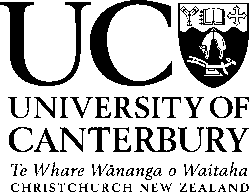
*Version- Oct 2024*



School of Earth & Environment

Field Activity Plan

# Health and Safety

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| --- | --- | --- | --- |
| **Activity Leader** | | | |
| Full Name |  | | |
| Work Area / Location |  | | |
| Email |  | Phone |  |
| Signature |  | Date |  |

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| **Deputy Activity Leader** *(if required)* | | | |
| Full Name |  | | |
| Work Area |  | | |
| Email |  | Phone |  |

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| **Approval to Undertake the Field Activity** *(for completion by Manager/Head or delegated authority i.e. Departmental Safety Officer, Academic Supervisor. (Approval for high risk activities can only be approved by the relevant Senior Leadership Team member)* | |
| I consent for this Field Activity to be run to the specifications of the plan. | |
| Full Name |  |
| Date |  |
| Signature |  |

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| **Field Activity Details** | | | |
| Paper/Course |  | | |
| Purpose of Field Activity |  | | |
| Location |  | | |
| Start Time and Start Date |  | Click or tap to enter a date. | |
| Finish Time and Finish Date |  | Click or tap to enter a date. | |
| Return from activity method of notification (who you will notify and how you will notify them) | Whiteboard outside of Sacha’s office (ER105A) | | |
| Nominated Contact person  *(Refer to form “****SEE Return from Field Activity -Contact Person Info****”)* | CONTACT INFO: | | Daily Check In  Check in upon return  Contact Form Sent |
| Location Contact Address |  | | |
| Location Contact Phone |  | | |
| Map Reference *(if no contact address)* |  | | |
| Intended Programme | | | |
| *Provide brief description of the daily field activities, including location of activities (****map****?), dates, distance from field HQ, planned route and transportation* | | | |

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| **Working at or with other Companies / Organisations / PCBUs\* *(includes Farmers)***  ***Shared - Field locations / Worksite / Equipment***  ***(You must Consult, Cooperate and Coordinate with other PCBUs/Companies)***  *\*PCBU= A person conducting a business or undertaking* | | | | | | | |
| Are you working at, with or alongside other Organisations/Companies or PCBUs?  (If so list the names):  *Shared- Worksite, Field location, Equipment? (Boat, Vehicles, helicopters..)* | |  | | | | | **N/A**  (SKIP THIS SECTION) |
| Who will be the “**Lead**” PCBU with regards to this project or field location site?  *[Who has control of the worksite?]* | |  | | | | | |
| **Lead** PCBU contact person | Name |  | | | | | |
| Company |  | | | | | |
| Phone # |  | | | | | |
| Email |  | | | | | |
| Are there any requirements in order to gain access to the field activity location?  *(Induction? / Permissions? / Security?)* | | Yes  No | | Details: | | | |
| Have you received and shared H&S information/documents with all parties? | | Yes  No | | What information? (e.g. FAP, SOPs) | |  | |
| Have you Consulted with other PCBUs to agree how risks will be managed and decide who is best placed to manage each risk? | | Yes  No | | Details/Comments | |  | |
| Are there **Clearly defined roles**, responsibilities and actions between all parties?  *(So everyone knows what to expect)* | | Yes No |  | | N/A | | |

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| **Emergency Contacts** *(please complete Safety Equipment List on page 6 if required)* | | | | | |
| Mobile Phone Number – Leaders # | |  | | | |
| Satellite Phone  *(Have you made a test call?)* | | Yes No | Number # | | Choose an item. |
| Personal Locator Beacon | | Yes No | Serial Number | | Choose an item. |
| Field First Aid Kit | | Yes No (*Do you require anything specific? Burns kit)* | | | |
| List names of qualified First Aiders attending the Field Activity  *(if none, consult the Health & Safety Manager)* | |  | | | |
|  | | | |
|  | | | |
| UC Security (anytime) | | 0800 823 637 | | | |
| Emergency Services- Fire, Ambulance, Police | | 111 | | | |
| **UC Emergency Contact** | Name | **Matt Cockcroft** | Name |  | |
| Position | **School Safety Officer** | Position |  | |
| Phone | **021 126 5057** | Phone |  | |
| UC Health and Safety Consultant | Name | Casey Davis | | | |
| Mobile | 027 311 9727 | | | |
| Office Phone |  | | | |
| Field Station Manager  *(if relevant)* | Position | Jenny Ladley | | | |
| Phone | 027 68 67 260 | | | |
| Office | 03 369 5504, Internal ext. 95504 | | | |

