

RISK ASSESSMENT FORM

(Also available on the Travel Authorization Request Form)

The following form is a planning guide to assist Project Directors to identify the level of risk involved in the fieldwork, and if further steps are required for high-risk activities. The Project Directors should consider all hazards and protective measures that may be unique to the fieldwork.

Project Title/Reference: _____

Faculty and Unit: _____

Project Director: _____ Contact Phone #: _____

Location of Fieldwork: _____

Dates of Fieldwork: _____

Number of Participants Involved: _____ Means of Transportation to Site: _____

Brief Description of Fieldwork Activities: _____

Section 1 Level of Risk:

Yes No N/A

Does the work only involve low risk activities? Low Risk Activities – Research and work activities that do not pose a higher risk as they are conducted at other accredited institutions. Examples include other universities, hospitals, libraries, etc. in areas that are politically stable, require no additional mandatory vaccinations and are easily accessible via public transportation. Research and work activity of this type does not require the completion of the Fieldwork Safety planning record. [If yes, completion of Safety Planning Record (Form 2) **is not** required.]

Does the work involve high-risk activities? Higher Risk Activities – Research and work activities that pose higher risks and require the completion of a Fieldwork Safety Planning Record. Examples include research at facilities that engage in higher risk operations such as laboratory activities, other activities which include additional training requirements and the use of personal protective equipment, research at remote field locations, diving operations, collecting data in politically unstable countries and travel to areas where additional immunization and vaccines are required. **Complete Safety Planning Record (Form 2).**
*** Students complete the Assumption of Risks (Form 4).**

Section 2 Transportation: (see Appendix 4 and 5)

Yes No N/A

Do the designated operators of private vehicles hold a valid driver's licence for the class of vehicle being driven (e.g. car, boat, bus)? Describe vehicles and license requirements: _____

Are the vehicles licensed as required?

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a 15 passenger van being used? (see Appendix 5 - 15 Passenger Van Authorization for Use Form) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the vehicle road worthy for the conditions under which it will be driven (e.g. no observable or known mechanical defects, tires in good condition at proper inflation, spare tire and jack)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the vehicle equipped with survival gear appropriate to the season, road conditions or road remoteness (e.g. flashlights, candles, matches, food, water, blankets, shovel, flares)? List required equipment: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are arrangements in place to ensure the driver is not fatigued or otherwise impaired when driving? |

Other Hazards/Protective Measures/Comments: _____

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety Planning Record Completed (refer to appendices) |
| <input type="checkbox"/> | <input type="checkbox"/> | | Authority to Travel Authorization Completed
(http://www.uregina.ca/presoff/vpadmin/policymanual/fs/30050502.html) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assumption of Risks, Release of Liability, Waiver of Claims and Indemnity Agreement Completed (students only) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate Insurance Coverage Purchased |

Assessment Completed by:

Print Name

Signature