

Biodiversity Institute of Ontario—Field Research Safety Form

To be submitted to the
 Director of the Biodiversity Institute of Ontario for approval prior to entering the field
 Refer to University of Guelph Safety Policy 851.06.04 for additional details.

Office use only

Principal Investigator: _____ **Contact #:** _____

Time Period (annual renewal): _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

Number of people in the working group: _____

Is the number appropriate for this particular field situation? Yes No

Field Expedition Leader: _____

- Names and contact information for all participants are to be entered in Appendix A

Location of Activity:

Brief Description of Research Activity:

Communication and Emergency Response

What communication equipment will the field team have access to?
 Cell phone Satellite phone Local hard line Radio Locator beacon
(# _____) (# _____) (# _____)

What is the contact number for local emergency response/medical evacuation? (# _____)
 First aid kit available? Yes No
 Number of personnel trained in first aid ____

How frequently will there be communication with the field team?
 Daily Field research team to contact Principal Investigator
 Weekly **OR**
 Monthly Principal Investigator to contact Field research team
 Other (_____)

Possible Hazards - Indicate concerns relevant to your group:

Hazard	Applies?	Suggested Precautions	Other Precautions
Communicable Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Review regional travel advisories <input type="checkbox"/> Ensure appropriate vaccinations <input type="checkbox"/> Ensure appropriate prophylactic medication <input type="checkbox"/> Insect controls (netting, repellent)	
Health Conditions E.g., Allergies, diabetes, conditions requiring medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Encourage participants bring adequate supply of required medication	
Predatory Animals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Research habitat/behavior <input type="checkbox"/> Pepper spray <input type="checkbox"/> Firearms	
Firearms/Weapons (type: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Firearm license (PAL) issued to person carrying firearm <input type="checkbox"/> Training on safe use	
Venomous Animals/Plants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Research habitat/behavior <input type="checkbox"/> Antidotes (if available)	

Work at Height <i>Fall protection is required at heights >3m</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Training on ladder safety <input type="checkbox"/> Climbing equipment (& training)	
Boating	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid license <input type="checkbox"/> Required equipment (see below)	
Electroshocking <input type="checkbox"/> Back-pack <input type="checkbox"/> Generator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Non-conducting boat hull (if applicable) <input type="checkbox"/> CPR trained personnel <input type="checkbox"/> Rubber boots & gloves	
Marine/Aquatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Research local tides/currents <input type="checkbox"/> Chest waders <input type="checkbox"/> Safety/throw line <input type="checkbox"/> Life jacket/flotation device	
Vehicles <input type="checkbox"/> Cars/Trucks <input type="checkbox"/> ATVs <input type="checkbox"/> Snowmobiles <input type="checkbox"/> Tractors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid license(s) <input type="checkbox"/> Driver Information Profile complete <input type="checkbox"/> Adequate insurance coverage <input type="checkbox"/> Training on safe operation of equipment <input type="checkbox"/> Car/truck checked for spare tire & jack	
Political/Civil Unrest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Local guides/security <input type="checkbox"/> Research local Travel Warnings (www.voyage.gc.ca) <input type="checkbox"/> Obtain contact numbers for Embassy/Consulate/Trade Office	
Extreme Environmental Conditions - arctic - desert - remote locations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Survival skills training <input type="checkbox"/> Wilderness first aid <input type="checkbox"/> Locator beacon <input type="checkbox"/> GPS	
Hazardous Materials <input type="checkbox"/> Radioisotopes <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Explosives <input type="checkbox"/> Biological <input type="checkbox"/> Chemical/other haz materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> WHMIS Training <input type="checkbox"/> TDG Certification <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Biosafety/Radiation permits issued (if applicable)	

Is a boat being used? Yes No

Name of operator card holder: _____

Please check if boat is equipped with the following:

<input type="checkbox"/> Bailing bucket [†]	<input type="checkbox"/> Fire extinguisher [†]	<input type="checkbox"/> Life jackets [†]	<input type="checkbox"/> Flashlight/flares [†]	<input type="checkbox"/> Air horn/whistle [†]
<input type="checkbox"/> Radio	<input type="checkbox"/> Drinking water	<input type="checkbox"/> Oars or anchor/line [†]	<input type="checkbox"/> 15m buoyant rope [†]	<input type="checkbox"/> First aid kit
		<input type="checkbox"/> Compass & charts	<input type="checkbox"/> Knife	<input type="checkbox"/> Spare gas tanks

[†] Required equipment for powered pleasure craft – refer to www.tc.gc.ca/marinesafety for more details

Will personnel be camping in the field? Yes No

Recommended Equipment:

<input type="checkbox"/> Tent	<input type="checkbox"/> Potable water	<input type="checkbox"/> Stove/cookware/utensils
<input type="checkbox"/> Adequate sleeping bags	<input type="checkbox"/> Provisions - food, fuel, etc	<input type="checkbox"/> Equipment – lantern, flashlight, etc

The above information is accurate and I understand the safety concerns involved in this project.

Signature of Professor: _____

This form must be sent to the Director of the Biodiversity Institute of Ontario for approval.

Signature of BIO Director: _____

- Principal Investigator keeps a copy
- Department keeps a copy
- Department sends completed form, minus Appendices, to Risk & Insurance Manager (5th Fl. UC) as per 851.06.04.

