + Maps (in sufficient detail to be able to locate you in case of emergency)
  + Activities to be engaged in during the field activities
* Update the Field Activities Plan
* Look into additional insurance needs. Some good points to consider:
  + Includes in-house, worldwide, 24-hour emergency hotline with multilingual operators, as well as physicians or nurses on staff
  + Covers doctor’s visits and prescription medications
  + Pays for foreign hospitalization and related medical costs
  + Provides up-front and direct payment of bills and cash advances abroad
  + Covers emergency transportation, such as ambulance
  + Provides for medical evaluation/repatriation to Canada or nearest location with appropriate medical care
  + Pays for medical escort (doctor or nurse) to accompany you during evacuation
  + Pays for the preparation and return of your remains to Canada if you die while abroad
  + Covers emergency dental care
  + Does not exclude any countries you intend to visit
* If you will be driving vehicles abroad, you can apply for an [international driver’s license](https://www.caa.ca/international-driving-permit/)

**5 months prior to departure**

* Complete hiring process (if applicable)
* Identify any training for personnel and make appropriate arrangements for same

**4 months prior to departure**

* Contact local officials as necessary and appropriate (e.g., ambulance, forestry service, police, etc.) to let them know particulars of your field research activities
* Find out about currency in foreign lands. Contact banks and guidebooks for information.
* Secure a receipt book to take with you because in some developing countries, receipts may not be provided for certain purchases (e.g. gasoline, food).
* Check on legal issues, such as carrying prescription medications, and duty and exemptions for items purchased abroad.

**3 months prior to departure**

* Confirm lodging requirements
* Check for first aid kits required and order as necessary
* Set up a Field Safety Log Book to utilize in the field for daily meetings
* Familiarize yourself with incident/injury reporting requirements. Take paper copy of reporting form with you. See [AU Occupational Health and Safety Program Guide](http://intra.athabascau.ca/depts/human-resources/health-and-safety/ohs/documents/OHS%20Manual-%20FINAL%20-%20Web%20Edited%20-%20kb%20-%202015.pdf)

**2 months prior to departure**

* Verify availability and source for rental or purchase of any communication devices to be taken on trip.
* Gather all Emergency Information Forms, and
  + Copy all forms to take with you in the field and review them for any disclosed health issues
  + Ensure all original Emergency Information Forms are reviewed and signed by your supervisor and then filed with the Research Services Office and Employee Health Office
  + Speak with individuals who have disclosed health issues and plan for precautions if necessary
* Ensure an Emergency Response Plan is in place as part of your Field Activities Plan, including:
  + Emergency contact numbers for AU and for all participants on trip
  + Nearest hospital or medical aid information
  + Check-in system, as appropriate
  + Plan for contacting emergency services
  + Evacuation route in case main route is blocked by a hazard (e.g., fire)
* Check on WCB requirements with Human Resources and the Occupational Health & Safety Office.

**1 month prior to departure**

* Review supply list
* Plan and draft detailed field/project schedule
* Check all equipment to ensure it is operable

**3 weeks prior to departure**

* Review Field Activities Plan (FAP) to ensure it is complete
* Go over the FAP in detail with all personnel
* Plan for team safety meeting to be conducted at site
* Gather and retain (filed with Research Centre and taken into the field) copies of proof of insurance; passport photo page; copies of any other pertinent travel documents

**2 weeks prior to departure**

* Finalize trip description and itinerary. File detailed itinerary including flights and/or other transport, contact information for scheduled locations, etc. with the Research Centre and provide to your designated contact person
* Make sure passports and visas are in place:
  + Each traveler should have at least 1 photocopy of the picture page of his/her passport and any visas separate from the passport and have their passport number memorized (or easily accessed)
  + Principal Investigator should have copies of all participants’ visas and picture page of the passports
  + Ensure all participants have a copy of their insurance policy with them.
  + File proof of insurance with the Research Centre and Employee Health Office
  + File proof of pertinent vaccination/immunizations for each traveler with the Research Centre and Employee Health Office and take copy with you into the field

**1 week prior to departure**

* Go over the FAP in detail with all personnel. Make sure copy is filed in Research Centre and Employee Health Office and that you have copies to hand out to all personnel in the field
* Make sure you have copies of your Daily Field Safety Log to use in the field
* Call and confirm with locals, as necessary, your attendance at site, number of personnel, and expected field activities start and end dates
* Ensure all permits/permissions/access to lands are in place (and filed with Research Centre)
* Finalize your trip description and itinerary and file with Research Centre
* Update list of equipment as needed and file list with the Research Centre and Employee Health Office, so they know what equipment is being used in case of an incident
* Have plan in place in case a project member needs or wants to leave the research project early
* Print off an Emergency Contact Card so you have contact information to provide to the Canadian Consulate in case of an emergency

