

RISK ASSESSMENT FORM

Personal risk in field research includes, but is not limited to, physical health, mental health and personal safety. Risk may arise in part because of the nature of the research itself (e.g. working on uneven terrain, water etc.) or from the climate, the political, social, economic, or cultural environment of the field research location; or from race, gender, religious or cultural background of the researcher; or from the travel, living and working conditions required for the field research. This risk assessment form will assist in ensuring you have taken the utmost care in limiting the degree of foreseeable risk in the research setting. When assessing risk level, Tables 1-3 should be consulted.

Person in Authority (Person directing the work – PIA)		
Name:		Position:
Department:	Email:	Phone:

Date Risk Assessment Prepared:

Person Completing the Assessment Check if same as above: <input type="checkbox"/>		
Name:	Position:	
Department:	Email:	Phone:

The Activity	
Title:	
Proposed Start Date:	Proposed End Date:
Purpose: <input type="checkbox"/> Academic Requirement <input type="checkbox"/> Research <input type="checkbox"/> Other	

1. Activity Description

1.1 Describe briefly the field work activity with enough detail for the reviewer to adequately evaluate risk of proposed fieldwork.

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1.2 Location of Activity

- On-campus
- Off-campus
 - North American Urban Centre
 - North American Rural Area (not remote)

 - North American Rural Area (Remote)
 - International Urban Centre
 - International Rural Area

1.3 Number of Persons Involved

- 1
- 2-10
- 11-50
- > 50

2. Travel To, From and During The Fieldwork

2.1 All Methods of Travel To, From and During The Fieldwork Activity

Mode	Type e.g. car, plane	Commercial, Private or Other	If Commercial, how selected?	Who will be in control of vehicle?	Driver holds appropriate license?	How frequent will this mode of transport be used?
Air						
Rail						
Road						
Other						

2.2 Hazards and Risks

Hazard/Risk	Check If Applicable	Detail The Precaution Taken	Hazard Rating* (L/H/U)
Navigation in remote areas	<input type="checkbox"/>		
Unsafe or insecure regions	<input type="checkbox"/>		
Off road or poor road conditions	<input type="checkbox"/>		
Poorly maintained vehicles or equipment	<input type="checkbox"/>		
Lone travel	<input type="checkbox"/>		
Other (specify)	<input type="checkbox"/>		

3. Accommodation

3.1 List the accommodation used when travelling to or from the activity of during the activity

Type	Details	When will this be used?	What reliable information do you have on the suitability of the accommodation?
Private			
Hotel/Motel			
Camping			
Other			

3.2 Hazards and Risks

Hazard/Risk	Check If Applicable	Detail The Precaution Taken	Hazard Rating* (L/H/U)
Security (e.g. race, sexual orientation gender, nationality)	<input type="checkbox"/>		
Food/water Quality	<input type="checkbox"/>		
Fire	<input type="checkbox"/>		
Other (specify)	<input type="checkbox"/>		

4. Hazards Associated With The Location

4.1 All Destinations Outside of Canada & the United States

4.1.1 Are you travelling outside of Canada & the United States?

Yes No (If no, proceed to Section 4.2)

4.1.2 Have you checked with Foreign Affairs Canada for travel advisories?

Yes No N/R

If yes, summarise (or cut and paste) Country advice here.

4.1.3 Does Foreign Affairs Canada advise against travel to this country?

Yes Region to which travel to or through is intended? No

4.1.4 Could the work in any way cause offence to, or in some other way upset the local populace?

Yes No

If yes, summarise here.

4.1.5 Have you verified with the Thunder Bay Health Unit if vaccinations or prophylactic treatments are advised for travel to this country or region?

Yes No

If yes, what is recommended?

If yes, have all participants arranged to obtain these vaccinations/medications?

4.1.6 Are there any significant security or accident risks associated with this particular country or region not addressed by previous sections?

