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 further  minimization 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.