**Following the Field Research Activities**

* Complete any further injury/incident reports, as required
* Monitor your health for 21 days and consult a health provider if you have any of the following symptoms:
  + High fever, lasting more than 2 days
  + Nausea, vomiting and/or diarrhea lasting more than one week
  + Persistent cough and shortness of breath
  + Swollen glands in any area of the body
  + Skin lesions that are enlarged, painful or ulcerate
  + Other unusual symptoms
* If you receive an animal bite, you should consult your health care provider even if you received first aid treatment in the field
* Advise all personnel to monitor their health in the same manner and to advise you if they develop any health conditions that may be related to the research trip.

Debrief:

* + Did any first aid treatments or evacuations take place during the research trip? Reflect on what went well, what went wrong, and determine what could have been done better
  + Report debrief outcomes to the AU Employee Health Office and Research Centre, so others can benefit from your experiences
  + Return all equipment leased or rented

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

**APPENDICES**

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**APPENDIX 1**

**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.

|  |  |  |
| --- | --- | --- |
| 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** | |
| Research Services General | 780-213-2023 |
| Research Ethics Office | 780-213-2033 |
| AU Occupational Health & Safety 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. 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)** |  |

**16. 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 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.*

|  |  |
| --- | --- |
|  |  |

**APPENDIX 2**

**EMERGENCY INFORMATION FOR FIELD ACTIVITIES**

(*This form must be completed prior to departure or activities in the field)*

The information provided on this form is being collected to assist in the event of an emergency situation. It is recommended that your emergency contact(s) have knowledge of any medical condition(s) you may have. The original copy of this form will be kept in a secure file in the Research Centre and a copy will be kept in a sealed envelope by the primary person in charge in the field or their delegate.

In the event of an illness, injury or medical condition in the field, the primary person in charge or their delegate, where reasonably practical, will make their best efforts to open the envelope and provide the information to the person administering first aid and/or to medical personnel as necessary to ensure the health and well-being of the participant. The sealed field envelope will be shredded upon completion of the project. The other copy will be kept secure for five years and then shredded.

**PARTICIPANT**

|  |  |  |
| --- | --- | --- |
| **Name** (in full) |  | |
| **Student/Staff ID Number** |  | **Date of Birth** |
| **Provincial Health Plan #** |  | **Province** |
| **Other Health Insurance** |  | |

**EMERGENCY CONTACT**

**I appoint the following individual(s) as my Emergency Contact and authorize Athabasca University to contact the individual(s) for/with information about me in case of an emergency.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact 1** | | | |
| **Name (in full)** |  | | |
| **Relationship to Participant** |  | | |
| **Phone Number** |  | **Alternate Phone #** |  |
| **Address** |  | | |
| **Contact 2** | | | |
| **Name (in full)** |  | | |
| **Relationship to Participant** |  | | |
| **Phone Number** |  | **Alternate Phone #** |  |
| **Address:** |  | | |



All individuals participating in a field research activity should be reasonably fit and have no medical conditions that could potentially be expected to result in a life-threatening situation. If you have a serious medical condition or a condition that could be exacerbated as a result of participating in the field research activities, **it is your responsibility** to provide information on that condition to assist with ensuring your health and well-being during the field activities (e.g., severe allergies, asthma, bleeding disorder, diabetes, epilepsy, heart condition). If you are taking medication, you should take an adequate supply for the duration of the field activity. Any prescription medication that could affect your ability to perform the tasks required or reduce your level of concentration or ability to respond, should be disclosed.

|  |  |
| --- | --- |
| **I have no medical conditions/medications to disclose:** (mark ‘X’ if applicable) |  |

|  |
| --- |
| **Information you wish to disclose regarding medical condition(s) and medications** |
|  |

It is recommended that all individuals participating in a field research activity have a current tetanus booster. You may also require other vaccines pertinent to the field activity (e.g., rabies, if directly handling reservoir species).

