

Fieldwork Risk Assessment Plan

School of Languages and Linguistics

2013

This form is to be used in conjunction with the [Medical Questionnaire for Off-Campus Activities](#) and Overseas Travel Vaccination forms (where applicable)

PRINT OUT this form, fill in and sign in the relevant sections below

Fieldtrip Overview

Person in charge:	
Telephone No.:	
Email:	
Destinations:	
Departure date, time:	
Return date, time:	
Brief description, including purpose of trip, work to be undertaken:	

Participants

List of all staff and students attending fieldtrip/field-class. For field-classes this may be substituted by an up-to-date class list. Staff may need to complete HR-18 forms.

	SURNAME , First Name	Staff number	Student number
1			
2			

3			
4			
5			
6			
7			
8			
9			

Transport

Briefly outline transport arrangements to, from and during the fieldtrip.
Participants will:

- use University-arranged transport (describe below)
- make their own way to and from the destination

Transport types (please choose):

- University vehicle(s) Private vehicle(s) Hire vehicle(s)
- Train Aeroplane Boat Other (please describe below)

Additional transport description:

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Vehicles and boats:

Registration number	Nominated driver	Hire car number

Communication

Are the following available at all times during the field trip?

Mobile phone

Details

Satellite phone

Details

UHF radio

Details

If none of these are available, provide details (below) of how and how often contact will be made with the Emergency Contact (see 'Emergency preparedness' section):

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Emergency Preparedness

Emergency Contact number (Person designated to raise the alarm if contact not made by return date)	Name:	
	Position:	
	Telephone:	
	Email:	

Emergency Transport (Contingency plan in case of, eg: driver incapacitation, cancellations, etc)	
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Local Emergency telephone number (Overseas should include consulate / embassy)	Police:	
	Ambulance:	
	Hospital:	
	Other:	

First Aid Requirements	First Aid kits:	Number of kits and type
	First Aiders:	Number of first aiders and Levels

Other emergency requirements or plans	Please describe here
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Travel Insurance (optional)

Complete this section if travel insurance is required (ie for interstate and overseas travel). Refer to the University's Insurance Office website for advice on appropriate insurance.

Insurance company:	
Policy number:	
Emergency assistance number:	

Activity Risk Rating

The following fieldwork activities have been given a risk rating of Medium to Extreme. Please indicate which of these apply to this fieldtrip:

Continues over...

<input type="checkbox"/> Bushwalking or traversing on foot	<input type="checkbox"/> Boating
<input type="checkbox"/> Rock climbing	<input type="checkbox"/> Canoeing
<input type="checkbox"/> Tree climbing	<input type="checkbox"/> Activities using firearms
<input type="checkbox"/> Working at heights	<input type="checkbox"/> Swimming or snorkelling
<input type="checkbox"/> Sample collecting	<input type="checkbox"/> Camping
<input type="checkbox"/> Four-wheel driving	<input type="checkbox"/> Living in remote communities

Generic risk assessments are available for all of these activities.

By ticking any of the boxes above you acknowledge that the generic risk assessment applies to the proposed activity and any additional controls are listed in the [Fieldwork Plan suggestions](#).

If the fieldwork activity does not appear above, then a new risk assessment must be completed. Contact [Linda Batrich](#) in this instance.

Additional Controls:

Checklist

This section must be completed. Tasks not yet completed can be marked 'pending'. Hand-written annotations can be added later as these tasks are completed.

STUDENTS HAVE:

- Been given field manuals with maps and contact details Yes No
- Returned Medical Questionnaires and next-of-kin details Yes No

STAFF HAVE:

- Been given field manuals with maps and contact details Yes No
- Signed Transport Policy (& completed 4WD course if req'd) Yes No
- Obtained travel approval (completed HR-18 forms) Yes No

PERSON IN CHARGE HAS:

- Obtained all necessary permits for the fieldwork activity Yes No
- A list of participants' next-of-kin detail Yes No
- Arranged a fieldtrip induction for students Yes No
- Ensured all participants are trained or licensed for the activity Yes No
- Made provision for any illness or disability identified Yes No
- Assessed the risk of any activity not mentioned in the table above Yes No
- Attached additional risk controls for the activity if necessary Yes No

EQUIPMENT:

- Research equipment organised Yes No
- Vehicles booked and checked prior to departure Yes No
- Safety gear (First Aid kits, compass, GPS, PPE, PFDs etc) Yes No
- Emergency communication as outlined on this form Yes No

Declaration by person in charge

I confirm the above fieldtrip details and the risks outlined in the assessment and agree to implement the fieldwork plan described.

Name:	
Signature:	

Approval by Supervisor

Name:	
Signature:	

Return this form to LINDA BATRICH before travelling