Pursuant to the Queen's University Off-Campus Activity Safety Policy, this form is to be completed by the Principal Investigator/Activity Coordinator and submitted to the Department/Unit Head (Person in Authority) prior to the start of a "higher risk" off-campus activity, as defined in the Policy. Department/Unit Heads may set requirements regarding how far in advance of an activity the form must be submitted.

NOTE: A single Safety Planning Record may be used for multiple off-campus activities in the same calendar year, or in a single offering of an academic course, provided the activities and safety provisions are similar and all participants are identified. Additional sheets should be appended as necessary to capture the features of individual activities and any special safety provisions, as trips may be impacted by changes of season (monsoon, hurricane, etc.), changes in political landscape (armed conflict, civil unrest), changes in health and safety of the region (e.g., SARS epidemic, Avian Flu outbreak), etc.

DEPARTMENT/UNIT:	PRINCIPAL INVESTIGA	ATOR/ACTIV	ITY COORDIN	JATOR:
CATEGORY OF OFF-CAMPUS ACTIVITY: Research Athletic Academic Other extracurricular	OFF-CAMPUS ACTIVIT	Y LEADER:		
NATURE OF OFF-CAMPUS ACTIVITY:				
Student group if applicable (e.g., Course # or Team Name):				
LOCATION OF OFF-CAMPUS ACTIVITY:				
Country:				
Geographical Site:				
Nearest City: (name, distance to) PLEASE ATTACH A COMPLETE TRAVEL ITINERARY (LOCATION	S, DATES)			
MODE(S) OF TRANSPORTATION(check all that apply): For company Activity Safety Policy.	plete transportation informat	ion and restrict	tions, see Section	6.5 of the Off-
private vehicle*	☐ Other (please spec	ify)		
commercial carrier				
*Indicate the name of the driver. NOTE: University insuran	ce does not provide coverage	e for private ve	hicles.	
DATE OF DEPARTURE:	DATE OF RETURN:			
CHAIN OF RESPONSIBLE LEADERSHIP: List all those who have a leadership role (including alternates); attach additional sheet if necessary.	Leadership F (specify)		Trained First Aider (current)	Other Special Training
NUMBER OF PARTICIPANTS (other than the leadership team li	stad abaya).			

RISK ASSESSMENT:

List identified hazards associated with activities or environment (*e.g.*, extreme heat or cold, wild animals, endemic disease, firearms, explosives, transportation, crime, violence, political instability), and risk-management measures planned or taken for eliminating or reducing risks to acceptable levels. Please see the attached examples. **Append additional pages as required.**

Hazard Identification	Risk Analysis	Risk-Management Plan
1		
2		
_		
3		
4		
4		
5		
6		
7		
8		

Examples of Hazard Identification, Risk Analysis and Management

The examples given below relate primarily to international activities, but similar hazards may arise in domestic situations.

HEALTH:

List hazards associated with personal health or health insurance, and the measures of eliminating or reducing the risks to acceptable levels. Examples to consider are: What diseases are prevalent? Do you have any personal health factors that could constitute a risk (e.g., allergies)? Do you have appropriate health-insurance coverage? Is medical help available in the region you will visit? Are English-speaking doctors available?

A. HAZARD IDENTIFICATION	B. RISK ANALYSIS	C. RISK-MANAGEMENT PLAN
Example: Increased reports of Dengue Fever in parts of the country you are going to – as well as cholera, hepatitis A, malaria (regional) tuberculosis, typhoid fever, and yellow fever (regional).	I/we could get sick, temporarily or permanently. The trip could be cut short. I am not yet sure of which regions are affected so I don't know if I/we will be exposed. There is potentially a lot of risk. The risk is high if I/we go to those regions, but less if I/we avoid them. The warnings on DFAIT have confirmed this. I don't know how all these diseases are transmitted.	I will visit a Travel Health Clinic to research and get necessary immunizations and learn how diseases are transmitted. I/we will try to avoid areas where there is greater risk of infection. I will research area affected.

ENVIRONMENTAL HAZARDS:

List identified hazards associated with the environment, e.g., issues relating to weather; extreme heat/cold; water potability; natural disasters such as earthquakes; wild animals.