<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe these risks.	Controls	Risk Level (L/H/U)

4.1.7 Are participants able to speak the local language?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, how will they communicate?

4.2 All Destinations

4.2.1 For the terrain on and climate in which the fieldwork will be undertaken, describe:

Terrain	Hazards/risks	Precautions	Risk Level (L/H/U)
<input type="checkbox"/> Areas of high relief, altitude and cliffs			
<input type="checkbox"/> Agricultural land			
<input type="checkbox"/> Railways, motorways and roads			
<input type="checkbox"/> Woods and forests			
<input type="checkbox"/> Coastlines, estuaries, mudflats and salt marshes			
<input type="checkbox"/> Bogs, mires and swamps			
<input type="checkbox"/> Rivers, lakes, reservoirs and their margins			
<input type="checkbox"/> Tropical or hot climates			
<input type="checkbox"/> Deserts, uplands and arid zones			
<input type="checkbox"/> Cold climates			
<input type="checkbox"/> Other			

4.2.2 Will any member of the party be climbing, caving or diving?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details of the activity and the precautions taken, including reference to any specific training/certification held by the participant.

4.2.3 Will you have access to an unlimited supply of safe drinking water?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe the source and any treatment to be carried out to make it safe:
If no, what volume will you have access to each day?

4.2.4 Where will you source your food? Describe how it will be prepared and any restrictions on what can and cannot be consumed.

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4.2.5 Describe the hygiene facilities available.

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4.2.6 Are vector borne (e.g. insect) or parasitic disease a hazard in the area of travel or fieldwork?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the vectors and the disease and the precautions to be taken to minimize the likelihood of transmission.

4.2.7 Will the group split up at any stage of the trip?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe how this will be managed and what additional precautions are required.

4.2.8 How will communications be maintained?

Between those in the field:
Between those in the field and those at Lakehead University or stationed in Thunder Bay?

5. Hazards And Risks Associated With The Fieldwork Activity

5.1.1 Will the work involve any of the following?

Hazard	Check If Applicable	Detail The Precaution Taken	Hazard Rating* (L/H/U)
Hazardous chemicals	<input type="checkbox"/>		
Deliberate use of biological agents	<input type="checkbox"/>		
Processing of human blood, excreta or other bodily fluids	<input type="checkbox"/>		
Use of genetically modified organisms	<input type="checkbox"/>		
Work with ionizing radiations (sealed or open sources)	<input type="checkbox"/>		

5.1.2 Will the activity involve the use of hazardous equipment?

Yes No

If yes, describe how this will be managed and what additional precautions are required.

5.1.3 Will any part or stage of the work be carried out by a lone worker?

Yes No

If yes, describe how this will be managed and what additional precautions are required.

5.1.4 Does the project involve sensitive or emotive subjects?

Yes No

If yes, are staff sufficiently trained or experienced to deal with this professionally and/or sensitively?

5.1.5 Will you be working with patients or collecting or handling clinical specimens?

Yes No

If yes, then those involved should contact the Thunder Bay Health Unit for vaccination recommendations.

5.1.6 Will you be working with wild or domestic or agricultural animals, or materials collected from them?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe any details of this aspect of the activity not already described in Section 1.1.
If yes, what are the risks of zoonosis and describe the precaution taken to minimize risk?
If yes, what are the risks of physical injury due to contact with the animal and describe the precautions taken?
If yes, are there any other hazards associated with this aspect of the activity?

