

FIELD ACTIVITIES PLAN

This template is designed to help you ensure you are meeting your due diligence obligation and is to be utilized in conjunction with a review of the [Off-Campus Activity and Travel Policy](#). Also, see the [FAP Instruction Sheet](#) on the FRO site for many tips on how to fill this out. The plan should be prepared in advance and shared with all participants and be modified to reflect your risk as your project progresses. The supervising researcher or school/course director should keep a copy of the plan for 7 years. It is a good idea to keep a record of any tailgate meetings (see #7), informal training, orientations etc. held regarding field activities (whether prior to or during the field activity). See an example of a [completed FAP](#).

Date FAP Prepared:	Click here to enter text
Department:	Click here to enter text.
Name of Supervising Researcher or Course Director:	Click here to enter text
Supervising Researcher's Contact Info:	
Work Phone:	Click here to enter text.
Home Phone:	Click here to enter text.
Cell Phone:	Click here to enter text.
Email:	Click here to enter text.

1. [Project Description/Overview](#)

Date of Departure (DD/MM/YYYY):	Date of Departure
Date of Return (DD/MM/YYYY):	Date of Return
Country:	Country where research is taking place
Geographical Site: (address or Latitude/Longitude)	Click here to enter text.
Nearest City/Town and Distance to:	Nearest town/city and distance to from field site.
Project Description:	Click here to enter text.

2. [Field Research Participants](#)

Name:	Position:	Emergency Info Form completed	Informed Consent Forms completed
Full Legal Name text.	e.g. Grad Student,	<input type="checkbox"/>	<input type="checkbox"/>

Click here to enter text.	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter text.	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter text.	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>

3. Document Management

Copies of the FAP, Emergency Info Forms, Informed Consent Forms, and Training Certifications will be kept in the field as well as with:

Name:	Click here to enter text.
Email:	Click here to enter text.
Phone:	Click here to enter text.
Link to Google Drive Document:	Click here to enter text.

4. Emergency Response Information

University Specific Contact Info:	
Department Contact and Phone Number:	Department Emergency Contact and phone.
UofA Protective Services:	780-492-5050
UofA Environmental Health & Safety:	780-492-1810
UofA Office of Insurance and Risk Assessment:	780-492-8886
STARS:	1-888-888-4567, 1-403-299-0932 #4567 from a cell phone
Field Specific Emergency Contact Info	
Local Contact and Phone Number:	Click here to enter text.
Local Emergency Response Number:	911 available <input type="checkbox"/> or Click here to enter text.
Local RCMP Detachment:	Click here to enter text.
Other:	Click here to enter text.

5. Emergency Response Plan (ERP):

Potential Emergencies:	Click here to enter text.
Procedures for dealing with Potential Emergencies:	Click here to enter text.
Identification of, location of and operational procedures for emergency equipment:	Click here to enter text.
Emergency response training requirements:	Click here to enter text.
Location and use of emergency facilities:	Click here to enter text.
Fire protection requirements:	Click here to enter text.
Alarm and emergency communication requirements:	Click here to enter text.
First aid services required:	Click here to enter text.
Procedures for rescue and evacuation:	Click here to enter text.
Designated rescue and evacuation workers:	Click here to enter text.

6. Hazard Assessment and Control:

Task	Potential Hazard	Mitigation or Controls
e.g. walking in bush where ground is uneven .	e.g. Slip, falls, bodily injuries	e.g. Appropriate footwear for terrain, awareness of area e.g. Wear protective eyewear, clear safety glasses for low light/dark conditions, tinted lenses for sunny weather
e.g. working near or around Hydrogen sulfide, H2S (sour gas) wells	H2S poisoning, possible death	Hydrogen sulfide (sour) gas plants are abundant throughout Alberta and elsewhere. A project/site-specific hazard assessment prior to going out in the field is the best way to identify the potential hydrogen sulfide gas hazard. Once it is identified as a hazard, a hydrogen sulfide personal detector along with appropriate training on hazards associated with working around hydrogen sulfide gas would be the most appropriate control measure. In this regard, see FRO's page on H2S Hazard Assessment tips.
Enter text here	Enter text here	Enter text here
Enter text here	Enter text here	Enter text here
Enter text here	Enter text here	Enter text here
Enter text here	Enter text here	Enter text here
Enter text here	Enter text here	Enter text here
Enter text here	Enter text here	Enter text here

7. Daily Field Safety Meetings.

These books should be kept with the department/supervisor for at least 7 to 10 years.

