

# TRIP PLAN

## International, field work

SUPERVISOR NAME: [ ]

DATE OF TRIP PLAN COMPLETION: [ ]

TRIP NAME: [ ]

DATES OF TRIP/FIELD WORK: [ ] to [ ]  
Departure Date Return Date

This TRIP PLAN is required for all international travel (with exception of travel to USA) by University Employees for the purposes of study, research or professional development that involves field work activities. This TRIP PLAN can be completed for individual travellers or groups of travellers as appropriate. Individual students who travel internationally should refer to Policy SC12 and are required to complete the Student International Travel requirements through GoGlobal.

This TRIP PLAN and the associated FIELD WORK SAFETY PLAN (as required) are in place to meet the requirements of the BC Workers' Compensation Act (RSBC 1996). These documents must be completed PRIOR to departure and updated whenever there is a change in the activities, location or environment.

Please access [CANVAS – SNBX 500](#) for a full description of instructions and resources to support UBC trip and field work planning.

Upon completion of this TRIP PLAN, please save for your records and record your trip *using the ['Document your Trip Plan' tool](#)*.

## 1. Trip Details

Trip Name:		
Principal Investigator (if applicable):		
Travel Supervisor:		
Department:		
Contact Info:	Cell:	Home:
	Email:	Other:
Destination:		
Closest City*:		
Nearest International Airport:		
Departure Date:		
Return Date:		
Trip/Project Description:		

\*Population > 100,000

## 2. Participants

Name	Cell Number	Email	Emergency Form Completed
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

## 3. Risk Assessment of Travel Destination(s)

- Access the Government of [Canada Travel Advice and Advisories](#) webpage to review for the current Risk Level and Advisories that apply to the Travel Destination(s).
- Log into the members section of International SOS (ISOS) to review any Active Alerts, Travel Advice and Security Advice for your Travel Destination(s). It is also recommended that you sign up for the ISOS email subscriptions to be notified of any changes relating to your travel destination(s).

Destination	Risk Level	Advisories	ISOS			Health Advice / Vaccination Requirements
			Active Alerts	Travel Advice	Security Advice	
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**NOTE:** 1) Each Canadian traveller should register with the federal [Registration of Canadians Abroad](#).  
2) Travellers should obtain an **ISOS membership card**. These cards should be retained by the traveller at all times.

## 4. Accommodations & Meals

Dates	Type of Lodging*	Address / Location Description	Closest City**	Contact Information	Meals***
1.					
2.					
3.					
4.					
5.					

\*- CG (Campground); WT (Wilderness Tenting); TR (Trailers); CA (Cabin); HM (Hotel/Motel); O (Other)

\*\* - Population >100,000

\*\*\* - SK (Self Cooked); C (Catered); R (Restaurant)

## 5. Transportation

Section does not apply

Include each means of transportation to be used during trip. Any transportation that requires additional training/experience should be captured within section 7 - Field Work Safety (i.e. required training, special licencing, insurance, personal protective equipment).

Type of Transport (road, atv/utv, air, boat)	Period of Use	Details (rental car/vehicle, air carrier)	Operator(s) – if a member of the travel group

## 6. First Aid

First aid attendant and equipment needs should be completed as outlined by [WorkSafeBC](#). Please see [here](#) for Occupational First Aid equivalencies.

Work Hazard Rating	Travel time to hospital	# of workers/ participants	Required OFA level	Required Equipment
	mins			

First Aid Attendant Name	OFA Level	OFA Expiry

## 7. Field Work Safety: Risk Assessment & Mitigation

Supervisors have a general duty to ensure the health and safety of those under their supervision. A risk assessment provides an opportunity to consider all known and foreseeable hazards and to establish controls in order to minimize the risk.

It is preferred to utilize [UBC's Risk Assessment & Safety Work Procedure](#) guidance to establish controls for the specific risks that apply the work being performed in the field. Additional information relating to specific field safety topics can be located from the [UBC Field Safety information repository](#). A summary of your specific risk assessment and controls should be included in the table below:

Task	Hazard	Control Measures
1.		
2.		
3.		
4.		
5.		
6.		

## 8. Check-In

Section does not apply

*To be completed where travel duration will exceeds 24 hours.*

*It is recommended that regular check-in occurs at intervals between 24 and 72 hours with someone who is not travelling. If check-in does not occur, the contact person shall attempt contact. If a check-in is not completed, the emergency response plan escalation protocol (outlined below), shall be followed.*

Contact person	Contact Information (tel. #)	Alternate Contact Information	Frequency of Check-In

**NOTE:** Where travellers will be split up during the trip (for field work or other activities), it is recommended that a check-in between trip participants occurs at regular intervals between 1 hour and 24 hours (based upon the hazards of the destination and of the field work being performed).

## 9. Emergency Response

The Emergency Response Plan is intended to provide an escalation protocol in cases where travellers miss their check-in, or in case of an emergency while travelling.

### a) Emergency Response Plan

All travellers should be informed of the steps to take in case of an emergency. These steps should be informed by the risks associated with the travel locations (Part 3) and may differ throughout the trip. At minimum, travellers should be advised how to summon help and where they should go in case of an emergency. Also, it is imperative that all travellers have a 'UBC – home contact' who is aware of the trip itinerary and available to support travellers in case of an emergency.

Note that International SOS is also available to support UBC travellers in case of emergency or when the UBC Home Contact is not available.

### b) Contact Information

Travel Supervisor Contact Information	UBC Home Contact* Information
Cell Phone	Name
Satellite Phone	Daytime Contact #
Local / Other Contact	Afterhours Contact #

\*- a non-travelling UBC employee who will retain a copy of the trip itinerary/trip plan and will be available to coordinate communication in case of an emergency.

### c) Escalation Protocol

The check-in contact (from Section 8) is expected to follow the escalation protocol in the event that the check-in does not occur and the grace period passes.

Grace period is: \_\_\_\_\_ hour(s)

Step	When to call	Who to call
1	Following expiry of grace period	Alternate travellers
2	If no answer in step 1	Accommodation contact, if possible (Section 4)
3	If no answer in step 2	UBC Home Contact (Section 9b)
4	If no answer in step 3	UBC Security

## 10. Training & Immunizations

Section does not apply

*To be completed if training is a control listed in section 7 or if vaccinations are required.*

*Any required training and/or vaccinations should be listed in the table below, with dates of completion.*

Participant's Name	Training Received	Vaccinations Received

## 11. Approvals

Section does not apply

*To be completed by the Trip Supervisor.*

*I acknowledge that I have reviewed the information contained in this document for completeness and accuracy and I will ensure that travellers are aware of any known or foreseeable hazards and emergency response expectations while travelling.*

Trip Supervisor	Signature	Date (DD/MM/YYYY)
		Click or tap to enter a date.

*To be completed by the Department Head or designate.*

*I acknowledge that I have reviewed this Trip Plan and approve the travel.*

Program Head Name	Signature	Date (DD/MM/YYYY)
		Click or tap to enter a date.

*To be completed by each traveller.*

*By signing below, the following travellers have been informed and/or provided with a copy of this Trip Plan..*

Participant's Name	Signature	Date (DD/MM/YYYY)
		Click or tap to enter a date.
		Click or tap to enter a date.
		Click or tap to enter a date.
		Click or tap to enter a date.
		Click or tap to enter a date.
		Click or tap to enter a date.

*Upon completion of all approvals, please upload your Trip Plan using the ['Document your Trip Plan' tool](#).*