5.1.7 Does the trip involve working in areas more than 24 hours travel distance from medical support, or activities requiring a high standard of physical fitness?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe in detail what precautions have been taken in case of medical emergency?
If yes, are all members suitable fit for the physical demands of the activity, with no known uncontrolled medical conditions that may affect physical fitness? <input type="checkbox"/> Yes <input type="checkbox"/> No

5.1.8 Will any of the following materials be taken from Lakehead University into the field?

Item	Comments
<input type="checkbox"/> Material known or suspected of containing genetically modified organisms or microorganisms	Permission may be required by the Lakehead University Biosafety Committee. Contact the Laboratory and Biosafety Specialist.
<input type="checkbox"/> Material known or suspected of containing biological agents categorized as Risk Group 2, 3 or 4.	Permission may be required by the Lakehead University Biosafety Committee. Contact the Laboratory and Biosafety Specialist.
<input type="checkbox"/> Material known or suspected of containing substances covered by the Controlled Drugs and Substances Act, Explosives Act, Pest Control Products Act, or the Atomic Energy Control Act	Permission will be required. Contact the Laboratory and Biosafety Specialist.

5.1.9 Does the work involve bringing any of the following materials back to Lakehead University?

Item	Comments
<input type="checkbox"/> Material known or suspected of containing genetically modified organisms or microorganisms	Permission may be required by the Lakehead University Biosafety Committee. Contact the Laboratory and Biosafety Specialist.
<input type="checkbox"/> Material known or suspected of containing biological agents categorized as Risk Group 2, 3 or 4.	Permission may be required by the Lakehead University Biosafety Committee. Contact the Laboratory and Biosafety Specialist.
<input type="checkbox"/> Material known or suspected of containing substances covered by the Controlled Drugs and Substances Act.	Permission will be required. Contact the Human Resources Officer – Health and Safety.
<input type="checkbox"/> Material known or suspected of containing substances covered by the Explosives Act.	Permission will be required. Contact the Human Resources Officer – Health and Safety.
<input type="checkbox"/> Material known or suspected of containing substances covered by the Pest Control Products Act.	Permission will be required. Contact the Human Resources Officer – Health and Safety.
<input type="checkbox"/> Radioactive Materials.	Permission will be required. Contact the Laboratory and Biosafety Specialist.
<input type="checkbox"/> Animal by-products, tissues or bodily fluids.	Permission will be required. Contact the Laboratory and Biosafety Specialist.
<input type="checkbox"/> Animal pathogens.	Permission will be required. Contact the Laboratory and Biosafety Specialist.
<input type="checkbox"/> Plant material or soils.	Permission may be required. Contact the Laboratory and Biosafety Specialist.

5.1.10 If any of the above materials in 5.1.9 will be brought back to Lakehead University, how will they be transported?

Describe the precautions have been taken:

5.1.11 Will the activity generate any hazardous waste not described in Section 5.1.1?

<input type="checkbox"/> Yes <input type="checkbox"/> No hazardous waste generated <input type="checkbox"/> Hazardous waste is generated, but is described elsewhere in form
If yes, how will they be treated and disposed of?

5.1.12 Are there any other hazards, not covered above, that may be encountered?

<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe these risks.	Controls	Risk Level (L/H/U)

6. Participant Information and Contact Details

Surname (Check on-site person in charge)	First Name	Position	Email @lakeheadu.ca	Telephone Local	Telephone Field
<input type="checkbox"/>		<input type="checkbox"/> Faculty <input type="checkbox"/> Post-Doc <input type="checkbox"/> Staff <input type="checkbox"/> Grad Student <input type="checkbox"/> Undergrad <input type="checkbox"/> Research Asst			
<input type="checkbox"/>		<input type="checkbox"/> Faculty <input type="checkbox"/> Post-Doc <input type="checkbox"/> Staff <input type="checkbox"/> Grad Student <input type="checkbox"/> Undergrad <input type="checkbox"/> Research Asst			
<input type="checkbox"/>		<input type="checkbox"/> Faculty <input type="checkbox"/> Post-Doc <input type="checkbox"/> Staff <input type="checkbox"/> Grad Student <input type="checkbox"/> Undergrad <input type="checkbox"/> Research Asst			
<input type="checkbox"/>		<input type="checkbox"/> Faculty <input type="checkbox"/> Post-Doc <input type="checkbox"/> Staff <input type="checkbox"/> Grad Student <input type="checkbox"/> Undergrad <input type="checkbox"/> Research Asst			

7. Emergency Procedures

7.1.1 How will you summon help in the event of an emergency during travel or fieldwork?

Note that all accidents (including those which cause injury and near misses) must be reported in a timely manner to the Office of Human Resources – Health and Safety as soon as possible after the event has occurred. In cases of Critical Injuries, a report must be made to the Office of Human Resources – Health and Safety immediately after the injured party has received medical aid.

