

## 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
<b>Communicable Disease</b>	<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)	
<b>Health Conditions</b> 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	
<b>Predatory Animals</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Research habitat/behavior <input type="checkbox"/> Pepper spray <input type="checkbox"/> Firearms	
<b>Firearms/Weapons</b> (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	
<b>Venomous Animals/Plants</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Research habitat/behavior <input type="checkbox"/> Antidotes (if available)	

<b>Work at Height</b> <i>Fall protection is required at heights &gt;3m</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Training on ladder safety <input type="checkbox"/> Climbing equipment (& training)	
<b>Boating</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid license <input type="checkbox"/> Required equipment (see below)	
<b>Electroshocking</b> <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	
<b>Marine/Aquatic</b>	<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	
<b>Vehicles</b> <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	
<b>Political/Civil Unrest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Local guides/security <input type="checkbox"/> Research local Travel Warnings ( <a href="http://www.voyage.gc.ca">www.voyage.gc.ca</a> ) <input type="checkbox"/> Obtain contact numbers for Embassy/Consulate/Trade Office	
<b>Extreme Environmental Conditions</b> - 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	
<b>Hazardous Materials</b> <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 <sup>†</sup>	<input type="checkbox"/> Fire extinguisher <sup>†</sup>	<input type="checkbox"/> Life jackets <sup>†</sup>	<input type="checkbox"/> Flashlight/flares <sup>†</sup>	<input type="checkbox"/> Air horn/whistle <sup>†</sup>
<input type="checkbox"/> Radio	<input type="checkbox"/> Drinking water	<input type="checkbox"/> Oars or anchor/line <sup>†</sup>	<input type="checkbox"/> 15m buoyant rope <sup>†</sup>	<input type="checkbox"/> First aid kit
		<input type="checkbox"/> Compass & charts	<input type="checkbox"/> Knife	<input type="checkbox"/> Spare gas tanks

<sup>†</sup> Required equipment for powered pleasure craft – refer to [www.tc.gc.ca/marinesafety](http://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 (5<sup>th</sup> Fl. UC) as per 851.06.04.