By signing below:

1. I acknowledge that I have informed my Emergency Contact(s) of this designation and all aspects of the field activity, including the nature of any potential hazards.
2. I consent to the disclosure of information in this document as necessary in the event of an emergency.
3. I acknowledge that it is my responsibility to disclose any medical or other condition that could endanger my health and safety and that of my fellow participants.

|  |  |
| --- | --- |
| **Signature of participant:** | **Date:** |

*Alberta Freedom of Information and Protection Act (FOIPP): The personal information collected on this form is collected under the authority of Section 32 of the FOIPP Act to assist in the provision of care in emergency situations. The information provided may be reviewed by the University Administration and the supervising researcher on this field experience. Personal information is protected under the Alberta FOIPP Act. For further information, contact the Occupational Health & Safety Officer at 780-675-6407.*

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

**APPENDIX 3**

**STANDARD OPERATING PROCEDURE – FIELD RESEARCH**

**SOP REFERENCE #:**

**SOP TITLE:**

**AUTHOR:**

**DATE OF REB or ACC APPROVAL (if required):**

1. **PURPOSE**
2. **MATERIALS & EQUIPMENT**
3. **DETAILED STEP-BY-STEP PROCEDURES**
4. **ADDITIONAL CONSIDERATIONS & POTENTIAL ADVERSE EFFECTS**
5. **RELATED SOPS & REFERENCES**
6. **REVISION HISTORY**

|  |  |
| --- | --- |
| **Date** | **Revision History** |
|  |  |
|  |  |

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

**APPENDIX 4**

**OCCUPATIONAL HEALTH AND SAFETY – OHS Occurrence Report**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Report No. | Occurrence Date | Time | Reported to Supervisor | Time | Reported to AU OHS | Time |  |
|  | Click here |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Occurrence Class: Choose an item. | | | Other: | | |
| Work Relation: Choose an item. | | | Other: | | |
| Occurrence Location: Choose an item. | | | Other: | | |
| Occurrence Area: Choose an item. | | | Specific Location: | | |
| Nature of Occurrence: Choose an item. Choose an item. | | | Other: | | |
| Source of Occurrence: Choose an item. Choose an item. | | | Other: | | |
|  |  |  |  |  |  |
| **Nature of Injury:**  N/A  Animal or Insect Bites or Venomous  Asphyxia  Benign Neoplasms/Tumors | Bio Hazard  Burns  Carpal Tunnel  Circulatory  Concussion  Contusions / Bruises  Crushing Injuries | Deafness, Hearing Loss, Impairment  Dermatitis  Epicondylitis  Foreign Body  Fractures  H1N1 Influenza  Head – Severe  Hernia – Rupture | Influenza  Lacerations  Mental Health / Psychological  Neoplasms, Tumors, and Cancer  Nervous System  Non-Personal (Personal effects only)  Nonspecific Injuries and Disorders | Respiratory  Poisonings and Toxic Effects  Skin and Subcutaneous Tissue  Strain or Sprain  Systemic  Tendonitis  Trauma  Other, please comment: | |
| **Part of Body Injured:**  Abdomen/Pelvis  Ankle  Arm  Back  Brain  Chest | Ear  Elbow  Eyes  Face  Finger(s)  Foot  Hand | Head and Face  Hip and Thigh  Internal Systems  Knee  Leg  Multiple Systems | Neck  Personal effects only (no bodily injury)  Shoulder and Upper Arm  Teeth/Mouth  Trunk | Unknown  Wrist  Other, please comment:    Right Left or Both | |

