



Field Trip Planning and Approval Record

Pursuant to the Field Trip Guidelines, this form is to be completed by the professor or academic supervisor and submitted to the department head (or equivalent) at the beginning of each term or no later than two weeks prior to the field trip. Numerous excursions to the same location or group of locations can be dealt with via one form. The form is good for a single academic year and a new form must be completed annually.

DEPARTMENT: _____ **Professor/Supervisor:** _____

LOCATION OF FIELDWORK: _____

Geographical Site: _____

Nearest Community: _____ (name, distance to)

Country: _____

Nature of Field Trip:

DATE OF DEPARTURE: _____ **DATE OF RETURN:** _____

FIELD TRIP TEAM – CHAIN OF RESPONSIBILITY		CHECK ALL BOXES THAT APPLY		
Name	TEAM LEADER	TEAM MEMBER	OTHER SPECIFY	FIRST AID/CPR TRAINED

PHYSICAL DEMANDS OF TRIP (Check All that apply)

<input type="checkbox"/> DIVING and OTHER UNDERWATER ACTIVITIES
<input type="checkbox"/> CLIMBING
<input type="checkbox"/> HIGH ALTITUDE
<input type="checkbox"/> EXTREME HEAT
<input type="checkbox"/> MANUAL LIFTING, carrying or handling of heavy loads
<input type="checkbox"/> OTHER (please specify)

PROVIDE DETAILS OF ITEMS CHECKED

RISK ASSESSMENT:

List identified risks related to activities or environment (i.e. extreme heat or cold, wild animals, endemic disease, firearms, explosives, violence), and measures for eliminating or reducing risks to acceptable levels

Risk	Steps Taken to Mitigate Risk

Attach additional sheets as required

TRAVEL IMMUNIZATION/PROPHYLAXIS REQUIRED FOR PARTICIPANTS?	YES	NO
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IF yes please check type required

<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	Japanese Encephalitis
<input type="checkbox"/>	Malaria	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Rabies
<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Typhoid	<input type="checkbox"/>	Other (specify below)
<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	Hepatitis B		
<input type="checkbox"/>	Measles	<input type="checkbox"/>	Polio		

EMERGENCY PROCEDURES

Emergency Plan for work location: (include information on communication and evacuation plans)

University Contacts should be department heads and department administrators. Local contacts should be the Field Trip Leader and others in the chain of responsibility. Local contact should include land line number, cell number or other means of contact.

University Contact	Phone Number	Local Contact	Phone Number
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

I, _____ the undersigned, acknowledge that,
 I have been fully informed of the risks of this field work and that I accept them;
 I will comply with the established safety procedures;
 I am in a satisfactory state of health to undertake the work; and
 I have received all of the prescribed immunizations.

ACKNOWLEDGMENT OF TEAM MEMBERS:

Name	Signature	Date

Signature of Professor, Principal Investigator or Academic Supervisor

I acknowledge that this safety plan has been prepared in keeping with the requirements of Carleton University's Field Trip Risk Management Guidelines:

Name	Signature	Date
Signature of Department Head (or equivalent)		
I acknowledge receipt of this document:		

Name	Signature	Date