**­­­­This form is a planning tool.**

Principal Investigator: Click or tap here to enter text.

Department: Click or tap here to enter text.

Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date.

# Fieldwork Information

* List all geographical sites you will be visiting during this fieldwork period. Include a Google™ Map page showing the approximate area of each site in relation to the nearest major city.
* Attach a copy of any permits required.
* Append any additional information required.
* Attach a copy of your research protocol, if available.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Geographical Sites** | **Permit** **Required** | **Map****Attached** | **Duration** | **Activities** **Conducted** |
| **1** | Click or tap here to enter text. | Yes [ ]  No [ ]  | [ ]  | Click or tap here to enter text. | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. | Yes [ ]  No [ ]  | [ ]  | Click or tap here to enter text. | Click or tap here to enter text. |
| **3** | Click or tap here to enter text. | Yes [ ]  No [ ]  | [ ]  | Click or tap here to enter text. | Click or tap here to enter text. |

## Non-regional operations

Complete the following section if conducting any fieldwork activities outside of the local Ottawa area

* Country: Click or tap here to enter text.
* Province/state: Click or tap here to enter text.
* Field site: Click or tap here to enter text.
* Nearest community and distance to site: Click or tap here to enter text.
* Nearest Canadian consulate: Click or tap here to enter text.

Do you have previous experience with the fieldwork location(s)? Yes [ ]  No [ ]

* If yes, in what capacity?

Click or tap here to enter text.

Is the fieldwork site subject to a current warning (e.g. natural disaster, public health warning, civil unrest, etc.) or travel advisory? Yes [ ]  No [ ]

* If yes, explain how the fieldwork activity will operate within the operational limitations of the warning or travel advisory.

Click or tap here to enter text.

What living arrangements have been made for individuals participating in the fieldwork activity?

Click or tap here to enter text.

Is the fieldwork conducted as part of part-time or full-time research? Part-time [ ]  Full-time [ ]

# Fieldwork Participants

List the names of all those participating in the fieldwork, their contact information, their relation to the University of Ottawa, and the names of their emergency contacts.

|  | **Name** | **Relationship (Staff, Student, Other)** | **Phone** | **Emergency Contact Name** | **Emergency Contact Phone** |
| --- | --- | --- | --- | --- | --- |
| **Participant 1** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Participant 2** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Participant 3** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Participant 4** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Participant 5** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Participant 6** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Are these participants part of a larger research group (e.g. with another institution)? Yes [ ]  No [ ]

* If yes, which institution/group?

Click or tap here to enter text.

# Check In

It is critical that someone know when and where you and/or your team will be during your daily fieldwork. We strongly recommend that you check in with this person at the start and end of each day of fieldwork, and at regular intervals throughout the day. You must also inform the check-in person(s) of any change of plans.

* Name of check-in person(s): Click or tap here to enter text.
* Phone: Click or tap here to enter text.
* Relationship: Click or tap here to enter text.
* Anticipated frequency of check-in: Click or tap here to enter text.

# First Aid, Medical and Emergency Information

* First responding authority: Click or tap here to enter text.
* Contact information: Click or tap here to enter text.
* Medical materials and safety devices brought to site: Click or tap here to enter text.
* Documents for medical services (e.g. insurance): Click or tap here to enter text.
* Immunizations or prophylaxis required: Click or tap here to enter text.

Have the participants consulted a healthcare professional to ensure they are in good health and physically fit to conduct the fieldwork activity (e.g. review of allergies, immunization (including tetanus) updated)  Yes [ ]  No [ ]

How will participants call for immediate assistance if they require medical care, security services, or are experiencing violence, harassment, etc.?

Click or tap here to enter text.

Do participants have proof of supplemental medical coverage, either through uOttawa, a student association, or other organization? Yes [ ]  No [ ]

Participants with known medical conditions (e.g. allergies), or other conditions, are encouraged to self-declare such conditions to their supervisor to assist the participant and the fieldwork supervisor in ensuring the participant’s health and safety during the fieldwork.

# Training Required

Will participants be required to complete [mandatory training sessions](https://virtuo.uottawa.ca/en/career-talent-development-learning/workshops/mandatory-training-sessions), as specified by the University?

Yes [ ]  No [ ]

List all other training workshops participants will be required to complete.

|  |  |  |
| --- | --- | --- |
| **Name** | **Type of training (e.g. wilderness first aid, CPR, firearm, boating licence, etc.)** | **Expiration Date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

Will a motorized pleasure craft be used? Yes [ ]  No [ ]

* If yes, has the operator qualified for a pleasure craft operator card? Yes [ ]  No [ ]

Will a firearm be carried? Yes [ ]  No [ ]

* If yes, does the person possess the required licences (e.g., possession, transportation means, etc.) Yes [ ]  No [ ]

# Physical Demands

[ ]  Working at night [ ]  Walking for long periods [ ]  Lifting heavy materials

[ ]  Extreme temperatures [ ]  Working with a lack of sleep [ ]  Other

[ ]  Diving [ ]  High altitudes

# Travel Itinerary

Include all dates and modes of transportation, including (where applicable) the carrier and flight number:

|  | **Date** | **Mode** | **Carrier** | **Flight/Train** |
| --- | --- | --- | --- | --- |
| **1** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **3** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **4** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Dangerous Situation Evacuation Procedure

List reasonably foreseeable situations in which an evacuation from the fieldwork site would be required.

|  | **Situation** | **Detailed Evacuation Procedure** |
| --- | --- | --- |
| **1** | Click or tap here to enter text. | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. | Click or tap here to enter text. |
| **3** | Click or tap here to enter text. | Click or tap here to enter text. |

# Hazard Identification and Risk Assessment

Supervisors shall use the HIRA process outlined in the [Hazard Identification and Risk Assessment](https://www.uottawa.ca/about-us/administration-services/office-risk-management/my-safety/occupational-health-safety/management-system/safety-procedures)

[Procedure](https://www.uottawa.ca/about-us/administration-services/office-risk-management/my-safety/occupational-health-safety/management-system/safety-procedures) to identify fieldwork activities and their current and potential fieldwork hazards at the

proposed activity location.

# Safety Checklist

Create a safety checklist that applies to your fieldwork. Examples are shown in red below.

[ ]  I’ve checked in to let someone know when and where I will be doing research today

[ ]  Self check - life jacket tied correctly

[ ]  Partner check – life jacket tied correctly

[ ]  Boat gas tank is full

[ ]  Radio

[ ]  Permits to area of research

[ ]  Equipment

[ ]  First aid kit

[ ]  Downloaded SecurUO

[ ]  GPS

[ ]  Water and food

[ ]  Protective equipment

[ ]  Other

[ ]

[ ]

# Acknowledgement

I certify that this fieldwork form accurately describes the scope of the activity, identifies the foreseeable hazards, and documents the plans that have been put in place to manage the associated risks. I affirm that I will ensure that the participants are appropriately briefed and have received training prior to participating in the activity, in accordance with the Fieldwork Safety Guidelines.

If I am participating in the off-campus activity, I acknowledge that:

* I am aware of the foreseeable risks associated with this off-campus activity and I consent to assume them;
* I am in a satisfactory state of health to undertake the off-campus activity and I have received all the prescribed immunizations; and
* I will act in a safe and responsible manner throughout the course of the off-campus activity, taking into account instructions received and the welfare of others.

**Principal Investigator**

Name: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participants**

Name: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please refer to the current policy for your faculty/department (if applicable)

If you require assistance, consult with the faculty health, safety and risk manager or the Office of the Chief Risk Officer.