*	·	
A. HAZARD IDENTIFICATION	B. RISK ANALYSIS	C. RISK-MANAGEMENT PLAN
Example: Typhoon warnings from October – January.	Safety is threatened. Typhoons occur regularly all over the country. They will be difficult to avoid during the rainy season. Some areas will be at more risk than others. People living in less built up regions at more risk. Homes are often destroyed, and people can be injured by flying debris. Driving during typhoons is not recommended. Uncertain when a typhoon will hit.	I will talk to local Embassy to find out what steps need to be taken in case of a typhoon and plan accordingly. I will pay close attention to weather reports. I will contact my travel agent or tour representatives and hotels to ensure that all services are available.

LEGAL CONSIDERATIONS:

List identified hazards associated with the laws and legal system of the country in which you will be living, *e.g.*, laws relating to drugs/alcohol, sexuality; severity of punishment for crimes; nature of the legal system; obtaining legal assistance.

A. HAZARD IDENTIFICATION	B. RISK ANALYSIS	C. RISK-MANAGEMENT PLAN
Example: Photography at airports, railway stations, naval bases, air bases, military installations, public water and energy plants, police stations, harbors, mines and bridges is prohibited in the host country. Laws are strictly enforced and all restrictions should be observed. If in doubt, look for an official and ask for permission.	Traveler could be fined or jailed. Travel could be delayed. Traveler could be deported. Risk is very preventable. Awareness of the laws is the key to avoiding trouble. Foreigners are more likely to be at risk than locals. It is likely I/we will visit one of these locations at some point during the activity.	I/we will avoid taking photos at such locations. I/we will observe locals for behavioural etiquett I/we will research penalties and other laws. I/we will ask permission before taking pictures.

PERSONAL RISKS AND EMERGENCIES:

List any identified hazards that may not have been covered in other sections, *e.g.*, hazards arising from regarding personal choices, language differences, recreational activities, sexuality, accidents, violence.

differences, recreational activities, sext	ianty, accidents, violence.	
A. HAZARD IDENTIFICATION	B. RISK ANALYSIS	C. RISK-MANAGEMENT PLAN
Example: Crime is an ongoing concern in your host country. Violent crimes, such as car hijacking, assault, and armed robbery are frequent. There have been cases of short-term kidnapping where the victim was forced to withdraw money from an automatic teller machine.	I/we could be a victim of any of the crimes mentioned. There is a very high risk of encountering this hazard. This is likely to happen to a lone traveler alone, or one who looks as though they have a lot of money, is wearing flashy clothes, <i>etc</i> . Women and travelers are probably more at risk. Impacts could be financial, or threat to personal safety. DFAIT warns Canadians about this risk.	I/we will avoid travel alone. I/we will consider other forms of currency, <i>e.g.</i> , traveler's cheques. I/we will avoid areas known for crime. I/we will dress conservatively. I/we will be aware of surroundings and people.