Field Safety Log Book Obtained from FRO:	Date Obtained:	Discussion with research team
<input type="checkbox"/> Check if obtained	Click here to enter a date.	<input type="checkbox"/> Check when completed

8. Field Worksite Safety Inspection

It is important the PI or research supervisor attend at the site and do a field worksite safety inspection. Here is an example of [a form](#) that could be used. It will need to be tailored to the activities you are doing.

Field Worksite Inspection completed by:	Date completed:	Inspection Type:	Inspection Form Attached
	Click here to enter a date.		<input type="checkbox"/>

9. Permits Required or Ethics Clearance Needed

There is a [list of frequently needed permits](#) that FRO has created.

Permit/Clearance:	Date Obtained:	Expiry Date:
Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.	Click here to enter a date.

10. Training

Copies of training certificates or records should be kept with the Field Activities Plan for easier reference.

Name	Position	Training Required	Training Completed
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/>
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/>
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/>

11. Immunizations

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) <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/>

12. Accommodations

Type	Location / Contact info (e.g., campground name & phone)
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Tents	Click here to enter text.
Trailer	Click here to enter text.
Cabin	Click here to enter text.
Hotel/motel	Click here to enter text.
Other:	Click here to enter text.

13. Meals

Type:	
Self cooked*	<input type="checkbox"/>
Catered	<input type="checkbox"/>
Restaurants	<input type="checkbox"/>

14. Transportation

To, from and at Field Camp/Site – see note below in #for vehicle inspection log.

Type (Road, Air, Off-Road)	Details	Source (UofA, Rental/Rental Co. etc,)
e.g. Truck	e.g. Toyota Tacoma, ½ ton	e.g. UofA Vehicle Pool

15. Drivers

Names of Approved Drivers	License type/class	U of A certified for vehicle type?
Click here to enter text.	Click here to enter text.	Click here to enter text.

16. Communications

With Outside		
Device type	Number	Time of day monitored / check-in procedure
Satellite phone	Click here to enter text.	Click here to enter text.
Cell phone	Click here to enter text.	Click here to enter text.
Radio frequency	Click here to enter text.	Click here to enter text.
Alternate device	Click here to enter text.	Click here to enter text.
Within Research Group		
Device type	Number	Time of day monitored / check-in procedure
Device?	Click here to enter text.	Click here to enter text.

17. Equipment

Please note this [Vehicle Inspection Log](#) should be completed if you have vehicles/ATVs/etc. you are using in the field and kept with the Field Activity Plan.

Equipment	UofA* / rental / other	SOP [Standard Operating Procedure] Prepared ('yes') or not applicable (N/A)
e.g. Gas Chainsaw – 18 inches	e.g. Athabasca Rentals, Athabasca, AB.	As per Operators' manual and after completion of training
Personal Protective Equipment Recommended		
List all personal equipment recommended for use with the equipment – e.g. Protective Eyewear (Clear safety glasses for low light/dark conditions, tinted lenses for sunny weather)		

18. Insurance Needs

Check off if addressed

Off-Campus Equipment registered?	<input type="checkbox"/>
Participants informed of need to purchase extra travel insurance	<input type="checkbox"/>
Medical Evacuation Insurance	<input type="checkbox"/>
Kidnapping Insurance	<input type="checkbox"/>
Certificate of Insurance required?	<input type="checkbox"/>

19. Approval

Signature of Supervising Researcher:

I acknowledge that this safety plan has been prepared in keeping with the requirements of the [University of Alberta Off-Campus Activity and Travel Policy](#) and according to my review of [Appendix B \(Risk Assessment Matrix\)](#) and consideration of the research personnel, activities that will be performed and the research site, the risk for this FAP is Choose an item.:

Name:	Signature:	Date (DD/MM/YYYY)
Name of Approver, position		Click here to enter a date.

The following members of the research team have been informed and/or provided with a copy of this Field Activities Plan and any additional

procedures/protocols that are attached to form part of the FAP and are aware of the hazards identified and the methods used to control or eliminate the hazards.

Name:	Signature:	Date (DD/MM/YYYY)
Name of Research Member		Click here to enter a date.