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| **Emergency Procedures – Response Plan** | | |
| Call **111** in emergencies (Fire, Ambulance & Police) | | |
| ***How will you manage the emergency?*** | | |
| ***Consider:***  *How & Who Will:*   * *Prevent further harm or injury:*   *- of affected individuals*  *- of the rest of the group*   * *Access emergency services (111 communication)* * *Provide first aid.* * *Notify UC and affected family.* * *Take over if you are affected.* * *Communicate expectations – e.g. Cellphone usage*   *Nearest Medical Centre?*  *Working Remotely/Isolated? – Beacon, Sat phone*  *Working by yourself? – Nominated Contact person, call in procedure* | **Your Plan** *(include specifics):*        [**St John’s First Aid** - <https://www.stjohn.org.nz/first-aid/first-aid-library/> ] | |
| **All participants** are aware of the emergency plan and procedures? | | Yes  No |

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|  | **Participant Briefing** | | | |
| * The Field Trip Leader must Brief all participants prior to the trip (use the “***Field Activity Briefing***” form). This will provide vital information to all participants so that they are properly informed prior to leaving. * The Field Trip Leader must ensure an **accurate Departure Register** of all participants is provided to the Safety Officer or relevant other staff member prior to departing. | | | | |
|  | **Participant Health** | | | |
| Field Activity Participant Declaration and Consent Forms must be sent to the “Field Trip Leader”. | | | | |
| **Name**    *(Please remember privacy if sharing this document – remove info/names)* | | **Description of Health Condition** | **Controls to be applied** | Notes: |
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***If this Field Activity is relying on UC Field Station Accommodation, participants must have provisional accommodation approval in UC Field Stations, PRIOR to submitting this Field Activity Plan to the Manager/HoD/HoS for approval.***

[***https://www.canterbury.ac.nz/life/facilities/field/***](https://www.canterbury.ac.nz/life/facilities/field/)

***Final accommodation approval will be confirmed by the Field Station Manager. The UC Field Station accommodation confirmation should accompany this request for authorisation.***

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| **Additional Information** *(complete the items relevant to your Field Activity)* | | | | | | | | | |
| Alternative Route/Plans  *(for bad weather/emergencies etc)* | | |  | | | | | | |
| Have you received consent/permit/access permission for the Field Activity locations? | | | Yes  No N/A | | | | *Are you taking samples?*  *Do you have permission?* | | |
| Detail: | | | |
| If yes, specify consent/permits obtained | | |  | | | | | | |
| Are there cultural considerations, e.g. Marae protocol, specimens not to be collected if rahui is in place? | | | Yes No | |  | N/A | | | |
| **Accommodation** contact person | | Name |  | | | | | | |
| Mobile |  | | | | | | |
| Office Phone |  | | | | | | |
| Travel arrangements:  *(Flights, Ferries, Accommodation need to be made using the SEEs Travel procedure)* | | |  | | | | | | |
| **Vehicles** used for transport | | | UC vehicles Rental vehicles  Private vehicles | | Yes Yes  Yes | No N/A  No N/A  No N/A | | | |
| Car Rental Company *(if applicable)* | | |  | | | | | | |
| Car Rental Emergency Phone Number | | |  | | | | | | |
| **Vehicle Details**: | | | Vehicle 1 | | Vehicle 2 | | Vehicle 3 | Vehicle 4 | |
| **UC** Vehicle Licence Plate # | | | Choose an item. | | Choose an item. | | Choose an item. |  | |
| **Private Vehicle** Details | Licence Plate # | |  | |  | |  |  | |
| Make | |  | |  | |  |  | |
| Model | |  | |  | |  |  | |
| Year | |  | |  | |  |  | |
| Colour | |  | |  | |  |  | |
| Current Registration | |  | |  | |  |  | |
| Current WOF | |  | |  | |  |  | |
| Vehicle First Aid Kit | | |  | |  | |  |  | |
| Chains | | |  | |  | |  |  | |
| Have drivers completed SEE Driver Assessment? | | | Yes No *(These can be arranged by Sacha Baldwin)* | | | | | | |
| Are you planning to drive “off-road”?  *(Have you done the 4x4 driving course?)* | | | Yes No | |  |  | | | |
| Have all requirements for transportation of hazardous goods been considered?  See [Land Transport](http://www.landtransport.govt.nz/rules/dangerous-goods-2005.html#41) for guidance. | | | Yes No | |  | N/A | | | |
| Expected road conditions?  *(Check-* [*NZ Transport Agency*](https://www.nzta.govt.nz/traffic-and-travel-information/)*)* | | |  | | | | | | |
| Contingency plan for adverse conditions,  e.g. weather, rockfall, snow [*Metservice*](https://www.metservice.com/warnings/home) | | |  | | | | | | |
| Catering arrangements, e.g. self-catered | | |  | | | | | | |
| No. of days extra emergency food | | |  | | | | | | |
| Do your participants have any special requirements with regards to food or medical requirements? | | | Yes No N/A  *If medical/allergy related, list in participant health list above.* | | | | | | |
| If yes, have these people been appropriately catered for? | | | Yes No | |  | N/A | | | |
| Are you carrying drinking water, purifier or have access to it during the trip?  *Please specify* | | | Yes No | |  | N/A | | | |
| Wet weather gear and thermal clothing requirements | | | Yes No | |  | N/A | | | |
| Any other personal protective clothing and equipment | | |  | | | | | | |
| Name(s) of qualified/experienced person accompanying the group | | |  | | | | | | |
| Competency of participants has been assessed and mandatory certificates, licences and training are current, e.g. Firearms Licence, First Aid Certificate, Driver Licence | | | | Yes No N/A | | | | |
| Overseas travel. See [University Travel](https://intranet.canterbury.ac.nz/travel/) website for guidance.  *(Provide the destination, visa and vaccination requirements, travel insurance, and security arrangements for risk destinations. Attach the travel itinerary to this plan)* | | | | Yes No N/A | | | | |

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| **Safety Equipment List**  *(complete for safety equipment taken, ensure equipment is maintained and relevant training is received)*  *Examples- First Aid Kit, Satellite Phone, PLB, High Vis, Signs, Snow chains, Radios, Emergency Shelter* | | | |
| Type of Equipment | Booked out using “**Cheqroom**” APP | Quantity | Serial Number *(if relevant)* |
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Hazard Risk Assessment and Management

Use this form for Risk assessment of short-term work or activity, leave space to update any hazards identified during the trip and please give feedback upon return.

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| **Work/Activity Details /Risk Assessment** | | |
| Examples of **potential**  Hazards / Risks: | *Sampling, Augering, Working near water, UAV Flying, Volcanic risks, Working Alone, Working Remote, Slips/Trips/Falls, Biological Hazards, Tsunami, Animals, Fire Risk,*  *Sharp objects, Eye injury, Heavy objects, Vibration, Chemical Hazards, Thermal Hazards, Power Tools, Electricity (overhead, Buried, fences etc.), People* | ***Any further External Risks?***  ***Who is “Lead” for H&S?***  *-What risks are collaborators and other external companies creating?* |
| Helpful Resources and Links: | **UC SEEs Resources *-*** [*SEEs Resources*](file:///K:\_SEE%20Health%20&%20Safety\1.%20Public\RESOURCES)**UC Chemical Safety** - [*https://canterbury.libguides.com/chem/sds*](https://canterbury.libguides.com/chem/sds)  **WORKSAFE -** [*https://www.worksafe.govt.nz/topic-and-industry/*](https://www.worksafe.govt.nz/topic-and-industry/)  **SITESAFE -** [*https://www.sitesafe.org.nz/guides--resources/free-H-and-S-guides/*](https://www.sitesafe.org.nz/guides--resources/free-H-and-S-guides/)  **St John’s First Aid -** [*https://www.stjohn.org.nz/first-aid/first-aid-library/*](https://www.stjohn.org.nz/first-aid/first-aid-library/)  **Before you dig -** [*https://www.beforeudig.co.nz/nz/home/*](https://www.beforeudig.co.nz/nz/home/) **CAA UAV -** [*https://www.aviation.govt.nz/drones/part-101-rules-for-drones/*](https://www.aviation.govt.nz/drones/part-101-rules-for-drones/) | |

