



**University of Toronto Field Research Safety Planning Record
(Risk Assessment)**

Pursuant to the University of Toronto [Guidelines for Safety in Field Research](#), this form is to be completed by the faculty supervisor and submitted to the department chair (or equivalent) prior to departure on field research. Multiple trips to the same site or group of sites can be covered by one form. This form is valid for a single academic year and a new form must be completed annually.

Department: _____

Person in charge of field research (e.g. faculty, TA or supervisor): _____

Phone number: _____

Email: _____

Faculty Supervisor (if different from above): _____

E-mail of contacts who should receive copies of this assessment: (Chair, Director, JHSC co-chairs etc.) (Please separate multiple with semicolon): _____

Location of Field Research (City or Area/Region, Province, Country): _____

Please note that for all students travelling to a country (other than Canada), the Out of Country Program Risk Assessment is available from the [Safety Abroad Office \(SAO\)](#) and must be completed. For staff and supervisors, please ensure that you are aware and follow the risk level assessment and recommendations made available by the SAO.

Details of Trip

Date of Departure: _____

Date of Return: _____

Field Research Team:

Name	Please select one:			First Aid Trained
	Team lead	Team member	Other: specify	



Assessment Procedures:

The faculty supervisor in charge of the field research is responsible to ensure that all applicable hazards are assessed and appropriately mitigated.

The purpose of a hazard assessment is to determine the measures which must be taken to enable work to be carried out safely. A hazard is an attribute of an activity, substance or thing which confers on it the potential to cause injury, damage or loss. Risk is the probability of this injury, damage or loss occurring and includes the severity. The output of this assessment tool will help identify those hazards that require further work in order to be counteracted. If you require guidance in conducting the assessment and in implementing appropriate controls, you can contact the Office of Environmental Health and Safety at ehs.office@utoronto.ca.

Note that the below does not represent all possible hazards that could be encountered. If there are hazards not found in the table, it is the responsibility of the PI to use the "Other" categories to enter the information.

Travel & Location	Location of hazard (At research site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
<input type="checkbox"/> Airplanes, helicopters, watercraft			
<input type="checkbox"/> Using/driving vehicles			
<input type="checkbox"/> Travel on dangerous roads or off-roads			
<input type="checkbox"/> High altitudes			
<input type="checkbox"/> Activities requiring high fitness levels			
<input type="checkbox"/> Hiking			
<input type="checkbox"/> Climbing/cliffs			
<input type="checkbox"/> Isolated or remote locations			
<input type="checkbox"/> Other locations not specified above (enter below)			



Hazardous Agent	Location of hazard (At research site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
<input type="checkbox"/> Hazardous materials - chemicals / biological agents/ ionizing and non- ionizing radiation			
<input type="checkbox"/> Designated substances – asbestos / lead / silica / mercury			
<input type="checkbox"/> Noise >85 decibels			
<input type="checkbox"/> Vibration			
<input type="checkbox"/> High force motions			
<input type="checkbox"/> Working with or near explosives			
<input type="checkbox"/> Other hazardous agent not specified above (enter below) _____			



Equipment & Tools	Location of hazard (At research site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
<input type="checkbox"/> Sharps (needles etc.)			
<input type="checkbox"/> Hand tools and equipment (e.g. hammer, screwdriver)			
<input type="checkbox"/> Powered tools			
<input type="checkbox"/> Exposed moving parts			
<input type="checkbox"/> Stationary Power Machines			
<input type="checkbox"/> Lifting devices & or Mobile equipment			
<input type="checkbox"/> Large or heavy equipment			
<input type="checkbox"/> Welding			
<input type="checkbox"/> Centrifuge			
<input type="checkbox"/> Autoclave			
<input type="checkbox"/> Compressed gas and/or pressurized systems			
<input type="checkbox"/> Electrical equipment: (e.g. electrical panels, lighting, electrical wiring)			
<input type="checkbox"/> Firearms, projective weapons, etc.			
<input type="checkbox"/> Other equipment and tools not specified above (enter below) _____			