|  |  |  |
| --- | --- | --- |
| Person(s) Involved in Occurrence | Department | Supervisor Name |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| N/A Injured Person(s) | Department | Supervisor name |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Description of Occurrence: | | |
| *Detail relevant events that happened prior to the occurrence, during the actual occurrence and immediate actions that followed the occurrence. (what, when, where, why, how, sketches)?* | | |
| N/A **Hazard identification / Near Miss:** | | |
| *Identify work process / task being/ to be completed at time of hazard identification / near miss:* | | |
| *Identify Hazard(s) / Risk(s) Associated with the work process/task and /or hazard:*  See description of occurrence | | |
| Required / Implemented Controls:  Elimination  Substitution  Engineering  Administrative  PPE | | |
| *Details of Implemented / Required Controls:* | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hazards Identification / Near Miss: Frequency + Probability + Severity | | | | | |
| **Frequency**  How often is the work process/task done? | | **Probability**  How likely in an incident to occur? | | **Severity**  How severe could an incident be? | |
| 4 | Frequently (i.e. daily) | 4 | Probable: Likely to occur immediately or soon | 4 | Catastrophic: Death, widespread occupational illness or injury, or loss of facilities |
| 3 | Often (i.e. weekly) | 3 | Reasonably Probable: Likely to occur eventually | 3 | Critical: Serious illness or injury resulting in lost time or restricted work, or damage >$25,000 |
| 2 | Occasionally (i.e. monthly) | 2 | Remote: Could occur at some point | 2 | Marginal: Moderate illness or injury requiring medical aid, or damage >=$1,001 - $24,999 |
| 1 | Rarely (i.e. annually) | 1 | Extremely Remote: Unlikely to occur | 1 | Negligible: Minor illness or injury requiring first aid, or damage <$1,000 |
| **Risk Ranking (total of checked values): 6** | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| N/A **First Aid Treatment:** | | | | | | |
| First Aid Administered By Whom (Name of First Aider): | | | | | | |
| Describe First Aid Treatment Provided: Employee rinsed her mouth with hydrogen peroxide. | | | | | | |
|  | | | | | | |
| N/A **Medical Treatment:** | | | | | | |
| Yes NA – Injured sought medical attention  Yes NA – Injured transported to hospital by  ambulance or two employees  Yes NA – WCB Recordable  Yes NA – WCB Employer Report Filed | | | | Yes NA – WCB Employee Report File  Yes NA – Progressive Injury Est. Onset: Date *(M/D/Y)*: Click here  Yes NA – Restricted / Modified Duties Required  Yes NA – Lost Time Recordable  Yes NA – AU Compensation & Benefits Notified  Yes NA – AU Abilities Management Notified | | |
| N/A **Environmental Impact:** | | | | | | |
| Yes  No – MSDS Reviewed Prior to Task  Yes  No – MSDS Reviewed Prior to Clean-up | | | *Identify Type and Quantity of Material Released:* | | | |
|  | |  | | | | |
| N/A **Property Damage:** | | | | | | |
| Type of Property Occurrence: AU Property | | | | | Repair Cost:        Actual  Estimate | |
|  | | | | |  | |
| N/A **Vehicle / Equipment Occurrence :** | | | | | | |
| Vehicle / Equipment: Choose an item. | AU Unit Number: | | | | | Repair Cost:        Actual  Estimate |
| Vehicle / Equipment: Choose an item. | AU Unit Number: | | | | | Repair Cost:        Actual  Estimate |
|  | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| N/A **Non-Conformance:** | | | | | | | |
| *Identify Details of Non-Conformance:*  Employee not working within the scope of the Working Alone policy and may have increased her potential for injury. Another staff member should be present to assist when moving large equipment. Facilities needs to follow up and check cubicle walls for disrepair to avoid another occurrence of similar injuries. | | | | | | | |
| *Identify Recommended Corrective or Disciplinary Action:*       As above | | | | | | | |
| Policy / Procedure Reference: Working Alone | | | | | | | |
|  | |  | | |  | | |
| **Occurrence Record Ability** | | | | | | | |
| **Class 1 – Minor Hazard**  Risk Ranking 3-6  First Aid illness/Injury  Damage < $1,000 | **Class 2 – Serious Hazard**  Risk Ranking 7-9  Medical Aid Illness / Injury  Restricted Work  Damage $1001 - $24 999  Elevator | | | Class 3 – Major Hazard Risk Ranking 10-12  Lost Time Illness/Injury  Fatality | | | Damage > $25,000  Major adverse environmental impact  Reportable to regulatory body |
|  |  | | | | |  | |
|  |  | | | | |  | |
| **Immediate / Direct Causes** | | | | | | | |
| **Substandard Actions** | | | **Substandard Conditions** | | | | |
| Using defective equipment/tools/machine/materials Details: | | | **Inadequate support/assistance** Details: | | | | |
| Details: | | | Choose an item.Details: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Basic / Root Causes** | | | | |
| **Personal Factors** | | | **Job Factors** | |
| **Physical/Physiological capability** Details: | | | Details: | |
| Choose an item.Details: | | | Choose an item. Details: | |
|  | | | |  |
| **List of Attachments to OHS Occurrence Report File:** | | | |  |
| Witness Statement(s)  WCB Employer Report  WCB Employee Report | WCB Physician’s Report  Photographs / Sketches  Progressive Injury Report | Physical Demand Analysis  Modified Work Agreement  AU Online OHS Occurrence Report | | Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Immediate Corrective Actions** | **Person Responsible** | **Position** | **Due Date** | **Completion Date** |
|  |  |  | **Click here** | **Click here** |
|  |  |  | **Click here** | **Click here** |
|  |  |  | **Click here** | **Click here** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Long Term Corrective Actions to Prevent Recurrence** | **Person Responsible** | **Position** | **Due Date** | **Completion Date** |
|  |  |  | **Click here** | **Click here** |
|  |  |  | **Click here** | **Click here** |
|  |  |  | **Click here** | **Click here** |
|  |  |  | **Click here** | **Click here** |
|  |  |  | **Click here** | **Click here** |

