



FACULTY OF EDUCATION
FIELD ACTIVITIES APPLICATION FORM

This form is divided into two sections

1. Field Activities Contact and Communications

This section covers how contact can be made with the field worker, other members on the field trip and who to contact in the event of an emergency as well as method of travel.

Forms to be completed (as appropriate):

- A.** Field Activities Contact and Communications Schedule
- B.** Daily Call-In Sheet
- C.** Itinerary Proposal
- D.** Vehicle Checklist

2. Risk Assessment of Field Activities

This section covers an outline of the project and considers the risks involved

Forms to be completed (as appropriate):

- Risk checklist for Field Activities (includes map as appropriate)
- Initial Assessment Overview
- Assessment of the Specific Risks

APPROVALS					
I have completed all forms as appropriate for the field activity/research project to be undertaken					
Name:		Signature:		Date:	
HEAD OF SCHOOL (OR NOMINEE)					
Name:		Signature:		Date:	

A copy of the form to be sent via email, to the Secretary of the Faculty of Education Health & Safety Committee for annual auditing purposes. Email: fam.ed@qut.edu.au



FIELD ACTIVITIES CONTACT & COMMUNICATIONS SCHEDULE

(complete for each field trip)

1. Personal Details	
Given Name:	
Family Name:	
School/Dept:	
Faculty/Div:	
Position:	

2. Emergency Contact Details			
<i>Please identify the person QUT should contact in the event of an emergency</i>			
Name:			
Relationship:			
Address:			
Phone contact number(s):	Hm:	Wk:	Mob:
Email:			

3. Officer In Charge of Field Trip		
Given Name:		
Family Name:		
School/Dept:		
Faculty/Div:		
Position:		
Phone contact	Wk:	Mob:

4. Other Persons Attending <i>(Includes every person on the trip)</i>	
Name	Phone Contact details

5. On-Site Contacts *(How can QUT make contact?)*

Phone contact number (s):	Mobile: Yes/No (please circle)	Satellite: Yes/No (please circle)
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6. Communication Schedule *(If working alone or in a small group, provide details of communication schedule ie who will raise the alarm if a call is not made at the appointed time? Complete **DAILY CALL-IN SHEET** and **ITINERARY PROPOSAL FORM***

Times:	
Frequency:	
With whom:	

How can the field party be contacted?

Times:	
Frequency:	

7. Transport Details

Vehicle <i>(boat, plan etc, make and model).</i>	Registration number	Transport Company <i>(phone)</i>

Own transport
If owner of transport, complete the Vehicle Checklist

Is the vehicle prepared for appropriate environmental Conditions?	Yes:	No:

VEHICLE CHECKLIST

Vehicle:		Driver (s):	
Mobile Phone No:		Nos of Passengers::	
Start Date:		Return Date:	

Tick as Appropriate

Fuel	Health & Safety	Other
Main	First Aid Kit:	Additional Water
Auxiliary	Sunscreen	2 way radio/phone
Lights	Fire Extinguisher	Training in Radio use
Indicators		GPS
Brake	Recovery Gear	Batteries for GPS
Main	Hand winch	Maps
Engine	Tree protectors	
Oil	Wire rope	
Water	Winching strap	
Battery	Gloves	
Tyre	D shackles	
Pressure	Electric winch working	
Spare (s)	Spade	
Condition		

FACULTY OF EDUCATION

RISK ASSESSMENT OF FIELD ACTIVITIES

Risk Management is a formal process of documenting and addressing all safety issues relating to University activities and assessing the impact and consequences of such risks. Persons are reminded that field activities are regarded as a workplace activity and as such, QUT policies on workplace behaviour, health & safety and personal conduct and discipline apply equally to field work and excursions. Refer to QUT Health and Safety policy [A/9.1](#)

At the point of submitting the field activity proposal, complete the **(1) Risk Checklist for Field Activities**. Using this information complete the **(2) Initial Assessment Overview** and finally complete the **(3) Assessment of the Specific Risks** which are considered relevant to the field activity along with the control measures. It is acknowledged that some of the activities outlined below will need to be undertaken once the research has commenced.

