

Prepare and submit a Field Risk Assessment and Safety Plan ([FRASP](#)) for each project. All field personnel should be aware of safety protocols in this plan, and a copy should be taken into the field.

Items in italicized gray font are instructional and should be removed before the plan is submitted for approval. Right click within each section to add rows as needed. Submit the completed plan to your Dean/AVP DMS for approval (and if necessary to the Enterprise Risk and Safety Office – see section 12, then register the plan with the Enterprise Risk and Safety Office, UNBC ([safety@unbc.ca](mailto:safety@unbc.ca))).

<b>Safety Office use only:</b>	
Date plan opened: _____	Date plan closed: _____

## 1. GENERAL INFORMATION

Date Field Safety Plan Prepared	
Faculty	
Department	
Project title (course or research project)	
Supervisor Name Supervisor email, phone	
Number of UNBC participants on site	
Field work activity summary	
Site supervision summary	<i>e.g. Who is supervising the activities, are they always on-site</i>

## 2. FIELD WORK SITE or AREA INFORMATION

Date of departure	
Date of return	
Number of days on site/area	
Name of field work site/area/route	
Description of area (forest, river, rural community, urban community etc.)	
For international locations what is the Government of Canada <a href="#">Travel Advisory Risk</a> Level?*	

\* For locations where the risk level is “avoid non-essential travel”, or “avoid all travel”, the FRASP must be submitted for approval to the Director of Risk and Safety ([safety@unbc.ca](mailto:safety@unbc.ca), with “International travel approval” in subject line) , at least 1 months prior to travel.

### 3. FIELD WORK ITINERARY

Date	Time	Activity	Address or GPS location
<i>e.g. Jan 1</i>	<i>e.g. 8:00am</i>	<i>e.g. Leave UNBC by car and drive to Location X</i>	
<i>e.g. Jan 1</i>	<i>e.g. 1:00pm</i>	<i>e.g. Arrive at Location X</i>	
<i>e.g. Jan 1</i>	<i>e.g. 1:30pm</i>	<i>e.g. Conduct site activities (set up equipment and collect samples)</i>	
<i>e.g. Jan 1</i>	<i>e.g. 4:00pm</i>	<i>e.g. Return to UNBC by car</i>	
<i>Add rows as needed - modify for multi-day trips</i>			

### 4. FIELD WORK PARTICIPANT CONTACT INFORMATION

Name	Position (instructor, supervisor, student)	Email	Contact Number (cell)

### 5. ACCOMMODATIONS

Accommodation Type (e.g. tent, cabin, trailer, hotel/motel)	
Accommodation Name (e.g. campground name)	
Accommodation Address or GPS Locations	
Accommodation Phone Number	

### 6. TRANSPORTATION

	Transportation to/from site/area	Transportation during activity
Mode of transportation		
Details of transportation vehicle (make, model, colour, license)		
Emergency transport equipment available (if relevant)		
Source of transportation (UNBC, rental, other)		

### 7. COMMUNICATIONS

	Communication with group on site	Communication with "outside"
Mode of communication (cell phones, satellite phones, radio frequency etc.). All workers must be trained on appropriate use.		
"Phone" (or equivalent) Number		
Frequency of Communication		

### Sign-in and out procedures – for individuals or groups working alone

<i>Describe work situation – are crews leaving from a base camp each day? From campus? Is anyone working alone?</i>	<i>Name and contact information of check-in person (someone not in the field and available). Frequency and method of check-in, process to follow if check-in fails to happen.</i>
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## 8. MAIN ACTIVITIES

Describe main activities
<i>Examples:</i> Daily float plan access to sample lake water Walking on trails and counting park users and recording their equipment Interviewing community members in their home Daily logging road access to sample trees Canoeing river and camping

## 9. TRAINING REQUIREMENTS

Name	Position	Name of Course, specialized training (e.g. first aid) or safe work procedure	Training Completed/Procedure Reviewed
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
<i>Add rows as needed</i>			<input type="checkbox"/>

Any mandatory training requirements must be completed prior to work activities. See guide in appendix A for assistance in determining training requirements.