Physical Environment	Location of hazard (At research site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
<input type="checkbox"/> Diving – caves, current, deep diving, wreck, etc.			
<input type="checkbox"/> Working from heights – scaffolds / ladders			
<input type="checkbox"/> Confined or restricted spaces			
<input type="checkbox"/> Working alone			
<input type="checkbox"/> Working with or near fire			
<input type="checkbox"/> Temperature extremes			
<input type="checkbox"/> Sun exposure			
<input type="checkbox"/> Unclean water			
<input type="checkbox"/> Other physical environment not specified above (enter below) _____			



Social Environment	Location of hazard (At research site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
<input type="checkbox"/> Violence: Are there situations where the student could be exposed to violence? Could the student become a subject of violence?			
<input type="checkbox"/> Work Stress: Will there be a high level of stress in the student's work? (e.g. work requiring constant alertness for long periods of time, such as a security monitor, or work with high levels of emotional stress such as working in an Emergency Room)			
<input type="checkbox"/> Other social environment not specified above (enter below) _____			



Wildlife	Location of hazard (At research site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
<input type="checkbox"/> Dangerous animals			
<input type="checkbox"/> Insects & bites, venomous, disease from insect vectors (e.g. malaria, lyme, etc.)			
<input type="checkbox"/> Plants (poison ivy, oak etc.)			
<input type="checkbox"/> Other wildlife not specified above (enter below) _____			

Any other concerns or comments not previously covered:



Health Considerations when travelling:

The CDC (Center for Disease Control and Prevention) offers an array of resources and tools so that you may assess and review the health consideration for your research destination. For more information please visit: <http://wwwnc.cdc.gov/travel/>

The CDC also offers a guide on Health Information for International Travel (commonly called the Yellow Book); published every two years by CDC as a reference for those who advise international travelers about health risks. For more information please visit: <http://wwwnc.cdc.gov/travel/page/yellowbook-home>

The ISTM (International Society for Travel Medicine) promotes healthy travel to international destinations and also provides the Global Travel Clinic tool which allows you to search for medical facilities located in more than 80 countries, clinics offer pre-travel immunizations, counseling and medicines to help protect travelers while traveling internationally. Most clinics also provide care to travelers if needed upon their return. It is strongly recommended that a travel clinic be visited well in advance of any travel. For more information please visit: <http://www.istm.org/>

Duration of travel

Please note that for UofT employees (not students), a worker who is an Ontario resident, and whose usual place of employment is in Ontario, is automatically covered under WSIB for up to six months while temporarily working outside Ontario.

For travel longer than 6 months please contact the Office of Health & Well-being.

EMERGENCY CONTACTS:

University contact name: _____

University contact phone #: _____

Alternate university contact phone #: _____

Local contact name and number: _____

Local emergency service number: _____

Scheduled communication (e.g. weekly calls to check in with designated person): _____

Additional comments:



ACKNOWLEDGEMENT OF TEAM MEMBERS:

I, the undersigned, acknowledge that I have read the University of Toronto Guidelines for Safety in Field Research and in keeping with it,

- (a) I have been fully informed of the risks of this field research and I accept them;
- (b) I will comply with the established safety procedures;
- (c) I am in a satisfactory state of health to undertake the research; and
- (d) I have received all of the prescribed immunizations.

Name	Signature	Date

Signature of Faculty Supervisor:

I acknowledge that this safety plan has been prepared in keeping with the requirements of the University of Toronto Guidelines for Safety in Field Research. I understand that as the supervisor I am responsible for the health and safety of staff and students participating in this work.

Name	Signature	Date

Signature of Department Chair (or equivalent):

I acknowledge receipt of this document. I understand that I am responsible for the health and safety of staff and students participating in this work and for ensuring that supervisors and faculty in my department who conduct this work have been made aware of the responsibilities.

Name	Signature	Date

*Please ensure a copy of this assessment gets sent to your department chair (or equivalent) and any other relevant personnel.