7.1.2 What level and quality of emergency response is it reasonable to expect?

7.1.3 What are the arrangements in place regarding evacuation?

8. Relevant Training

8.1.1 Identify those members of the fieldwork party with relevant safety training:

Training Type	Surname	Initials	Date of Training
First Aid/CPR			
Wilderness First Aid			

9. Declaration

9.1.1 The Person in Authority (PIA) must confirm the following statements by checking the box below:

I retain managerial responsibility for the safety and welfare of those persons listed in Section 6, above.	<input type="checkbox"/>
I confirm the validity of the information provided in this form and have in good faith accounted for all foreseeable and reasonably expected potential hazards that may be encountered during the fieldwork.	<input type="checkbox"/>
I give assurance that to the best of my knowledge, reasonably practical measures have been put into place, and have been well communicated to the participants in order to address foreseeable hazards and to minimize risk during the planned fieldwork activities.	<input type="checkbox"/>
To the best of my knowledge, the total risk level for these activities after precautions have been taken is:	<input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk <input type="checkbox"/> Unmanageable Risk

10. Support*

10.1.1 The Department Chair/School Director has reviewed this Risk Assessment and supports the hazard level as determined by the PIA above:

DC/SD Surname, First Name	Support	
	I support the determination of risk as outlined above in Section 9.1.1.	<input type="checkbox"/>

* The DC/SD must continue to Section 11 - Approvals

11. Approvals

11.1.1 Approval Procedures

<input type="checkbox"/>	This activity has been determined to entail LOW risk	A documented safety briefing with participants discussing safe work procedures and emergency protocols.
<input type="checkbox"/>	This activity has been determined to entail HIGH Risk	A safety plan (documented risk mitigation) is required for activities with high risk. This plan must be documented and provided to participants during the safety briefing.
<input type="checkbox"/>	This activity has been determined to entail UNMANAGEABLE Risk	Contact the Office of Risk Management to discuss liability and insurance requirements before the activity. A safety plan (as above) is required.

11.1.2 Review To be completed by the Risk Manager & Health and Safety Officer for activities with Unmanageable Risk

Date	Action	Risk Level
The Risk Manager has reviewed the document	<input type="checkbox"/> Supports the risk assessment <input type="checkbox"/> Supports the risk assessment with changes <input type="checkbox"/> Requires further information <input type="checkbox"/> Rejects the risk assessment	<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Unmanageable
The Health & Safety Officer has reviewed the document	<input type="checkbox"/> Supports the risk assessment <input type="checkbox"/> Supports the risk assessment with changes <input type="checkbox"/> Requires further information <input type="checkbox"/> Rejects the risk assessment	<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Unmanageable

Table 1 – Likelihood

Almost Certain	Expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Moderate	Should occur at some time
Unlikely	Could occur in exceptional circumstances
Rare	Only occur in exceptional circumstances

Table 2 – Consequence

Insignificant	No injuries, low financial loss
Minor	First aid treatment, on-site release immediately contained, medium financial loss
Moderate	Medical treatment required, on-site release contained with outside assistance, high financial loss
Major	Extensive injuries, loss of production or capability, off-site release with no detrimental effects, major financial loss
Catastrophic	Death, toxic release off-site with detrimental effect, huge financial loss

Table 3 – Risk Analysis Matrix

Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	H	H	U	U	U
Likely	H	H	H	U	U
Moderate	L	H	H	U	U
Unlikely	L	L	H	H	H
Rare	L	L	H	H	H

