This form must be completed in accordance with the University [Field Trip Procedures](https://www.flinders.edu.au/content/dam/documents/staff/policies/health-safety/field-trip-procedures.pdf), which are supplemented by the [Field Trip Safety Manual](https://staff.flinders.edu.au/content/dam/staff/documents/whs/field-trip-manual.pdf). This form is designed to be filled out electronically and must be submitted via email.

# Field Trip Procedure

This form is to be completed by the Field Trip Leader. It is suggested that Topic Co-ordinators / Research Project Officers / Field Trip Leaders must submit their field trip application forms for approval via the Nominated Contact person and the WHS Trained Person to the College Dean (or nominee/delegate) AT LEAST 5 business days prior to departure. Some schools will require more lead in time than this.

All field trips should have a documented plan of the work to be undertaken eg how to get there, standard research procedure or field equipment procedures in addition to this a risk assessment for high risk (Tier two) trips needs to be documented (this may be a review for regular activities) and controls allocated to minimise potential risk.

# University Nominated Contact person:

It is recommended this is a senior staff member not attending the field trip. This contact must be made aware of their responsibilities eg. agree with the field trip leaders method of check – in, agree on the time frame for check-in failure before initiating the failed check in procedure.

**Note:** If participants on the Field Trip need to be contacted by the University Nominated Contact person should be aware of the field trips current location and plan of daily activities.

|  |
| --- |
| Summary Field Trip Details |
| Field Trip Title: | Click or tap here to enter text. |
| Field Trip Purpose: | Click or tap here to enter text. |
| Departure Date: | Click or tap to enter a date. |
| Departure Time: | Click or tap here to enter text. |
| Departure Location: | Click or tap here to enter text. |
| Return Date: | Click or tap to enter a date. | Return Time (can be approximate): | Click or tap here to enter text. |
| Return Location: | Click or tap here to enter text. |

Field Trip Destination/s (e.g. Darwin, Canada, Victor Harbor): Click or tap here to enter text.

|  |  |
| --- | --- |
| Brief Description of Field Trip:  | Click or tap here to enter text. |
| Summary Participant Details |  |  |
| Number of Flinders Staff: Click or tap here to enter text. | Number of Flinders Students: Click or tap here to enter text. | Number of Volunteers/Other: Click or tap here to enter text. Total: Click or tap here to enter text. |
| Field Trip Leader Details |  |  |
| Name: | Click or tap here to enter text. | Mobile Number: Click or tap here to enter text. |
| Work Number: | Click or tap here to enter text. | E-mail: Click or tap here to enter text. |
| Sat phone (during field trip only):  | Click or tap here to enter text. | Name of Supervisor: Click or tap here to enter text. |
| College: | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Itinerary |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Destination** | **Contact Details** | **Contact Number** | **Date/Time** |
|  |  |  | Click or tap to enter a date. |
|  |  |  | Click or tap to enter a date. |
|  |  |  | Click or tap to enter a date. |

***Copy and paste subsequent rows as required to keep the lists and date fields.***

Transport Arrangements

Will you be using vehicles as part of your field trip? Yes [ ]  No [ ]

|  |  |  |
| --- | --- | --- |
| Vehicle Type: Click or tap here to enter text.Vehicle Colour: Click or tap here to enter text.Comprehensively Insured: Click or tap here to enter text.Land Vehicle use only occurs on sealed roads in the metropolitan area?Vehicles and trailers are registered, well maintained and covered by Comprehensive insurance? | Registration: Click or tap here to enter text.Vehicle Mode:Click or tap here to enter text.Click or tap here to enter text. | Vehicle Make: Click or tap here to enter text.Vehicle Model: Click or tap here to enter text. |

***Copy and paste subsequent rows as required to keep the lists and date fields.***

Nominated Contact Person

Name of the Nominated Contact Person at the University to initiate late return / fail to check in procedures: Click or tap here to enter text.

Procedures: Click or tap here to enter text.

Nominated Contact Work Phone: Click or tap here to enter text.

