**Field Work Safety Plan Addendum**

**This addendum must be attached to the original Field Work Safety Plan**

*For changes outside the scope of this template, submit a new field work safety plan or contact* [*safety.programs@ubc.ca*](mailto:safety.programs@ubc.ca) *to discuss any specific situations.*

|  |  |  |
| --- | --- | --- |
| **Summary of Changes** | | **Date (MM/DD/YYYY)** |
| Initial Field Work Safety Plan Approved | | Click or tap to enter a date. |
| Sections in this addendum that have been updated: |  | Click or tap to enter a date. |

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| 1. **GENERAL INFORMATION** |

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| **Date Addendum Prepared** | Click or tap to enter a date. |
| **Department** |  |
| **Prepared by (Name)1** |  |

1This addendum is to be completed by the individual who will be the onsite supervisor at the field site and who completed the initial safety plan.

Summary of changesin activities conducted at field site that do not introduce new hazards2.:

2.If the new activities introduce new hazards, a separate field safety plan must be submitted)

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| 1. **DURATION OF FIELD WORK** |

*Identify the change*

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| --- | --- | --- | --- |
|  | **Change Description** | **Details** | |
|  | For one time visit, date of departure or return has changed | New dates: |  |
|  | Changing from one time visit to the field site to multiple visits to the same field site | Date range of all visits: |  |
|  | For domestic field work, adding a new field site with similar hazards | Fill out table below | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of field work site** | **Date range of visit(s)** | **Region (Province)** | **City/Closest City to field work site** | **GPS coordinates or civic address of field work site** |
|  |  |  |  |  |
|  |  |  |  |  |
| *Add rows as needed* |  |  |  |  |

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| 1. **FIELD WORK PARTICIPANT INFORMATION** |

*Add names of new participants*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Affiliation (UNDG student, Graduate student, Staff, Faculty, volunteer)** | **Phone Number** | **Citizenship** |
|  |  |  |  |
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|  |  |  |  |
| *Add rows as needed* |  |  |  |

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| 1. **LOGISTICS OF INTERNATIONAL TRAVEL** |

*Complete if trip is international and you are adding new participants*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Explanation (if you select No or N/A)** |
| [Registration of Canadians Abroad](https://www.voyage2.gc.ca/minroca/std/termsandconditions-en.htm) has been completed |  |  |  |  |
| Trip has been planned using guidance from <https://finance.ubc.ca/travel/plan> |  |  |  |  |
| International travel information has been reviewed  <https://finance.ubc.ca/travel/plan/international-travel> |  |  |  |  |
| Trip has been booked using <https://finance.ubc.ca/travel/book> |  |  |  |  |
| All participants have medical/health insurance that is appropriate for the location and activities |  |  |  |  |
| Insurance details have been discussed and appropriate steps taken/forms filled [hyperlink] |  |  |  |  |
| Vaccinations and immunizations required for destination have been researched and obtained where required for all participants |  |  |  |  |
| All students completed Student Safety Abroad – Go Global Forms |  |  |  |  |
| All students have completed the student safety abroad Registry <https://safetyabroad.ubc.ca> |  |  |  |  |
| Students have completed the online [pre-departure modules](https://safetyabroad.ubc.ca/learning-modules/) to prepare for international travel |  |  |  |  |

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| 1. **ACCOMODATION** |

Detail any changes to your accommodation below

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **Type of Lodging**3 | **Civic Address/GPS Coordinates** | **Closest City** | **Phone number for lodging venue (if applicable)** |
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*3CG (Campground); WT (Wilderness Tenting); TR (Trailers); CA (Cabin); HM (Hotel/Motel)*

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| 1. **HAZARD SPECIFIC TRAINING** |

*For any new participants added, detail any specific training that participants will receive with respect to the hazards checked off in the “Hazards, Controls and Emergencies” section in the original Field Work Safety Plan*

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| --- | --- |
| **Name of Trained Participant** | **Training Completed** |
|  |  |
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|  |  |
|  |  |
|  |  |
| *Add rows as needed* |  |

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| 1. **EMERGENCY RESPONSE CONTACT INFORMATION** |

*Detail any changes below*

|  |  |  |
| --- | --- | --- |
| **University Contacts (Not at field site)** | | |
| **Name** | **Role** | **Phone Number** |
|  |  |  |
| *Add rows as needed* |  |  |

|  |  |  |
| --- | --- | --- |
| **Local Contact Information (At field site)** | | |
| **Name** | **Role** | **Phone Number** |
|  |  |  |
| *Add rows as needed* |  |  |

|  |  |
| --- | --- |
| **Local Emergency Information** | |
| **Local Emergency Response Number (9-1-1 or equivalent)** |  |
| **Nearest Hospital to the Field Site** |  |
| **Coast Guard (Canadian or equivalent)** |  |

|  |  |  |
| --- | --- | --- |
| **First Aid Information** | | |
| **Name of First Aid Attendant** | **Level of First Aid** | **Phone Number to Summon First Aid** |
|  |  |  |
| *Add rows as needed* |  |  |

1. **DISTRIBUTION OF THE ADDENDUM**

A copy of this addendum must be distributed to:

* University Contacts not at the Field site identified in the original field safety plan and any others identified above
* All participants identified in the original field safety plan and any others identified in this addendum

A physical copy of this addendum in addition to digital must be taken to the field site.

1. **PARTICIPANT ACKNOWLEDGEMENT**

**Supervisor at Field Site**

I confirm I have thoroughly completed this Field Work Safety Plan Addendum and I understand that as the supervisor I am responsible for the health and safety of staff and students participating in this work.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Signature** | **Date (MM/DD/YYYY)** |
|  |  |  | Click or tap to enter a date. |

**Participants at Field Site**.

*List all participants (not just new ones that have been added)*

|  |  |  |
| --- | --- | --- |
| **Participant’s Name** | **I Confirm that I have a copy of and have thoroughly reviewed the original Field Work Safety Plan and the Addendum** | **Date (MM/DD/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. |
| *Add rows as needed* |  | Click or tap to enter a date. |