



FIELD TRIP REQUEST & APPROVAL FORM (DOMESTIC)

FIELD TRIP LEADER CONTACT INFORMATION

Field Trip Leader:

Date:

Cell Phone:

Email:

INITIAL INFORMATION

Course/Program Name:

Emergency/On Campus
Contact:

Destination:

Departure Date:

Return Date:

TOTAL NUMBER OF TRAVELERS & TRAVELER NAMES

Faculty/Staff:

Students:

Resource Person(s) & Description of Role:
(Must be approved by Dean/Director/Manager)

Total Number of
Participants:

ITINERARY

Please include a brief description of the proposed trip including purpose and locations.

Attachment A

FUNDING

Budget Code:

Cost Estimate
(per person):

Cost Estimate
Total:

All Funding Sources:
(Tuition, student fees,
Campus Alberta funding etc.)

RISK ASSESSMENT – To be completed by the field trip leader

| Hazards Identified | Steps to be Taken to Mitigate Identified Hazards |
|--------------------|--|
| | |
| | |
| | |
| | |

FIELD TRIP LEADER: I hereby request support in principle for this travel.

Signature:

Date:

TO BE COMPLETED BY DEAN/DIRECTOR/MANAGER

| Likelihood of Exposure to Hazard | | | Consequence of Exposure to Hazard | | |
|----------------------------------|---------------------|--|-----------------------------------|------------|---|
| Score | Likelihood | Meaning | Score | Likelihood | Meaning |
| 1 | Unlikely/ rare | Not likely to encounter the hazard on the field trip, but could occur under exceptional circumstances. | 1 | Minor | Hazards identified have potential to cause minor property damage or a first aid injury. |
| 2 | Likely/ possible | Likely or possible to be exposed to the hazard during the field trip. | 2 | Moderate | Hazards identified have potential to cause moderate property damage or an injury requiring off-site medical care or lost time days. |
| 3 | Almost certain | It is expected to be exposed to the hazard during the field trip. | 3 | Serious | Hazards identified have potential to cause major property damage or potential fatal or disabling injury. |

Add the numbers together to determine the level of risk the identified hazard presents

| Risk Matrix | | |
|-------------|---------------|---|
| Score | Level Of Risk | Response |
| 5 – 6 | High | Further controls are needed. Field trip hazard assessment form must be completed. |
| 3 – 4 | Medium | Stop & reassess for additional controls – Management discretion to complete full hazard assessment. |
| 2 | Low | Low risk – risk has been reduced as low as possible. |

APPROVAL – I authorize the requested field trip in accordance with the Field Trip policy.

Dean/Director/Manager
Signature:

Date:

Printed Name:

- | | | |
|--|--|--|
| <input type="checkbox"/> Complete Hazard Assessment on pg. 3 | <input type="checkbox"/> Complete Emergency Response Plan on pg. 4 | <input type="checkbox"/> Submit a complete list of participants and cell numbers |
|--|--|--|

Distribution When Approved:
Field Trip Leader
Approving Dean, Director, Manager
Director Financial Services

Attachment A

| HAZARD ASSESSMENT To be completed by the field trip leader, only if required by the risk assessment on page 2 | |
|--|--|
| Activity Hazards | Steps to be Taken to Mitigate Identified Risks |
| <input type="checkbox"/> Strenuous physical activity | |
| <input type="checkbox"/> Use of mechanical equipment | |
| <input type="checkbox"/> Driving a vehicle | |
| <input type="checkbox"/> Driving a vehicle, off-road | |
| <input type="checkbox"/> Use of chemicals | |
| <input type="checkbox"/> Noise exposure | |
| Health Hazard | |
| <input type="checkbox"/> Work may exacerbate pre-existing health concerns | |
| <input type="checkbox"/> Potential for allergic reaction | |
| <input type="checkbox"/> Dehydration | |
| Weather Hazard | |
| <input type="checkbox"/> Sun/UV exposure | |
| <input type="checkbox"/> Extreme heat | |
| <input type="checkbox"/> Extreme cold | |
| <input type="checkbox"/> Being outside during a storm | |
| <input type="checkbox"/> Other (indicate) | |
| Field Site Hazard | |
| <input type="checkbox"/> Hiking over uneven terrain | |
| <input type="checkbox"/> Personal security | |
| <input type="checkbox"/> Travel to private property | |
| <input type="checkbox"/> Animal encounter | |
| <input type="checkbox"/> Poisonous plants encounter | |
| <input type="checkbox"/> Camping outdoors | |
| <input type="checkbox"/> Proximity, crossing, or entering a body of water | |
| <input type="checkbox"/> Limited access to potable drinking water and appropriate food storage | |
| <input type="checkbox"/> Work near a road | |
| <input type="checkbox"/> Use of fire | |
| <input type="checkbox"/> Limited access to reliable means of communication | |
| <input type="checkbox"/> Other (indicate) | |
| <input type="checkbox"/> Other (indicate) | |
| HAZARD ASSESSMENT COMPLETED BY (PLEASE PRINT) | |
| Name: | |
| Date completed: | |

Emergency Response Plan – If required (i.e. Out of town/overnight trips)

On-Scene Student Expectations – Describes what the role of the student response should entail.

Emergency Communication Instructions - Should include the means, conditions, and order in which to call emergency contacts.

Assembly Points - Are designated meeting points in case of emergency or separation. The location of the assembly point may vary due to the situation and access to means of communication, so you may have multiple assembly points for various incidents.

First Aid Kit Location

First Aid Training – Determined by level of risk of injury. Document persons that have first aid certification.

Situational Response Instructions - Should describe how the response should be conducted.

| Situation | Response |
|-----------------------------|----------|
| First Aid | |
| Medical Emergency | |
| Missing Person | |
| Vehicle Accident/Break Down | |
| Other | |

This document should be used to communicate the hazards and required safety measures prior to travel or as soon as arrival at location. A copy should be provided to the MHC emergency contract prior to departure, along with a list of attendees and their cell phone number. The field trip leader should have a copy of both documents with them.