TRAINING REQUIRED:					
IDENTIFICATION OF DISABILITIES / SPECIA	 L NEEDS / MEI	DICAL NEEDS:			
Do any of the off-campus activity participants have a			t their safe participation?	□ yes	□ no
If so, please provide details of the arrangements that l				□ yes	
Do any of the participants have allergies (<i>e.g.</i> , to bee If so, please indicate the provisions that will be made			wice	□ yes	□ no
ii so, please indicate the provisions that will be made	to dear with anerg	gie reactions should they a	urse.		
TRAVEL IMMUNIZATION/PROPHYLAXIS RE	QUIREMENTS	<u> </u>			
☐ Altitude sickness medication	□ Polio		Other (specify):		
□ Diphtheria	☐ Rabies				
☐ Hepatitis A	☐ Rubella				
☐ Hepatitis B	□ Tetanus				
☐ Japanese encephalitis	☐ Tuberculin te	sting prior to departure			
□ Malaria	and 3 months	after return			
☐ Measles	☐ Typhoid.		□ Not Applicable		
☐ Meningococcal	☐ Yellow Fever	•			
University Contacts and Phone Numbers (people a	t Ougon's who	Local Contacts and Ph	one Numbers (contact in	formation fo	w the field
are designated as emergency contacts for the field 1.		party):	one Numbers (contact in	ormation 10	r the Heid
2.		2.			
EMERGENCY PROCEDUR	EES CHECKLIS	T (ITEMS TO CONSID	ER – ALL MAY NOT A	PPLY)	
Communications					
 Handout listing emergency numbers & mob 					
2. Emergency contact number for Campus Security Services (613-533-6111)					
	curity Services (61	13-533-6111)			
3. Alternate address/numbers/information for	curity Services (61 off-campus emerg	13-533-6111)	earest Canadian embassy		
	curity Services (61 off-campus emerg	13-533-6111)	earest Canadian embassy		
 3. Alternate address/numbers/information for 4. Identify if transport also has radio/phone & Procedures	curity Services (61 off-campus emerg number	13-533-6111)	earest Canadian embassy		
 3. Alternate address/numbers/information for 4. Identify if transport also has radio/phone & Procedures 5. Outline process for contacting Emergency S 	curity Services (61 off-campus emerg number	13-533-6111)	earest Canadian embassy		
 3. Alternate address/numbers/information for 4. Identify if transport also has radio/phone & Procedures 5. Outline process for contacting Emergency S 6. Emergency rendezvous site address 	curity Services (61 off-campus emerg number	13-533-6111)	earest Canadian embassy		
 Alternate address/numbers/information for Identify if transport also has radio/phone & Procedures Outline process for contacting Emergency S Emergency rendezvous site address Team Leader & line of authority 	curity Services (61 off-campus emerg number Support	13-533-6111)	earest Canadian embassy		
 Alternate address/numbers/information for Identify if transport also has radio/phone & Procedures Outline process for contacting Emergency & Emergency rendezvous site address Team Leader & line of authority Identification of First Aid certified participal 	curity Services (61 off-campus emerg number Support	13-533-6111)	earest Canadian embassy		
 Alternate address/numbers/information for Identify if transport also has radio/phone & Procedures Outline process for contacting Emergency & Emergency rendezvous site address Team Leader & line of authority Identification of First Aid certified participes Identification of translators 	curity Services (6) off-campus emerg number Support	13-533-6111)	earest Canadian embassy		
 Alternate address/numbers/information for Identify if transport also has radio/phone & Procedures Outline process for contacting Emergency & Emergency rendezvous site address Team Leader & line of authority Identification of First Aid certified participal 	curity Services (6) off-campus emerg number Support	13-533-6111)	earest Canadian embassy		

ACKNOWLEDGEMENT and CONSENT

- I, the undersigned, acknowledge that:
- (a) I am aware of the known/reasonably foreseeable risks associated with this off-campus activity and I consent to assume them;
- (b) I am aware that I have certain responsibilities as a Participant under the Off-Campus Activity Safety Policy and I consent to assume them;
- (c) I am in a satisfactory state of health to undertake the off-campus activity and I have received all of the prescribed immunizations;
- (d) I am aware that I will need supplementary health insurance and that I am responsible for obtaining required visas and travel documents for my participation in international activities;
- (e) I will comply with safety instructions from activity leaders; and
- (f) I will act in a safe and responsible manner throughout the course of the off-campus activity, taking into account instructions received and the welfare of others.

PARTICIPANTS (add additional pages as necessary to include all participants):

Name (please print)	Signature	Date

with the Queen's University Off-Campus Activity Safety Policy a	rithin two weeks of the completion of the off-campus activity if any critical
Name & Title (Off-Campus Activity Leader)	
Signature	
Date	
I certify that this Safety Planning Record accurately describes the documents the plans that have been put in place to manage the as I affirm that I will ensure that, in accord with the Queen's University appropriately briefed and have received appropriate training pri	rsity Off-Campus Activity Safety Policy, the participants are
Name & Title (Principal Investigator/Activity Coordinator)	
Signature	
Date	
I certify that I have reviewed and approved the above Off-Campu	ns Activity Safety Plan:
Name & Title [Department/Unit Head (Person in Authority)]	
Signature	
Date	

- Once completed, this Form is to be forwarded by the Department/Unit Head (Person in Authority) to the Department of Environmental Health and Safety prior to the commencement of the activity. It will be retained by EHS for a period established by the University's Records Management System.
- A copy is to be retained in the office of the Department/Unit Head (Person in Authority).
- In the case of an undergraduate student activity involving international travel, a copy is to be forwarded by the Department/Unit Head (Person in Authority) to the International Centre <u>at least three weeks</u> prior to the planned departure.

(Form revised 2005-04-21)