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| **A close up of a logo  Description automatically generated****Risk Assessment** |
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| **Title:** |  |
| Issue Date:   |  |
| SOP#  |  |
| Revision #  |  |

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| FIELDWORK RISK ASSESSMENT CHECKLIST (5 pages) |

Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Status (ie. Undergrad, grad student etc.) | Email | Phone # | Address |
|  |  |  |  |  |
| Dates of trip | Fieldwork area/purpose of work | Address/phone in field |
|  |  |  |
| 2 people to be contacted in emergency (optional) |
| Name (and relationship to you) | Address: | Phone #’s | Email |
| Name (and relationship to you) | Address: | Phone #’s | Email |
| Contact details in host location |
| Name of Host: | Address: | Phone # | Email |
| Emergency/Insurance Details |
|  | Trip insurance policy No: | Insurance phone: |
| Saint Mary’s University department contact details |
| Name of supervisor: | Name of others on trip:  |
| Email: |
| Phone #: |

Please provide a summary detailing your proposed activities.

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**Signature of Responsible Faculty Member Print Name of Responsible Faculty Member**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dated**

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**Signature of Dean Print Name of Dean and Faculty**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dated**

Complete the following checklist to outline risk and your planned risk management.

If there are further topics of concern please add to this checklist.

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| TRAVEL (Auto, boat, air) |
| Hazard Identification (potential) | Applicable? (Y/N) | Risk Analysis | Risk Management Plan |
| Vehicle Condition (safety equipment, mechanical, tires, etc.) |  |  |  |
| Driver Qualification/Experience for location activity |  |  |  |
| Route Conditions – Weather extremes |  |  |  |
| Route Conditions - rough (inc. flat tires) |  |  |  |
| Route Conditions - congestion |  |  |  |
| Route Conditions - winding, limited sight line |  |  |  |
| Pedestrians |  |  |  |
| Intersections/Railroad Crossings |  |  |  |
| OTHER: |  |  |  |
| OTHER: |  |  |  |
| HUMAN FACTORS/PARTICIPANT ACTIVITIES |
| Hazard Identification (potential) | Applicable? (Y/N) | Risk Analysis | Risk Management Plan |
| Hiking/Walking |  |  |  |
| Climbing |  |  |  |
| Lifting/Carrying |  |  |  |
| Swimming/Snorkeling/SCUBA/Boating |  |  |  |
| Digging/Trenching |  |  |  |
| Use of Tools (including chipping) |  |  |  |
| Extended Immobility (auto, boat, air) |  |  |  |
| Fatigue/Dehydration |  |  |  |
| Food Handling |  |  |  |
| Language/Culture Differences |  |  |  |
| Separation of Individuals from Group |  |  |  |
| Lack of Rest Stops/Facilities |  |  |  |
| Individual Behaviors/Risk Acceptance |  |  |  |
| Equipment Failure |  |  |  |
| OTHER: |  |  |  |
| OTHER: |  |  |  |
| **ENVIRONMENTAL HAZARDS (Natural)** (List identified hazards associated with the environment) |
| Hazard Identification (potential) | Applicable? (Y/N) | Risk Analysis | Risk Management Plan |
| Temperature Extremes (Hot/Cold) |  |  |  |
| Uneven/Slippery Walking Surfaces |  |  |  |
| Sharp Objects—rocks, coral, vegetation |  |  |  |
| Heights/Drop-offs (including high elevation) |  |  |  |
| Falling Objects/Obstructions |  |  |  |
| Tight Spaces/Narrow Openings/Overhangs |  |  |  |
| Darkness/Low Light |  |  |  |
| Strong Sunlight (including sunburn) |  |  |  |
| Foul Weather—wind, rain, snow, lightning, flash flood |  |  |  |
| Fire Hazard |  |  |  |
| Smoke/Dust/Fog |  |  |  |
| Toxic/Allergic Sources (vegetation, pollen) |  |  |  |
| Animals—insects, reptiles, mammals, other |  |  |  |
| Water/Current—streams, waves, tides, depth |  |  |  |
| OTHER: |  |  |  |
| OTHER: |  |  |  |
| ENVIRONMENTAL HAZARDS (Man-made) |
| Hazard Identification (potential) | Applicable? (Y/N) | Risk Analysis | Risk Management Plan |
| Vehicular Traffic—roads, railroads |  |  |  |
| Bridges |  |  |  |
| Fences |  |  |  |
| Utility Lines |  |  |  |
| Local Inhabitants (including hunters) |  |  |  |
| Crowds/Spectators |  |  |  |
| OTHER: |  |  |  |
| OTHER: |  |  |  |
| EMERGENCY RESPONSE |
| Hazard Identification (potential) | Applicable? (Y/N) | Risk Analysis | Risk Management Plan |
| Limited/Remote Medical Services |  |  |  |
| Limited Communications |  |  |  |
| OTHER: |  |  |  |
| OTHER: |  |  |  |
|  |  |  |  |
| **HEALTH** If any participant has a health concern that may cause a concern during the trip, the participant should document the pertinent information and put in a sealed envelope, marked “confidential, only to be open in case of a medical concern”. Unopened envelopes will be returned to participants at the end of the trip.  |
|  |  |  |  |
| **INHERENT TO THE COURSE ITSELF** (list hazards associated with the nature of the course content itself and/or associated research) |
|  |  |  |  |
| **LEGAL CONSIDERATIONS** (List identified hazards associated with the laws and legal system of the country in which the activity is taking place, e.g. laws relating to drugs/ alcohol, sexuality, severity of punishment for crimes; nature of the legal system; obtaining legal assistance.) |
|  |  |  |  |