Nominated Contact Mobile Phone: Click or tap here to enter text.

Is the field trip duration more than one day or remote? Yes [ ]  No [ ]

Name of the Alternate Contact: Click or tap here to enter text.

Alternate Contact Work Phone: Click or tap here to enter text.

Alternate Contact Mobile Phone: Click or tap here to enter text.

Agreed Daily Contact Time: Click or tap here to enter text.

Indicate the margin that will be given before late check/failure to return procedures will be initiated: Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date/Time check in to occur** | **Contact method used** | **Checked in** | **Any likely changes? Record any required changes in check-in or itinerary** |
| Click or tap to enter a date. | Choose an item. |[ ]  Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. |[ ]  Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. |[ ]  Click or tap here to enter text. |

***Copy and paste subsequent rows as required to keep the lists and date fields.***

# Late return /failure to check-in procedures (refer to the [Field Trip Manual](https://staff.flinders.edu.au/content/dam/staff/documents/whs/field-trip-manual.pdf))

\* Procedure to be followed by Nominated Contact Person if field trip group is not back on time or checked in:

* Phone field trip leader
* Phone other participants if the leader is not contactable
* Phone Security on 8201 2880 (24 hours) to confirm no calls have been made
* Check for returned gear if other participants not contactable
* Check for return of University vehicle
* Call Emergency Services in field trip area (Police, Coastguard, Park Ranger, landowner etc.)

External Permits, Notifications and Authorisations

Do you require permits and approvals prior to your entrance? Yes [ ]  No [ ]

|  |  |  |
| --- | --- | --- |
| **Approval / Permit** | **Activity** | **Number** |
| -Select- |  |  |

***Copy and paste subsequent rows as required to keep the lists and date fields.***

TIER 1

|  |  |
| --- | --- |
| 1. Will easy access for Emergency Services be available i.e. – not in thick bush or steep hills? | -Select- |
| 2. Will communication be readily available - you know you are in mobile / SAT phone range? (mobile phone range maps have been reviewed or phone service at the location has been tested) | -Select- |
| 3. Will the following activities be **excluded** from this field trip - boating, diving, climbing, working in isolated areas or other high-risk activities? | -Select- |
| 4. Are conventional vehicles on metropolitan roads all that is required? | -Select- |
| 5. Have any tools / plant to be used on this field trip been assessed as low risk only? | -Select- |
| 6. Are all tasks or procedures to be performed assessed as low risk? | -Select- |

TIER 2

|  |  |
| --- | --- |
| 1. Will all relevant maps, GPS units and communication devices be available and used? | -Select- |
| 2. Has equipment been inspected to ensure it is in good working order and fit for its intended purpose prior to the field trip? | -Select- |
| 3. If working alone, have all alternative options been explored? | -Select- |
| 4. Will required first aid kits be checked for current content, refilled and is there an available first aid officer on the field trip? | -Select- |
| 5. Have relevant emergency procedures, plans and equipment been identified and developed (i.e. medical, vehicle, bushfire) for the field trip? | -Select- |
| 6. Have personal protective equipment and clothing needs been identified for this trip? | -Select- |
| 7. Have weather forecasts and field site conditions been obtained? | -Select- |
| 8. Will the field trip include any boating trips, scuba diving or snorkeling? Contact Maritime Safety Dive Officer. | -Select- |
| 9. When considering the risk assessment hazards and controls will the field trip involve any of the following (including but not limited to) plant or equipment, hazardous substances, electricity, climbing, bush-walking, geological and mining trips, mountain bike riding, water sports, flying in non-commercial aircraft, drone operations, caves or enclosed spaces? | -Select- |
| 10. Are firearms, spring or gas-powered spears, explosives and other weapons going to be used? | -Select- |
| 11. Will the field trip involve overseas travel? | -Select- |
| 12. Will participants require any vaccinations prior to the field trip? | -Select- |

This generic risk assessment should be checked and modified, if necessary, to meet requirements for the International Work Integrated Learning Placement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Identified Hazards before controls** | **Risk Assessment** | **Risk Controls** | **Residual Risk** | **Implementation** |
| **No.** | **Description** | **Consequences** | **Likelihood** | **Risk Level**(See Matrix) | **Control measures** | **Consequences** | **Likelihood** | **Risk Level**(See Matrix) | **Date Controls implemented** |
| 1 | Click or tap here to enter text. |   |   |   | Click or tap here to enter text. |   |   |   | Click or tap to enter a date. |
| 2 | Click or tap here to enter text. |   |   |   | Click or tap here to enter text. |   |   |   | Click or tap to enter a date. |
| 3 | Click or tap here to enter text. |   |   |   | Click or tap here to enter text. |   |   |   | Click or tap to enter a date. |
| 4 | Click or tap here to enter text. |   |   |   | Click or tap here to enter text. |   |   |   | Click or tap to enter a date. |

***Copy and paste subsequent rows as required to keep the lists and date fields.***

**SUMMARY OF RISK – Review the risk measured and the controls below, then please select the relevant risk summary statement:**

[ ]  A) The assessment reveals that the potential risk to health from the use of the plant/equipment/procedure is not currently significant

[ ]  B) The assessment reveals that the potential risk to health from the use of the plant/equipment/procedure is significant. However controls are in place that reduce risk to acceptable levels.

[ ]  C) The assessment reveals that the potential risk to health from the use of the plant/equipment/procedure is significant. Interim controls are in place to reduce risk to acceptable levels.

**HOW TO ASSESS THE RISK**

|  |  |
| --- | --- |
| **Step A - Consider the consequences** | **Step B - Consider the likelihood** |
| For each hazard, consider the consequences if something happens. Consider what could reasonably have happened, as well as what actually happened (if there was an accident/ incident). Look at the descriptions below and choose the most suitable consequence | How likely is it that something will happen as a result of the hazard?Look at the descriptions below and choose the most suitable Likelihood |
| **Consequence** | **Description** | **Likelihood** | **Description** |
| **Fatality** | May cause death and/or severe irreversible disability, and/or permanent ill health | **Very likely** | Expected to occur in most circumstances |
| **Major** | Severe injury or illness | **Likely** | Will probably occur in most circumstances |
| **Minor** | Minor (usually reversible) injury or illness resulting in days off work | **Possible** | Might occur occasionally |
| **First aid** | First aid level medical treatment | **Unlikely** | Could happen at some time |
| **Negligible** | No treatment required | **Highly unlikely** | May happen only in exceptional circumstances |

**Step C – Calculate the Risk Level**

1. Take the Step A rating and select the correct line
2. Take the Step B rating and select the correct column
3. Circle the risk level where the two ratings cross in the matrix below

Risk level =

**Risk Matrix**

|  |  |
| --- | --- |
| **Consequence** | **Likelihood** |
| **Very likely** | **Likely** | **Possible** | **Unlikely** | **Highly unlikely** |
| **Fatality** | Extreme | High | High | High | Medium |
| **Major injury** | High | High | High | Medium | Medium |
| **Minor injury** | High | Medium | Medium | Medium | Medium |
| **First aid** | Medium | Medium | Medium | Low | Low |
| **Negligible** | Medium | Medium | Low | Low | Low |

|  |
| --- |
| **Control Hierarchy** |
| **Elimination** | Remove hazard |
| **Substitution** | Use a less hazardous alternative |
| **Isolation** | Eg Restrict access, use in a closed container, fume cabinet |
| **Engineering** | Eg Trolleys to move loads, guards on machinery, Fume cupboard |
| **Administration** | Eg: Training, Safe Work Procedure, signage |
| **PPE - Personal Protective Equipment** | Eg: Gloves, respirator, safety glasses |

|  |
| --- |
| **Prioritising Hazards** |
| **Risk Level** | **Priority** | **Action** | **Timeframe for implementation of corrective action** |
| **Extreme** | **1** | The activity should cease immediately and short term safety controls implemented. Notify manager and assess activity. | Immediate |
| **High** | **2** | Implement short term safety measures immediately. Notify manager and assess activity. | Within 24 hours |
| **Medium** | **3** | Implement short term safety controls. Notify manager and assess activity. | Within 14 days |
| **Low** | **4** | Implement long term safety controls. Notify manager and assess activity. | Within 28 days (if possible) or demonstrate that it is not reasonably practicable to achieve furtherminimization of the risk |

