







## 6. TRANSPORTATION

|                                                                            |                                                                                                                                     |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| How are you arriving to the Field Work Site?                               | <input type="checkbox"/> By Air<br><input type="checkbox"/> By Ground (ie. Driving)<br><input type="checkbox"/> By Water (ie. Boat) |
| How are you commuting to your accommodation?                               | <input type="checkbox"/> N/A, less than 24 hour trip                                                                                |
| How are you getting to and from your accommodation to the Field Work Site? | <input type="checkbox"/> N/A, less than 24 hour trip                                                                                |
| How are you commuting while on the Field Work Site <i>(if applicable)</i>  |                                                                                                                                     |

## 7. HAZARDS, CONTROLS, AND EMERGENCIES

Check the applicable hazards of the field site from the table below and for each, identify controls and emergency considerations

### Natural Hazards

|                                                                                              |                                                                  |                                                                        |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Avalanches                                                          | <input type="checkbox"/> Hazardous Flora and Fauna               | <input type="checkbox"/> Flash flood                                   |
| <input type="checkbox"/> Working Cliffside/Mountainside                                      | <input type="checkbox"/> Wildlife encounter (bears, snakes etc.) | <input type="checkbox"/> Working near water                            |
| <input type="checkbox"/> Elevation (low oxygen)                                              | <input type="checkbox"/> Pests                                   | <input type="checkbox"/> Working on or over water                      |
| <input type="checkbox"/> High Altitude (falling from)                                        | <input type="checkbox"/> Fire                                    | <input type="checkbox"/> Working on ice                                |
| <input type="checkbox"/> Falling objects                                                     | <input type="checkbox"/> Wildfire                                | <input type="checkbox"/> Extreme Marine Weather (Rogue Waves, current) |
| <input type="checkbox"/> Terrain (uneven, Rocky, loose ground, slippery, sharp objects etc.) | <input type="checkbox"/> Wildfire Smoke                          | <input type="checkbox"/> Entanglement                                  |
| <input type="checkbox"/> Extreme Land weather (strong winds, rain, fog etc)                  | <input type="checkbox"/> Temperature Extreme (Hot)               | <input type="checkbox"/> Engulfment                                    |
| <input type="checkbox"/> Lighting                                                            | <input type="checkbox"/> Temperature Extreme (Cold)              | Nearby road traffic                                                    |
| <input type="checkbox"/> Remote region (forest, lake etc.) with no WiFi/Data                 | <input type="checkbox"/> Darkness/low light                      | <input type="checkbox"/> Tight spaces/narrow openings/overhangs        |
| <input type="checkbox"/> Other:                                                              |                                                                  |                                                                        |

### Transportation Hazards

|                                                            |                                                                                |                                   |
|------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Road Traffic (vehicle crash etc.) | <input type="checkbox"/> Vehicle Condition (flat tire, mechanical issue, etc.) | <input type="checkbox"/> Rollover |
|------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------|





|                                                                                                                       |        |        |        |        |
|-----------------------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|
| <b>Rare</b><br><i>Not known to have occurred, but considered remotely possible</i>                                    | Low    | Low    | Medium | Medium |
| <b>Unlikely</b><br><i>It has been known to occur but not likely in normal circumstances</i>                           | Low    | Medium | Medium | Medium |
| <b>Moderate</b><br><i>From once per month to once per year, may occur at some time</i>                                | Medium | Medium | Medium | High   |
| <b>Likely</b><br><i>From once per day to once per month, expected to occur at some time</i>                           | Medium | Medium | High   | High   |
| <b>Very Likely</b><br><i>Continuously or many times daily, expected to occur regularly under normal circumstances</i> | Medium | High   | High   | High   |

<sup>5</sup> Emergency Actions refers to identifying key actions that will be taken in the event that the hazard causes harm to an individual. Refer to <https://travelfieldsafety.ubc.ca/topic-specific-resources-for-field-safety-planning/> for assistance.