|  |  |  |
| --- | --- | --- |
| **OHS Occurrence Investigation Team** | | |
| Name | Signature | Date (MM-DD-YYYY) |
|  |  | **9/5/2013** |
|  |  | **Click here to enter a date.** |

|  |  |  |
| --- | --- | --- |
| **Occurrence Report Review** | | |
| Department Supervisor | Signature | Date (MM-DD-YYYY) |
|  |  | **Click here to enter a date.** |
| Department Manager | Signature | Date (MM-DD-YYYY) |
|  |  | **Click here to enter a date.** |
| HR Advisor | Signature | Date (MM-DD-YYYY) |
|  |  | **Click here to enter a date.** |
| OHS Advisor | Signature | Date (MM-DD-YYYY) |
|  |  | **Click here to enter a date.** |
| Director, Human Resources | Signature | Date (MM-DD-YYYY) |
|  |  | **Click here to enter a date.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **APPENDIX 5**  **General Hazard Assessment** | |  |  |  |  |  |  |  |  | Date: |  |
| **Department:** |  |  |  |  |  | **Persons Involved:** |  |  |  |  |  |
| **Location:** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Instructions:** |  |  |  |  |  |  |  |  |  |  |  |
| 1. Identify the hazard. |  |  |  |  |  | 4. Identify the risk level after the controls are implemented. | | |  |  |  |
| 2. Identify the risk level. Use the Risk Analysis Guideline on the back) | | | | |  | 5. Have all parties involved sign and date. |  |  |  |  |  |
| 3. identify Controls on how to reduce the risk associated with the hazard. | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Risk Analysis (Prior to controls)** | | | | |  | **Risk Analysis (After Controls)** | | | |  |
| **Hazard** | **Frequency of Exposure** | **Incident Probability** | **Potential Consequence** | **Total** | **Risk Measurement 3-6 (Minor) 7-9 (Moderate) 10-12 (Major)** | **Controls** | **Frequency of Exposure** | **Incident Probability** | **Potential Consequence** | **Total** | **Risk Measurement 3-6 (Minor) 7-9 (Moderate) 10-12 (Major)** |
|  |  |  |  | **0** |  |  |  |  |  | **0** |  |
|  |  |  |  | **0** |  |  |  |  |  | **0** |  |
|  |  |  |  | **0** |  |  |  |  |  | **0** |  |
|  |  |  |  | **0** |  |  |  |  |  | **0** |  |
|  |  |  |  | **0** |  |  |  |  |  | **0** |  |
|  |  |  |  | **0** |  |  |  |  |  | **0** |  |
|  |  |  |  | **0** |  |  |  |  |  | **0** |  |
|  |  |  |  | **0** |  |  |  |  |  | **0** |  |
| **Signatures of Persons Involved (Indicates Awareness)** | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3. Risk Analysis: Frequency + Probability + Severity** | | |  |  |  |
| **Frequency** |  | **Probability** |  | **Severity** |  |
| How often is the work process/task done or hazard encountered? |  | How likely is an incident to occur? |  | How severe could an incident be? What would be the most likely outcome? |  |
| Frequently (i.e. daily) | 4 | Probable: Likely to occur immediately or soon | 4 | Catastrophic: Death, widespread occupational illness or injury, or loss of facilities | 4 |
| Often (i.e. weekly) | 3 | Reasonably Probable: Likely to occur eventually | 3 | Critical: Serious illness or injury resulting in lost time or restricted work, or damage>$25,000 | 3 |
| Occasionally (i.e. monthly) | 2 | Remote: Could occur at some point | 2 | Marginal: Moderate illness or injury requiring medical aid, or damage>=$1,001-$24,999 | 2 |
| Rarely (i.e. annually) | 1 | Extremely Remote: Unlikely to occur | 1 | Negligible: Minor illness or injury requiring first aid, or damage<$1,000 | 1 |
| **Risk Ranking** (total of checked values): **3-6:Minor** **7-9:**Moderate **10-12:Major** | | | | |  |

1. Incident is defined as “An occurrence, arising in the course of work (or research), which could or did result in an injury, illness or damage.” [↑](#footnote-ref-1)