

## RISK ASSESSMENT FORM

The following form is a planning guide to assist Project Directors to identify the level of risk involved in the fieldwork, and if further steps are required for high-risk activities. The Project Directors should consider all hazards and protective measures that may be unique to the fieldwork.

Project Title/Reference: \_\_\_\_\_

Faculty and Unit: \_\_\_\_\_

Project Director: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Location of Fieldwork: \_\_\_\_\_

Dates of Fieldwork: \_\_\_\_\_

Number of Participants Involved: \_\_\_\_\_ Means of Transportation to Site: \_\_\_\_\_

Brief Description of Fieldwork Activities: \_\_\_\_\_

### SELECT AND COMPLETE APPLICABLE SECTIONS

#### Section 1 Level of Risk:

Yes      No      N/A

          

Does the work only involve low risk activities? Low Risk Activities – Research and work activities that do not pose a higher risk as they are conducted at other accredited institutions. Examples include other universities, hospitals, libraries, etc. in areas that are politically stable, require no additional mandatory vaccinations and are easily accessible via public transportation. Research and work activity of this type does not require the completion of the Fieldwork Safety planning record. If yes, complete only the applicable sections of Risk Assessment. **Completion of Fieldwork Safety Planning Record (Appendix 3) is not required.**

          

Does the work involve high-risk activities? Higher Risk Activities – Research and work activities that pose higher risks and require the completion of a Fieldwork Safety Planning Record. Examples include research at facilities that engage in higher risk operations such as laboratory activities, other activities which include additional training requirements and the use of personal protective equipment, research at remote field locations, diving operations, collecting data in politically unstable countries and travel to areas where additional immunization and vaccines are required. **Complete Safety Planning Record (Appendix 2).**  
\* Students complete the Assumption of Risks, Release of Liability, Waiver of Claims and Indemnity Agreement (appendix 10).

#### Section 2 Transportation: (see Appendix 4 and 5)

Yes      No      N/A

          

Do the designated operators of private vehicles hold a valid driver's licence for the class of vehicle being driven (e.g. car, boat, bus)? Describe vehicles and license requirements: \_\_\_\_\_

Are the vehicles licensed as required?

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a 15 passenger van being used? (see Appendix 5 - 15 Passenger Van Authorization for Use Form)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the vehicle road worthy for the conditions under which it will be driven (e.g. winter tires, no observable or known mechanical defects, tires in good condition at proper inflation, spare tire and jack)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the vehicle equipped with survival gear appropriate to the season, road conditions or road remoteness (e.g. flashlights, candles, matches, food, water, blankets, shovel, flares)? List required equipment: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are arrangements in place to ensure the driver is not fatigued or otherwise impaired when driving?

Other Hazards/Protective Measures/Comments: \_\_\_\_\_  
\_\_\_\_\_

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety Planning Record Completed (refer to appendices)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authority to Travel Authorization Completed ( <a href="http://www.uregina.ca/presoff/vpadmin/policymanual/fs/30050502.html">http://www.uregina.ca/presoff/vpadmin/policymanual/fs/30050502.html</a> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assumption of Risks, Release of Liability, Waiver of Claims and Indemnity Agreement Completed (students only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate Insurance Coverage Purchased

**Assessment Completed by:**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature