

Health & Safety
Human Resources
Phone: 306-337-2370
www.uregina.ca/hr/hs
E-mail: health.safety@uregina.ca

## FIELDWORK PLANNING ASSESSMENT

FIELDWORK DETAILS				
Brief Description of Fieldwork:				
Date/Time of Departure:		Date/Time of Re	turn:	
Fieldwork Location:		Provide route of	travel, GPS coordinates, or attach a map	
COORDINATION OF FIFE D	WORK			
COORDINATION OF FIELD	WORK			
Fieldwork Supervisor:				
Fieldwork Leader:				
rieldwork Leader.				
Safety Contact:				
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Home/Other Important numbers:				
Name of qualified first aid provider(s)	:			
Contact information of accommodation provider:				
Contact information of accommodati	on provider.			
Contact information of nearest hospital:				
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FIELDWORK VEHICLE(S) DETAILS [Automobile, ATV, Boat, etc]				
Make	Model		License Plate/Registration #	
COMMUNICATION TOOLS			wo (2) different forms MUST be taken	
Mobile Phone Number:			wo (2) different forms wood be taken	
Satellite Phone Number:				
UHF Radio Number:				
Other:				
EMERGENCY EQUIPMENT				
First Aid Kit		Yes		
Survival Kit		Yes		
Wildlife Repellant		Yes		
Other		Yes		

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ADDITIONAL EMERGENCY PROCEDURES				
CONTACT INFORMATION OF FIELDWORK PARTICIPANTS				
Full Name of Participant	Contact Number			
SUPERVISOR USE ONLY				
SUPERVISORS: Please ensure the Fieldwork Planning Assessment details above are completed accurately.				
Thia Fieldwork Planning Assessment has been read and approved by the undersigned.				
Name of Supervisor (Printed)	Date			
Signature of Supervisor				

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