

## REMOTE FIELD SAFETY PLAN

This template is designed to help the supervisor and worker recognize, assess and control potential hazards while conducting remote field work. It is also designed to help meet due diligence obligation under the Ontario Occupational Health and Safety Act. It is to be used in conjunction with a review of the Field Safety Manual. The plan must be prepared in advance and shared with all participants and modified to reflect the risk as the project progresses. It should also be brought into the field for consultation. The Principal Investigator or Activity Coordinator should keep a copy of the plan for 5 years. It is a good idea to keep a record of any tailgate meetings, informal training, orientation, inspections etc. held regarding the remote field activity (whether prior to or during the activity).

### 1. Principal Investigator/ Activity Coordinator Contact Information

Name	
Department	
Work Phone	
Home Phone	
Cell Phone	
Email	

### 2. Activity Description/Overview *(You must note all locations)*

Date of Departure	
Date of Return	
Country of destination	
Geographical Site (address or Latitude/Longitude)	
Nearest City/Town and Distance	
Project Description	

**3. Activity Participants**

Name	Position	Emergency Info Form completed	Informed Consent Forms completed
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**4. Hazard Assessment, Control, and Inspections** (*Consult Carleton’s Field Safety Manual and Hazard Assessment and Control tool*)

**a. Hazard Assessment and Control**

Hazard	Risk	Mitigation or Controls
<i>e.g. Avalanche</i>	<i>e.g. Injury/ Death</i>	<i>e.g. Training; Check avalanche danger; Carry emergency locator beacon and recovery tools</i>

**b. Daily Field Safety Meetings**

You must conduct daily field safety meetings that supplement the Field Safety Plan. Document these meeting in a Log book to be retained for 5 years.

**c. Field Site Safety Inspection**

It is important that the PI/Activity Coordinator or delegate attend the site and perform a field worksite safety inspection at regular intervals.

Field Site Inspector Name	Date Completed	Inspection Form Attached
		<input type="checkbox"/>

**d. Waste Disposal**

Participants must remove any waste generated or brought to the field location.

Will hazardous waste be generated at the field site?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, describe the plan for disposal of hazardous waste.		

**5. Emergency Response Plan**

**a. Emergency Contacts:**

University Contacts	Name	Contact Number
Department		
CU Campus Safety Services		
CU Environmental Health and Safety		
CU Risk Management		
Field Contacts	Name	Telephone Number
Local Contact		
Local Emergency Response Number (e.g. 911)		
Local RCMP Detachment		
Other		

**b. Emergency Action Plan**

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:	

### 6. Communications

With Outside		
Device type (e.g. satellite, cellular, radio)	Contact Number	Time of day monitored for check-in procedure
Within Field Group		
Device type (e.g. satellite, cellular, radio)	Contact Number	Time of day monitored for check-in procedure

### 7. Training

It is the responsibility of the supervisor to determine the training required to ensure the participant remains safe working around the declared hazards and to confirm completion of the training.

Participant	Training Required	Training Completed
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**8. Immunizations/ Prophylaxis**

Travel Immunization/Prophylaxis Requirements:		
<input type="checkbox"/> Altitude sickness medication <input type="checkbox"/> Polio <input type="checkbox"/> Diphtheria <input type="checkbox"/> Rabies <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Tetanus <input type="checkbox"/> Japanese encephalitis <input type="checkbox"/> Tuberculin testing prior to departure <input type="checkbox"/> Malaria <input type="checkbox"/> Measles <input type="checkbox"/> Typhoid <input type="checkbox"/> Meningococcal <input type="checkbox"/> Yellow Fever	Other (specify) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

**9. Permits and/or Ethics Clearance**

These include such permissions as internal committee approvals, land access and external authorizing agencies.

Permit/Clearance Description	Date Obtained	Expiry Date

**10. Accommodations**

Dates	Location	Type (e.g. hotel, tent, cabin)	Contact Number

### 11. Transportation

Include all transportation used including plane, boat, on-road and off-road vehicles.

Leg/Destination	Type (e.g. air, road, off-road, snowmobile)	Details (e.g. make, model)	Source (e.g. CU, personal, rental)

### 12. Drivers

Please see the Office of Risk Management website for Carleton vehicle driver authorization. Should a collaborator's vehicle be used, a Certificate of Insurance must be obtained.

Transportation Type	Driver Name	License Type/Class

### 13. Equipment

It is the supervisor's responsibility to ensure all participants are trained in proper use of all equipment. All equipment should be listed in the event it is lost, stolen, or damaged to assist in insurance claims.

Type (e.g. saw, firearm)	Source (e.g. CU, personal, rental)	Personal Protective Equipment	Written Procedure
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

#### 14. Declarations

All participants have reviewed the Field Safety Plan and any additional procedures/protocols.

Name:	Signature:	Date

#### 15. Approvals

I acknowledge that this safety plan has been prepared in keeping with the requirements of the Carleton University Field Safety Program. The plan accurately describes the scope of the Field Activity, identifies the foreseeable hazards, and documents the control measures to manage the associated risks.

I affirm that the participants will be appropriately briefed and will receive appropriate training prior to participating in the activity.

\_\_\_\_\_  
Name & Title [Principal Investigator/Activity Coordinator]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I certify that I have reviewed and approved the above Remote Field Work Safety Plan.

\_\_\_\_\_  
Name & Title [Departmental Chair]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit the signed plan to the Office of Risk Management at [risk@carleton.ca](mailto:risk@carleton.ca).