Personal Details		
Name:		

Project Details		
Project Title		
<i>Short description</i>		
Officer in Charge of Field Trip		
Dates of field Activity	From:	To:
Location(s) of work (eg site(s), site visits, private residences, remote, industry settings) <i>Where will the research be conducted? Attach a photocopy of a map of the operational area and indicate on the map the area(s) where work is most likely to be conducted:</i>		

(1) RISK CHECKLIST FOR FIELD ACTIVITIES

CATEGORY A: FIELD WORK		CATEGORY B: PERSONAL		CATEGORY C: SUBSTANCES	
Where		political climate		Personal	
remote		hostile, or violent persons		sunburn	Fire /Electricity
inaccessible		disease		heat stress	flammable substances
distance from specialised emergency assistance		vaccinations		cold stress	explosives
harmful plant contacts (sap, stinging hairs)		overseas		mental stress	fire source eg cigs/lighters
snakes, spiders, ticks, leeches etc		Team		working alone	high voltage equipment
animal bite/stings		size team		personal security and safety	240v electrical equipment
bats (vaccinations?)		Composition		manual handling, lifting	static electricity
wild pigs, cattle, feral cats		novice/experienced		striking and grasping	Chemical
dogs		fitness		slips and trips	carcinogens, genotoxins (mutagens, teratogens)
crocodiles, sharks etc		medical conditions		medical conditions	sensitizing agents
box jellyfish, stonefish, etc		Team first aider qualifications		own medication including pain relief	corrosive agents
viruses		first aid kit - portable		Personal Protection	irritants
bacteria		first aid kit in transport		corrective gloves	toxic/harmful (poisons)
fungi		first aid – additional items required		goggles	solvents
allergens		Travel / Communication		face masks	dangerous good transport
zoonoses		Bushwalking (traverse on foot)		respirator & cartridges/air	Radiation / Thermal
camp site /accommodation		vehicles		harness	ionizing – sealed/unsealed source
<i>terrain</i>		motor bikes		helmet	ultraviolet
<i>falling tree branches</i>		boats		hat	infra-red
<i>flash flooding</i>		aircraft		shirt	laser
<i>safe from wildlife</i>		driver licensing		trousers/overalls	radiofrequency
<i>safe from vehicles</i>		driver training		footwear	electromagnetic field
<i>secure from theft, harassment, hostile persons</i>		distance covered on foot		first aider qualifications	microwave
<i>portable water and food</i>		route selection		first aider qualifications	extremely low frequency
<i>cooking facilities/refrigeration</i>		location determination		first aid kit - portable	cryogenic fluids
<i>LPG arrangements ≤ 9kg/vehicle</i>		direction determination		first aid kit in transport	Biological
<i>electrical power facilities</i>		tide data		first aid – additional items required	handling of small animals
<i>lighting</i>		met bureau forecasts		fire extinguisher	handling of large animals
<i>noise</i>		seasonal variation/time of year		fire blanket	
<i>privacy</i>		radio broadcasts			
<i>accommodation facilities</i>		cyclone warnings			
<i>hygiene and ablution arrangements</i>		communication between participants			
<i>smoking and alcohol consumption</i>		communication with locals			
<i>waste disposal</i>		communication with authorised officer			
urban		Etiquette			
Industrial site		bush etiquette			
private residences		collecting permits incl. to camp			
Peripatetic working		permission to enter private land			

(2) INITIAL ASSESSMENT OVERVIEW

Complete this form with reference to the **Risk Checklist for Field Activities** to identify areas which might pose a problem. Because of the diverse nature of field work activities this is designed to assist with the identification of hazards but is not intended to be comprehensive or exhaustive.