## 10. MATERIALS AND EQUIPMENT

Equipment/Tool/Material/Personal Protective Equipment (PPE)	UNBC/Rental/Other	Standard Operating Procedure Available? (Y/N or N/A)
<i>Add rows as needed</i>		

*All equipment should be listed in case of loss or damage, to assist with an insurance claim. Include PPE, and ensure proper training for its use.*

## 11. OTHER IMPORTANT INFORMATION

*Identify other important information that can help protect employees and students. You can modify the checklist below to suit your needs by adding details below.*

- Health screening and vaccine consultation
- Non-binary safety
- If the worker may be exposed to the hazard of [Workplace Violence](#), or sexual violence, a workplace or sexual violence risk assessment must be included in Section 12.
- What is the plan for emergency evacuation in the event of a sudden deterioration of safe conditions?

Be sure to include risks associated with travel to the field site. Request assistance from [safety@unbc.ca](mailto:safety@unbc.ca) if you have questions.  
 \*Be sure to consider hazards that do not have an associated activity, for example personal medical or mental health emergencies.

## 12. RISK ASSESSMENT

Key Activity/Task	Hazards and possible outcomes*	Pre-Control Risk			Controls	Post-Control Risk		
		Consequence	Likelihood	Risk Level		Consequence	Likelihood	Residual Risk Level
<i>e.g. Access to research site via resource road</i>	<i>Industrial traffic, road hazards</i>	<i>Major</i>	<i>Moderate</i>	<i>Medium</i>	<i>Resource road training; two-way radio with appropriate channels; satellite communication device.</i>	<i>Moderate</i>	<i>Unlikely</i>	<i>Low</i>
<i>Plant sampling and tree measurements</i>	<i>Encounters with wildlife</i>	<i>Major</i>	<i>Low</i>	<i>Medium</i>	<i>Bear spray, wildlife training</i>	<i>Moderate</i>	<i>Unlikely</i>	<i>Low</i>
<i>"</i>	<i>Tripping</i>	<i>Moderate</i>	<i>Moderate</i>	<i>Low</i>	<i>Proper footwear and clothing</i>	<i>Moderate</i>	<i>Low</i>	<i>Low</i>
<i>Surveys in remote community</i>	<i>Violence or aggressive behaviour</i>	<i>Major</i>	<i>Low</i>	<i>Medium</i>	<i>Safe location for survey; pre-study communication with community; identification of exit routes; check-in procedures</i>	<i>Moderate</i>	<i>Low</i>	<i>Low</i>
<i>Surveys in urban centres</i>	<i>Theft</i>	<i>Moderate</i>	<i>Low</i>	<i>Low</i>	<i>Use of hotel safe, wallet in zipped pocket, copies of documents filed elsewhere</i>	<i>Low</i>	<i>Low</i>	<i>Low</i>
<i>Surveys in urban centres</i>	<i>Demonstrations</i>	<i>Major</i>	<i>Low</i>	<i>Medium</i>	<i>Check in with local authorities, avoid crowded areas</i>	<i>Moderate</i>	<i>Low</i>	<i>Moderate</i>
<i>Add rows as needed</i>								

\*Be sure to consider hazards that do not have an associated activity, for example personal medical or mental health emergencies.

OVERALL RESIDUAL RISK (low, medium, high): \_\_\_\_\_

**If residual risk is high this Field Risk Assessment and Safety Plan must also be approved by the Enterprise Risk and Safety Office**

### 13. EMERGENCY CONTACT INFORMATION

UNBC Specific Contact Info	
Department contact name (this person should not be at the field site)	
Department contact's phone number	
UNBC Security Emergency Line	250-960-3333

Field Site Specific Emergency Contact Information	
Local Contact Name	
Local Contact's Phone Number	
Local Emergency Response Number	911 available <input type="checkbox"/>
Local RCMP Detachment	
Nearest Hospital to the Site	