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| **Hazard**  (An actual or potential source of harm, including behaviour) | **Consequence If Hazard Not Controlled**  (i.e. Injury, Illness, Incident, Property Damage, etc) | **Likelihood**  (L value) | **Consequence**  (C value) | **Risk Rating**  (L x C) | **Controls**  (i.e. Eliminate, Substitute, Guarding, Training, Administrative, PPE) | **Residual Risk Rating**  (The remaining level of risk after controls have been implemented) | **Hazard Eliminated or Minimised**  (E or M) |
| Driving  Car Accident | Injury/Death | 1 | 5 | 5 | * Drive to the conditions and to NZ Road Code at all times. * Wear High Vis when near the road. * Park well off active roadway and somewhere visible to other travelling vehicles * Take regular breaks or swap drivers to avoid fatigue. * Confirm your full load (incl trailers) is secure before setting off. * Verify Vehicle is “Road Safe” (Condition is acceptable – Tyres, Trailers, WOF etc..) * Licensed and experienced driver to drive | 5 | M |
| Medical Conditions - pre-existing | Illness/Death | 3 | 5 | 15 | * Well in advance of the proposed Field Activity **Verify** that all field participants have made health declarations. * Check all health declarations and **have a plan** that safely manages all declared conditions/allergies. * Advise participants of the level of fitness required for the fieldwork. * Establish a clear procedure by which disabilities, that may require adjustments or support whilst on fieldwork, to be disclosed. * Discuss with the Safety Officer if there are any difficulties or potential issues. | 5 | M |
| Choose a Hazard... |  |  |  |  |  |  |  |
| Choose a Hazard... |  |  |  |  |  |  |  |
| Choose a Hazard... |  |  |  |  |  |  |  |
| Choose a Hazard... |  |  |  |  |  |  |  |
| Choose a Hazard... |  |  |  |  |  |  |  |
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| Choose a Hazard... |  |  |  |  |  |  |  |
| Choose a Hazard... |  |  |  |  |  |  |  |

**How to use this form:**

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| --- | --- |
| 1. **List all the known or potential hazards associated with the proposed activity.** 2. **Identify the potential consequences if the hazard(s) are not controlled.** 3. **Consider the likelihood of it occurring and the consequence rating if it did occur.** 4. **Use the Risk Rating Matrix below to rate the hazard risk.** 5. **Identify suitable control options for the hazard that will reduce the risk levels.** 6. **Use the Risk Rating Matrix to calculate the residual risk.** 7. **Record the residual risk rating score against the hazard.** 8. **Determine if the controls eliminate or minimise the hazard.** | **Hazard Control Key:**  **E = Eliminate the Hazard**  **M= Minimise the likelihood the hazard will cause harm** |

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| **Risk Rating Matrix** | | | | | | | |
| **Risk Matrix** | | | | | | | |
|  | **Result**  **Likelihood** | Minor (1) | Moderate (2)  (first aid only) | Severe (3)  (Notifiable Event) | Major (4)  (permanent disabling injury) | Catastrophic  (5)  (Loss of life, > $1m costs) |  |
|  | Rare (1) | Low (1) | Low (2) | Low (3) | Low (4) | Medium (5) |
|  | Unlikely (2) | Low (2) | Low (4) | Medium (6) | Medium (8) | High (10) |
|  | Moderate (3) | Low (3) | Medium (6) | Medium (9) | High (12) | High (15) |
|  | Likely (4) | Low (4) | Medium (8) | High (12) | High (16) | Critical (20) |
|  | Almost certain (5) | Medium (5) | High (10) | High (15) | Critical (20) | Critical (25) |
| **Risk Categories** | | | | | | | |
|  | Critical & High | Risk treatment strategies to be approved by Supervisor/Manager. | | | | |  |
|  | Medium | Risk treatment strategies to be implemented by Person in Control of Work/Activity and any specialist support as required. Strategies to be approved by persons with specialist knowledge or experience. | | | | |
|  | Low | Risk acceptable – to be managed under normal control procedures (e.g. planning, training, information, supervisor and review). | | | | |
| **Risk**: the chance of something happening that will impact on your work.  **Residual Risk**: The levels of risk remaining after all control measures have been implemented. | | | | | | | |