

Fieldwork Safety Plan

Pursuant to the Department of Geography's Field Work Safety Policy, this form must be completed by the participant and supervisor and submitted to the Geography main office prior to departure.

Name:		Supervisor Name:	
Student Number:		Emergency Contact Name:	
Email:		Emergency Contact Phone (H):	
Telephone (in the field):		Emergency Contact Phone (W):	

Date of Departure:		Date of Return:	
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Destination:	
Country:	
Main/Closest City:	
Address:	
Telephone:	

Emergency Services: (emergency services and contacts close to your destination)			
Hospital Name:			
Hospital Address:			
Hospital Phone:		Distance to Hospital:	

Emergency Field Contact: (known contact at destination)			
Name:		Phone:	
Position:		Email:	
Address:			

Nature of Work (Include information on potential hazards and appropriate safety measures)**Emergency Procedures** (Include information on communication and evacuation plans)**Travel Insurance Requirements** (Extended health care coverage may be required)**Immunization Requirements** (Immunizations should be done 6 to 8 weeks prior to travel)**Equipment**

- Condition of equipment has been checked and is in proper working order
- Personal protective equipment has been made available to participants

Student Signature:		Date:	
Supervisor Signature:		Date:	