**Field Work Safety Plan**

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| INSTRUCTIONS: Complete this form and **send to Local Safety Team, field team, and designated check in person**. Fill in all fields to the best of your ability, and communicate changes or additions with the check-in person as they arise during field work. In the “Important emergency contact information at site” section, please note the type of contacts will vary according to field site – add or remove as necessary. Think about what information would be needed in the event of a real emergency. Rows can be added as needed in any section. **Field safety includes safety from any form of discrimination or harassment.** Discrimination or harassment safety issues will be treated with the same level of urgency as a safety incident due to an accident in the field, e.g. |

**LST Reviewer: Review Date:**

**PART 1: Communication and emergency response plan**

Department and group/supervisor:

Trip Leader\*:

Field Safety Officer\* (can be same as above):

University check-in person\*:

Departure date:

Return Date:

**Description of field work activity and travel plan**:

**Field work team:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participant name** | **Role (leader/**  **member/other)** | **Cell phone** | **Email** | **Emergency contact name** | **Emergency contact number** |
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**Field work activity location** (all destinations if more than one):

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| --- | --- | --- |
| **Date(s)** | **Location description** | **GPS/UTM/address** |
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**Transportation**

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| --- | --- | --- |
|  | **Transportation to/from site** | **Transportation on site** |
| Mode of transportation |  |  |
| Details of transportation vehicle |  |  |
| Source of transportation (UBC, rental, other); insurance |  |  |

**Accommodation(s):** *If an urban location, list name, address and phone number of accommodation. If backcountry, name of nearest town if applicable or the common description of the area and the GPS Coordinates if available (attach a map if useful).*

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| --- | --- | --- | --- |
| **Date(s)** | **Hotel name or location description** | **Phone #** | **Address/GPS** |
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**Communication plan and check in procedure:**

University check-in person:

Daily check-in time (trip leader will check-in ***by*** this time):

Method of contact (include phone number if applicable):

**Additional communications equipment:**

|  |  |  |
| --- | --- | --- |
| **Type (sat phone, in-reach, spot, email, cell phone etc.)** | **Owner/user** | **Phone Number/frequency** |
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**Important emergency contact information at site:**

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| --- | --- | --- |
|  | **Phone number(s)** | **Address** |
| Local police/RCMP |  |  |
| Search and Rescue |  |  |
| Nearest Hospital (including nearest full-service) |  |  |
| Emergency Medical Service |  |  |
| Local contact |  |  |
| Other |  |  |

**Important UBC emergency contacts:**

|  |  |  |
| --- | --- | --- |
|  | **Phone number(s)** | **Email address** |
| Project PI |  |  |
| UBC EOAS department office | 604 822 2789 | [astefanson@eoas.ubc.ca](mailto:astefanson@eoas.ubc.ca) (Amber Stefanson) |
| UBC Safety and Risk Services | 604-822-2029 |  |

**Emergency Exit Strategy/Plan:** *What will you do if immediate removal from the field is needed? Attach maps with routes or additional documentation if appropriate.*

**Additional information participants want others to know in an emergency.** *Please disclose any medical condition that could increase the safety risk to yourself or others in your field team, such as allergies (food, insect, plant), diabetes, severe migraines, or other acute illnesses:*

|  |  |
| --- | --- |
| **Participant** | **Information** |
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**Safety Training.** *Document all safety-related training courses completed including site specific training on procedures required for the task or emergency response.*

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| **Training** | **Personnel/Expiry Date** |
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**Failure to Check-in Procedure**

In the event that the team lead has failed to carry out the evening check-in by the appointed time the university check-in person will:

**1. CALL** the team lead cell number (or other contact method i.e. satellite phone)

**2. CALL** other team members’ cell numbers

**3. EMAIL** the team lead, cc’ing all staff safety team members, supervisors, and the other team members.

If the team lead is unreachable/does not respond the check-in member on call will:

**4. CALL THE ACCOMMODATION CONTACT OR LOCAL CONTACT** (depending on day’s plans)

If the check-in member on call has not been able to verify the team’s safety by **2 hours\*** after appointed time they will:

**THEN 5. CALL THE LOCAL AUTHORITY** (ie. 911/ SEARCH AND RESCUE)

\*This time period is suggested, but may be adjusted based on field work information and judgement.

**\*Duties and responsibilities**

**Trip Leader:** Organize and delegate all research and logistical elements of the field work trip. Communicate with Field Safety Officer and be knowledgeable on all safety-related elements (Trip Leader and FSO can be same person). Check-in with University Check-in person, or delegate responsibility to FSO (set alarm).

**Field Safety Officer (FSO):** Complete all field safety forms, gathering all necessary information and distributing Medical Information form to team members. Be point-of-contact for all safety-related issues in the field; ensure safety equipment (e.g. first aid kit, bear spray) is present and in working order. Print this form and distribute to team members. Obtain printed medical forms and carry in sealed envelope.

**University Check-in Person:** Receive check-in messages and respond with acknowledgement that message was received (two-way communication). Set alarm for agreed-upon check-in times. Be up-to-date on all field plans prior to and during the trip. Follow “Failure to Check-in Procedure” if check-in not received.

**PART 2: HAZard identification and Risk assessment**

Please use the [Hazard Identification and Risk Assessment Guidance Document](https://www.eoas.ubc.ca/sites/default/files/safety/EOAS%20Field%20Hazard%20Identification%20and%20Risk%20Assessment%20Guidance%20Document_Dec%202023.pdf) for assistance in completing this section!

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Key Activity/Task | Hazards and possible outcomes | Pre-Control Risk **(Use charts below)** | | | Controls | Post-Control Risk **(Use charts below)** | | |
| Consequence | Likelihood | Risk Level | Consequence | Likelihood | Final Risk Level |
| *Ex: Aquatic plant sampling via canoe* | *Canoe tip over during sample retrieving resulting in drowning risk* | *Major* | *Moderate* | *Medium* | *Life jackets (PFD);*  *Rescue procedures and training;*  *Work in pairs* | *Moderate* | *Unlikely* | *Low* |
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| *Add rows as needed* |  |  |  |  |  |  |  |  |

Prompts to help you get the juices flowing…

* Working in a cold or hot environment? (hypothermia, heat stress)
* Allergies?
* Wildfire risk area?
* Vehicles and driving hazards
* Working with chemicals?
* Uneven surfaces, wet or muddy environment, steep terrain? Slips, trips and falls.
* Electrical – working with power generation equipment? Lightning?
* Cuts and punctures (needles, sharp tools?)
* Hygiene (food storage, bathroom facilities)
* Pressurized vessels or equipment (handling and transport of gas tanks)
* Animal hazards (bears, bites, stings)

**risk1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Major | Mod. | Minor | Insig. |
| A | H | H | H | M |
| B | H | H | M | M |
| C | H | M | M | L |
| D | M | M | L | L |

**Participant Document Confirmation of Understanding**

**To be completed by each participant:**

By confirming below, the following participants have been informed of and provided with a copy of this Field Work Safety Plan. The following participants, by signing, also confirm that they have discussed with responsible persons relevant medical and physical requirements.

|  |  |  |
| --- | --- | --- |
| **Participant’s Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
| *Add rows as necessary* |  |  |

**Document Approval Signatures**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of Supervisor | Signature of Supervisor | Date |
|  |  |  |
| Name of Department Head | Signature of Department Head | Date |