McMaster University Field Research Safety Planning Record
(Risk Assessment)

Pursuant to the McMaster University guidelines for Field Trips, Student Placements and Research Activity Approval, this form is to be completed by the faculty supervisor and submitted to the department chair (or equivalent) prior to departure on field research. Multiple trips to the same site or group of sites can be covered by one form. This form is valid for a single academic year and a new form must be completed annually.

Department: _____
Person in charge of field research (e.g. faculty, TA or supervisor): _____
Phone number: _____
Email: _____
Faculty Supervisor (if different from above): _____
E-mail of contacts who should receive copies of this assessment: (Chair, Director, JHSC co-chairs etc.) (Please separate multiple with semicolon): _____
Location of Field Research (City, Province, Country): _____

Details of Trip
Date of Departure: _____
Date of Return: _____

Field Research Team:

Name	Please select one: Team lead	Team member	Other: specify	First Aid Trained Yes or No

Assessment Procedures:
The faculty supervisor in charge of the field research is responsible to ensure that all applicable hazards are assessed and appropriately mitigated.

The purpose of a hazard assessment is to determine the measures which must be taken to enable work to be carried out safely. A hazard is an attribute of an activity, substance or thing which confers on it the potential to cause injury, damage or loss. Risk is the probability of this injury, damage or loss occurring and includes the severity. The output of this assessment tool will help identify those hazards that require further work in order to be counteracted. If you require guidance in conducting the assessment and in implementing appropriate controls, you can contact the Office of Environmental Health and Safety at eohss@mcmaster.ca.

Note that the below does not represent all possible hazards that could be encountered. If there are hazards not found in the table, it is the responsibility of the PI to use the "Other" categories to enter the information.

Travel & Location

Travel & Location	Location of hazard (At research site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
☐ Airplanes, helicopters, watercraft			
☐ Using/driving vehicles			
☐ Travel on dangerous roads or off-roads			
☐ High altitudes			
☐ Activities requiring high fitness levels			
☐ Hiking			
☐ Climbing/cliffs			
☐ Isolated or remote locations			
☐ Other locations not specified above (enter below) _____			

Hazardous Agents

Hazardous Agent	Location of hazard (At research site or en route to site, located by	Hazard description	Safety mitigation
☐ Hazardous materials - chemicals / biological agents/ ionizing and non- ionizing radiation			
☐ Designated substances – asbestos / lead / silica / mercury			
☐ Noise >85 decibels			
☐ Vibration			
☐ High force motions			
☐ Working with or near explosives			
☐ Aware of and understand COVID-19 protocol requirements			
☐ Other hazardous agent not specified above (enter below) _____			

Wildlife

Wildlife	Location of hazard (At research site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
☐ Dangerous animals			
☐ Insects & bites, venomous, disease from insect vectors (e.g. malaria, lyme etc.)			
☐ Plants (poison ivy, oak etc.)			
☐ Other wildlife not specified above (enter below) _____			

Equipment & Tools

Equipment & Tools	Location of hazard (At research site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
☐ Sharps (needles etc.)			
☐ Hand tools and equipment (e.g. hammer, screwdriver, etc.)			
☐ Powered tools			
☐ Exposed moving parts			
☐ Stationary Power Machines			
☐ Lifting devices & or Mobile equipment			
☐ Large or heavy equipment			

☐ Welding			
☐ Centrifuge			
☐ Autoclave			
☐ Compressed gas and/or pressurized systems			
☐ Electrical equipment: (e.g. electrical panels, lighting, electrical wiring)			
☐ Firearms, projective weapons, etc.			
☐ Other equipment and tools not specified above (enter below) _____			

Physical Environment

Environment	Location of hazard (At research site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
☐ Diving – caves, current, deep diving, wreak, etc.			
☐ Working from heights – scaffolds / ladders			
☐ Confined or restricted spaces			
☐ Working alone			
☐ Working with or near fire			
☐ Temperature extremes			

☐ Sun exposure			
☐ Unclean water			
☐ Other physical environment not specified above (enter below) _____			

Social Environment

Social Environment	Location of hazard (At research site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
☐ Violence: Are there situations where the student could be exposed to violence? Could the student become a subject of violence?			
☐ Work Stress: Will there be a high level of stress in the student's work? (e.g. work requiring constant alertness for long periods of time, such as a security monitor, or work with high levels of emotional stress such as working in an Emergency Room)			
☐ Other social environment not specified above (enter below) _____			

Any other concerns or comments not previously covered:

Health Considerations when travelling:

The CDC (Center for Disease Control and Prevention) offers an array of resources and tools so that you may assess and review the health consideration for your research destination. For more information please visit: http://wwwnc.cdc.gov/travel/

The CDC also offers a guide on Health Information for International Travel (commonly called the Yellow Book); published every two years by CDC as a reference for those who advise international travelers about health risks. For more information please visit: http://wwwnc.cdc.gov/travel/page/yellowbook-home-2014

The ISTM (International Society for Travel Medicine) promotes healthy travel to international destinations and also provides the Global Travel Clinic tool which allows you to search for medical facilities located in more than 80 countries, clinics offer pre-travel immunizations, counseling and medicines to help protect travelers while traveling internationally. Most clinics also provide care to travelers if needed upon their return. It is strongly recommended that a travel clinic be visited well in advance of any travel. For more information please visit: http://www.istm.org/

Duration of travel
Please note that for McMaster employees (not students), a worker who is an Ontario resident, and whose usual place of employment is in Ontario, is automatically covered under WSIB for up to six months while temporarily working outside Ontario.

EMERGENCY PROCEDURES:
University contact name: _____
University contact phone #: _____
Alternate university contact phone #: _____
Local contact name and number: _____
Local emergency service number: _____
Scheduled communication (e.g. weekly calls to check in with designated person):
_____

Additional comments:

ACKNOWLEDGEMENT OF TEAM MEMBERS:
I, the undersigned, acknowledge that I have read the McMaster University guidelines for Field Trips, Student Placements and Research Activity Approval and in keeping with it,
(a) I have been fully informed of the risks of this field research and I accept them;
(b) I will comply with the established safety procedures;
(c) I am in a satisfactory state of health to undertake the research; and
(d) I have received all of the prescribed immunizations.

Name	Signature	Date

Signature of Faculty Supervisor:
I acknowledge that this safety plan has been prepared in keeping with the requirements of the McMaster University guidelines for Field Trips, Student Placements and Research Activity Approval. I understand that as the supervisor I am responsible for the health and safety of staff and students participating in this work.

Name	Signature	Date

Signature of Department Chair (or equivalent):
I acknowledge receipt of this document. I understand that I am responsible for the health and safety of staff and students participating in this work and for ensuring that supervisors and faculty in my department who conduct this work have been made aware of the responsibilities.

Name	Signature	Date

*Please ensure a copy of this assessment gets sent to your department chair (or equivalent) and any other relevant personnel.