### 11. EMERGENCY RESPONSE CONTACT INFORMATION

| University Contacts (Not at Field Site) |      |              |
|-----------------------------------------|------|--------------|
| Name                                    | Role | Phone Number |
|                                         |      |              |
|                                         |      |              |
| <i>Add rows as needed</i>               |      |              |

| Local Contact Information (At Field Site) |      |              |
|-------------------------------------------|------|--------------|
| Name                                      | Role | Phone Number |
|                                           |      |              |
|                                           |      |              |
| <i>Add rows as needed</i>                 |      |              |

| Local Emergency Information              |       |
|------------------------------------------|-------|
| Local Emergency Response Number          | 9-1-1 |
| Nearest Hospital(s) to the Field Site(s) |       |
| Coast Guard (Canadian or equivalent)     |       |

| First Aid Information       |                    |                                  |
|-----------------------------|--------------------|----------------------------------|
| Name of First Aid Attendant | Level of First Aid | Phone Number to Summon First Aid |
|                             |                    |                                  |
|                             |                    |                                  |
| <i>Add rows as needed</i>   |                    |                                  |

### 12. COMMUNICABLE DISEASE FRAMEWORK

A communicable disease is an illness caused by an infectious agent or its toxic product that can be transmitted in a work, research or academic environment from one person to another (i.e. influenza, COVID-19, norovirus)

|                                                                                                                                            | Yes                      | No                       | N/A                      | Details                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------|
| Have communicable disease entry/exit requirements been identified and addressed?                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, list requirements here:             |
| Have all participants been directed complete a daily health check, wash hands, not attend activities if symptomatic?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If no or N/A, describe why                  |
| If a participant at the field site develops symptoms, is there a plan to ensure the worker/student is cared for or safely transported home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Describe the plan or why there isn't a plan |
| Will there be access to testing kits and /or required vaccination records for any applicable communicable diseases?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, describe                            |
| Is self-isolation or quarantining required for any communicable disease?                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, how will you manage this?           |



**13. DISTRIBUTION OF THE COMPLETED FIELD WORK SAFETY PLAN**

A copy of this completed Field Work Safety Plan must be distributed to:

- University Contacts not at the Field site identified in section 13
- All participants identified in section 3

A physical copy of this plan in addition to digital must be taken to the field site.

**14. PARTICIPANT AND SUPERVISOR ACKNOWLEDGEMENT**

**Project/Course Supervisor**

I confirm I have thoroughly reviewed this Domestic Field Work Safety Plan and I understand that as the project/course supervisor I am responsible for the health and safety of staff and students participating in this work.

| Name | Role | Date (MM/DD/YYYY)             |
|------|------|-------------------------------|
|      |      | Click or tap to enter a date. |

**Supervisor at Field Site**

I confirm I have thoroughly reviewed this Domestic Field Work Safety Plan and I understand that as the field supervisor I am responsible for the health and safety of staff and students participating in this work.

| Name | Role | Date (MM/DD/YYYY)             |
|------|------|-------------------------------|
|      |      | Click or tap to enter a date. |

**Participants at Field Site**

| Participant's Name        | I Confirm that I have thoroughly reviewed the contents of this plan and have a copy of this plan | Date (MM/DD/YYYY)             |
|---------------------------|--------------------------------------------------------------------------------------------------|-------------------------------|
|                           | <input type="checkbox"/>                                                                         | Click or tap to enter a date. |
|                           | <input type="checkbox"/>                                                                         | Click or tap to enter a date. |
|                           | <input type="checkbox"/>                                                                         | Click or tap to enter a date. |
|                           | <input type="checkbox"/>                                                                         | Click or tap to enter a date. |
| <i>Add rows as needed</i> | <input type="checkbox"/>                                                                         | Click or tap to enter a date. |





**15. APPROVAL**

The completed plan must be sent to [biology.okanagan@ubc.ca](mailto:biology.okanagan@ubc.ca) who will then review, and forward to the Department Head, Safety Committee who must confirm they have reviewed this Domestic Field Work Safety Plan and support this activity by completing a separate signature form (provided by the Department).

Submitted form and documents will be reviewed by the Department Head and/or Safety Committee. Signature, student consent forms, classlist and trip plan will be stored together for records.

**Department Head, Director or Dean**

I confirm I have reviewed this Domestic Field Work Safety Plan and support this activity. 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 | Role | Date (MM/DD/YYYY)             |
|------|------|-------------------------------|
|      |      | Click or tap to enter a date. |