### 14. FIRST AID PLAN

Number of UNBC participants (workers, students)	
Hazards in the workplace (low/moderate/high risk of injury)	
Types of injuries likely to occur	
Barriers to providing first aid to an injured worker	
Transportation to hospital (< 20 minutes or > 20 minutes)	
Supplies, equipment and facilities required ( <a href="#">Schedule 3-A</a> )	
Name(s) of First Aid Attendants (Level of Training)	

### 15. COMMUNICABLE DISEASE PREVENTION

	Yes	No	N/A	Details
Have communicable disease entry/exit requirements been identified and addressed (for travel)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list requirements here:
Have all participants been directed complete a daily health check, wash hands, not attend activities if symptomatic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If no or N/A, describe why
If a participant at the field site develops symptoms, is there a plan to ensure the worker/student is cared for or safely transported home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe the plan or why there isn't a plan
Will there be access to testing kits and /or required vaccination records for any applicable communicable diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, describe
Is self-isolation or quarantining required for any communicable disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how will you manage this?

## 16. EMERGENCY RESPONSE PROCEDURES

List reasonably possible emergencies	Describe response
<i>serious vehicle accident</i>	
<i>injury or illness in remote location</i>	
<i>breakdown of transportation</i>	
<i>Add rows as needed</i>	

## 17. SAFE WORK PROCEDURES

*The following are general safe work procedures and practices to be incorporated in your safety plan. Please provide all steps to safely perform tasks in this section.*

### Before commencing work at the site:

*Outline steps associated with personal protective equipment, equipment set up, meetings that occur before work commences, etc. You can modify the steps listed below to suit your needs*

- 1) Confirm medical and physical requirements are in good standing to perform work activities
- 2) Conduct a pre-job briefing outlining:
  - a. Hazards and associated risks as per the completed risk assessment, and respective controls
  - b. Review maps/charts of the area
  - c. Environmental conditions for the day
  - d. Itinerary of the day
  - e. Reminder for all to carry their communication devices on them all the time
  - f. Mandatory Personal Protective Equipment required
  - g. Accident/Incident reporting
  - h. Emergency Procedures
  - i. Level of supervision to be adhered to (appropriate to the experience of the individual participants)
- 3) Please add more steps (if required)

### During work:

*Outline the methodology used to carry out your task in a clear systematic process. Refer to your Risk Assessment above and ensure the plan below has that incorporate the task, hazards and controls. Existing written procedures can be appended or referred to here.*

- 1) Please complete this section
- 2)
- 3)
- 4)
- 5)

### Post-Work Procedure:

*Outline items related to methods of disposal, expectations of housekeeping, etc. You can modify the steps listed below to suit your needs E.g. Field personnel to debrief on any considerations for future safety at the field site*

- 1) Please complete this section
- 2)
- 3)

**18. Plan Approval**

This Field Work Safety Plan has been shared with participants and will be made available as a shared document. Staff/Faculty/Students can either provide a signature or email confirmation that they have received, read and understood the contents of the plan. Sign off when complete. Note: Participant confirmation can be documented below.

_____ Name of Supervisor	_____ Signature of Supervisor	_____ Date
_____ Name of Dean	_____ Signature of Dean	_____ Date
_____ Enterprise Risk and Safety Office (Required only for high residual risk activities as per Section 12 or if referred by the Dean)	_____ Signature for ERSO approval	_____ Date

**Participant Document Confirmation of Understanding**  
To be completed by each participant:

By confirming below, the following participants have been informed of and/or provided with a copy of this Field Risk Assessment and Safety Plan and any additional procedures/protocols and are aware and understand and agree with the hazards identified and the methods used to control or eliminate the hazards. The following participants, by signing, also confirm that they have discussed with responsible persons relevant medical and physical requirements and have accurately provided needed medical and emergency contact information in the Critical Data Form.

Participant's Name	Email	Signature	Date
<i>Add rows as necessary</i>			