ACTIVITY SUMMARY		Yes	No	n/a
1	<i>Undertaking physical activities that may result in injury to Self or Others</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	1.1 Are the activities you will undertake safe from foreseeable risk for:			
	You ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other People?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Working with External Agencies	<input type="checkbox"/>	<input type="checkbox"/>	
	2.1 Have you detailed the work to be done with the external agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.2 Have the safety requirements of the external agency been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3 Have appropriate safety standards been communicated to the external agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Conducting Face-to-Face Interviews/ Door Knocking/Location Research	<input type="checkbox"/>	<input type="checkbox"/>	
	3.1 Are there any external stakeholders that need to be communicated with in relation to the activity (e.g Police /Fire Service /Local Council /Shopping Centre Management/ Private property owners)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.2 Have you determined and communicated an itinerary for this activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Working in Remote/Isolated Areas	<input type="checkbox"/>	<input type="checkbox"/>	
	4.1 Have you gained consent from the relevant community organisations (eg: Indigenous Community leaders etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.2 Have you determined and communicated an itinerary for your visit to your supervisor, School office or the Faculty Research Office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.3 Have you obtained an appropriate means of communication whilst on your visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.4 Have you secured an appropriate means of transport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.5 Will you be working alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.6 Have you considered extremes of temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.7 Have you considered local hazards associated with location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	4.8 Have you considered ill health arising from eating/drinking local products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.9 Have you considered ill health resulting from infection/disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Working Overseas	<input type="checkbox"/>	<input type="checkbox"/>	
	5.1 Have you contacted the Department of Foreign Affairs and Trade regarding any safety issues associated with the country you will visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.2 Have you determined and communicated an itinerary for your visit to your supervisor, School office or the Faculty Research Office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.3 Have you obtained an appropriate means of communication whilst on your visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Managing Others (Students/Staff/ Volunteers)	<input type="checkbox"/>	<input type="checkbox"/>	
	6.1 Are you aware of your responsibilities in managing others in the research project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6.2 Have you provided the student/staff member/volunteer with information outlining safety requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Using Dangerous Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
	7.1 Have you been instructed on the use of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7.2 Have you got access to copies of the Standard Operating Procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7.3 Have you got access to the required protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7.4 Will you be using equipment that has been checked regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Using Hazardous Substances	<input type="checkbox"/>	<input type="checkbox"/>	
	8.1 Have you been instructed on the use of the substance(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8.2 Have you got access to the required protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Other (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(3) RISK ASSESSMENT OF SPECIFIC RISKS

Ref no.	Description of Activity	Hazard	Risk Controls	Current Risk Score	Post Controls Score
ie 1	<i>Remote location, outdoor research</i>	<i>sunburn</i>	<ul style="list-style-type: none"> <i>Sun screen protection</i> <i>Hat, long sleeves</i> <i>30+ UV Sunscreen</i> 	3	1

RISK RATING					
LIKELIHOOD <i>(How likely is it to happen)</i>	CONSEQUENCES <i>(How severely it hurts someone (if it happens))</i>				
	Insignificant <i>(no injuries)</i>	Minor <i>(possible injury, first aid treatment only)</i>	Moderate <i>(possible injuries, would require medical treatment)</i>	Major <i>(extensive injuries; loss of production)</i>	Catastrophic <i>(death is clearly possible)</i>
Almost Certain <i>(Expected to occur in most circumstances)</i>	2 Moderate	3 High	4 Extreme	4 Extreme	4 Extreme
Likely <i>(will probably occur in most circumstances)</i>	2 Moderate	3 High	3 High	4 Extreme	4 Extreme
Possible <i>(might occur at some time)</i>	1 Low	2 Moderate	3 High	4 Extreme	4 Extreme
Unlikely <i>(could occur at some time)</i>	1 Low	1 Low	2 Moderate	3 High	4 Extreme
Rare <i>(may occur only in exceptional circumstances)</i>	1 Low	1 Low	2 Moderate	3 High	3 High

RISK DEFINITION
4 EXTREME ACT NOW – Urgent-do something about the risks immediately
3 HIGH Highest management decision is required urgently
2 MODERATE Follow management instructions
1 LOW OK for now. Record and review if any equipment/people/material/work processes or procedures change