RISK ASSESSMENT 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:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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.]

<table>
<thead>
<tr>
<th>☐</th>
<th>☐</th>
<th>☐</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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: ________________________________________________

<table>
<thead>
<tr>
<th>☐</th>
<th>☐</th>
<th>☐</th>
</tr>
</thead>
</table>

Are the vehicles licensed as required?
Yes  No  N/A  Is a 15 passenger van being used? (see Appendix 5 - 15 Passenger Van Authorization for Use Form)

☐  ☐  ☐  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)?

☐  ☐  ☐  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: __________________________

☐  ☐  ☐  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  Safety Planning Record Completed (refer to appendices)

☐  ☐  ☐  Travel Authorization (Financial Services) Completed

☐  ☐  ☐  Assumption of Risks, Release of Liability, Waiver of Claims and Indemnity Agreement Completed (students only)

☐  ☐  ☐  Appropriate Insurance Coverage Purchased

Assessment Completed by:

Print Name __________________________  Signature __________________________