Risk* Categories

HEALTH	LEGAL
Exposure to chemical or biological agents, noise levels above 85dB, ionizing radiation, moving parts and excessive vibration	Compliance with regional health and safety legislation
Working at elevated heights or in confined spaces	Restricted drugs
Electrical hazards	Alcohol use
Fire hazards	Restricted sexual activity
Lack of orientation and training	Photography restrictions
Water portability	Documentation (visas, passports)
Food poisoning	Currency exchange laws
Vitamin deficiency	Criminal law or activity
Sanitary practices	Political involvement
Dental care	Culture specific law
Eye care	
Availability of emergency help	
Animal or insect bites	
Sexual health	
Contagious diseases	

ENVIRONMENTAL	SECURITY	TRAVEL & TRANSPORTATION
Extremes in temperatures	Civil unrest (strikes, political turmoil, violent incidents, street demonstrations, riots)	Pedestrian hazards
Avalanche regions	Minor verbal harassment	Deteriorating roads
Floods	Crime	Hairpin curves with no guardrails
Earthquakes	Terrorism	Inadequate signs and lighting
Altitude sickness	Theft	Disregard for traffic laws
Volcanoes	Drunkenness	Poorly maintained vehicles
Mudslides	Rape	Direction of traffic
Hurricanes, typhoons, other severe storms	Robbery	Driving
Weather (heat, sun, cold, sunburns)	Serious illness or injury, including physical or sexual assault	Airline safety
Traffic conditions	Hijacking/kidnapping	Jet lag
	War	Motion sickness
	Social/political change	
	Working alone or in isolation	
	Insufficient supervision	

Acknowledgement and Assumption of Risk, Waiver, Release, and Indemnity Agreement

The following Agreement must be completed by all individuals participating in fieldwork for research or teaching purposes, including class field trips, field schools, undergraduate and graduate fieldwork. Completed forms are to be retained by the PIA prior to departure.

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK, WAIVER, RELEASE, AND INDEMNITY AGREEMENT

WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

In consideration of Lakehead University (hereinafter called the “**University**”) authorizing my participation in fieldwork related to my studies, research, employment, or other association with the **University** (hereinafter called “**Fieldwork**”), on my own behalf and on the behalf of my heirs, executors, personal representatives, and assigns I hereby

- (1) ACKNOWLEDGE that there are certain risks, dangers, and hazards inherent in the **Fieldwork** that I am undertaking in the proposed location(s) and I FREELY ACCEPT AND FULLY ASSUME all such risks, dangers, and hazards and the possibility of personal injury, death, property damage or loss resulting therefrom;
 - (2) AGREE TO WAIVE ANY AND ALL CLAIMS directly or indirectly related to the **Fieldwork** that I have or may have in the future against the **University** and its members, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as the “**Releasees**”); and
 - (3) AGREE TO RELEASE AND FOREVER DISCHARGE THE **RELEASEES** from any and all liability for any personal or property loss, damage, injury, illness, or expense, howsoever arising, connected directly or indirectly to **Fieldwork** that I or my next of kin may suffer due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY DUTY OF CARE ON THE PART OF THE **RELEASEES**;
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(4) AGREE TO HOLD HARMLESS AND INDEMNIFY THE **RELEASEES** from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the **Fieldwork**.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. I INTEND TO BE BOUND BY THIS AGREEMENT IN ITS ENTIRETY. I EXECUTE THIS AGREEMENT VOLUNTARILY.

Name: _____ Signature: _____ Date: _____

Please Print

Witnessed by: _____ Signature: _____ Date: _____

I appoint the following person **my Designated Next of Kin** and authorize the University to contact that person for or with information about me in my absence. I have fully informed my next of kin regarding all aspects of my proposed field study, including the nature of any anticipated risks.

Name: _____

Address: _____

Phone: _____

E-mail: _____