See [Work Health and Safety Risk Management Procedure](https://www.flinders.edu.au/content/dam/documents/staff/policies/health-safety/whs-risk-management-procedures.pdf) for further details

Field Trip Leader Declaration

I certify that to the best of my knowledge all information provided on this form is true, accurate and complete.

I will ensure the following occurs at least 5 business days prior to embarking on the field trip:

* Provide a signed (approved) and a full copy of the Field Trip documentation to the Nominated Contact Person or people including the following:
	+ This Field Trip form
	+ [Participant Health & Safety Acknowledgement forms](https://staff.flinders.edu.au/content/dam/staff/documents/whs/forms/field-trip-participant-safety-acknowledgement.pdf) – one for each participant
	+ [Volunteer Engagement Forms](https://staff.flinders.edu.au/content/dam/staff/documents/whs/forms/field-trip-volunteer-form.pdf) - one for each participant (if applicable)
* All participants will be provided with a copy of relevant information eg details of the trip and have been briefed on the requirements eg. Clothing, resources, behaviour etc.
* Where applicable (risk based) a first aid person is nominated to be available on the trip. Remote field trips will have a participant with remote first aid training. An appropriate First Aid kit has been sourced.
* Provide copies of all signed documentation to the College Office.

Field Trip Leader Name: Click or tap here to enter text.

Field Trip Leader Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

Nominated University Contact Person Declaration

I agree to be the Nominated University Contact person and am aware of my responsibilities which are found in the Field Trip Guidelines.

Comments: Click or tap here to enter text.

Nominated Contact Person Name: Click or tap here to enter text.

Nominated Contact Person Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

Alternate University Contact Person Declaration

I agree to be the Nominated University Alternate Contact person and am aware of my responsibilities which are found in the Field Trip Guidelines.

Comments: Click or tap here to enter text.

Alternate Contact Person Name: Click or tap here to enter text.

Alternate Contact Person Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

Maritime Safety Verifier Declaration

I have considered this form including risk assessment and agree that the field trip should go ahead subject to approval by the College Dean, and Vice-President and Executive Dean as appropriate.

Comments: Click or tap here to enter text.

Maritime Safety Verifier Name: Click or tap here to enter text.

Maritime Safety Verifier Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

Field Trip Verifier Declaration

I have considered this form including risk assessment and agree that the field trip should go ahead subject to approval by the College Dean, and Vice-President and Executive Dean as appropriate.

Comments: Click or tap here to enter text.

Field Trip Verifier’s Name: Click or tap here to enter text.

Field Trip Verifier’s Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

Field Trip Leader’s Supervisor’s Declaration

I have considered this form including risk assessment and agree that the field trip should go ahead subject to approval by the College Dean, and Vice-President and Executive Dean as appropriate.

Comments: Click or tap here to enter text.

Field Trip Leader’s Supervisor Name: Click or tap here to enter text.

Field Trip Leader’s Supervisor Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

College Dean’s Declaration

The field trip has been identified as a Tier 2 risk.

I confirm that all relevant documents have been provided and checked and the number of participant forms matches the number of participants. I am satisfied the risk control measures reduce the risk as low as reasonably practicable.

I confirm that the College Office will organise for documents to be kept for at least 8 years. I approve this field trip to go ahead.

Comments: Click or tap here to enter text.

College Dean or Nominee: Click or tap here to enter text.

College Dean or Nominee Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

VP and Executive Dean’s Declaration

The field Trip is a Tier 2 and the risk rating level has been identified as C) The assessment reveals that the potential risk to health from the use of plant/equipment/ procedure is significant

Comments: Click or tap here to enter text.

VP and Executive Dean or Nominee: Click or tap here to enter text.

VP and Executive Dean or Nominee Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.