|  |  |
| --- | --- |
| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | health & safety  Fieldwork plan |

A fieldwork plan is **required for ALL fieldwork** activities to ensure safety and organisation. If the fieldwork activity has **a medium to extreme inherent risk**, a fieldwork risk assessment is also required in addition to this fieldwork plan.

**Please read the** [**Fieldwork guidelines**](https://safety.unimelb.edu.au/__data/assets/word_doc/0004/5026423/field-work-guidelines.docx) **prior to completing this fieldwork plan.**

**PRIVACY STATEMENT**: Personal information shared with the University is subject to the University [Privacy Policy (MPF1104)](http://policy.unimelb.edu.au/MPF1104).

# Fieldwork Description and ITINERARY

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Fieldwork Activity** |  | | |
| **Destination** |  | **Select the type of location (tick boxes):**  Urban/suburban  Rural  Remote  Construction site | |
| **Fieldwork Leader** | Name:  Job title: | **Person completing this Fieldwork Plan** | Name:  Job title: |
| **School/Faculty** |  | **HSR (if consulted)** | Name: |
| **Fieldwork Leader competency/qualifications** to safely conduct the activity (training, skills, knowledge, and experience) | |  | |
| **Description of activities** |  | | |
| [**Fire Authority District**](https://www.cfa.vic.gov.au/warnings-restrictions/find-your-fire-district) | Choose your district | **Fire district for non-Victorian location** |  |
| Fieldwork Start date | Click or tap to enter a date. | Fieldwork End date | Click or tap to enter a date. |

|  |  |  |
| --- | --- | --- |
| ITINERARY | | |
| Include the date and time of the fieldwork along with the expected location and check-in arrangements for each site. Attach any relevant supporting documents, such as maps, timetables, or flight itineraries, to facilitate the fieldwork process. | | |
| **Time/Date** | **Fieldwork Sites and Accommodation Details** | **Check-in Arrangements (Check-in Buddy)** |
|  |  | Name:  Contact number:  Check-in time: |
|  |  | Name:  Contact number:  Check-in time: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PARTICIPANTS LIST | | | | | | |
| **#** | **First name** | **Last Name** | **Status \*** | **Mobile**  **Phone** | **Emergency Contact Name** | **Emergency Contact Phone** |
| 1 |  |  | select |  |  |  |
| 2 |  |  | select |  |  |  |
| 3 |  |  | select |  |  |  |
| 4 |  |  | select |  |  |  |
| 5 |  |  | select |  |  |  |
| 6 |  |  | select |  |  |  |

[Insert rows for additional participants]

\* All personnel on UoM fieldwork activity must abide by UoM requirements and safety systems.

**UoM** indicates the participant is a University of Melbourne staff member or student.

**Volunteer** indicates a UoM volunteer.

**Non-UoM** participants include collaborators and others involved in the trip who are not University of Melbourne personnel.

|  |
| --- |
| PERSONAL FITNESS/MEDICAL preparedness |
| All participants have completed a [Health & Safety: Medical questionnaire for off campus activities](https://safety.unimelb.edu.au/__data/assets/word_doc/0005/4591382/health-and-safety-medical-questionnaire-for-off-campus-activities.docx) or local health medical declaration stating they are fit to undertake the fieldwork activity: **Yes  No**  Adequate supplies of prescribed medications should be carried, along with medical action plans and a buddy system for large groups or extended trips. |

# Transport

List the transport arrangements and associated requirements for the fieldwork. This will include to and from, and during fieldwork.

| support system | detail | | | |
| --- | --- | --- | --- | --- |
| **Name of driver(s)** |  | | | |
| **Driver training /licence requirements**  **Vehicle registration (if known)** |  | **Type of vehicle** | Road vehicle/car  UoM Fleet vehicle  Rental vehicle  Four-wheel drive  Minibus | Bus  Boat  Bicycle  Other – specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Fatigue management arrangements (regular breaks, driver rotation, trip planning, driver training)** |  | | | |
| **Vehicle checks (pre-departure visual inspection, seat belt usage and appropriate vehicle selection for the type of activity)** |  | | | |
| **Expected driving conditions** | Choose worst conditions expected | | | |
| **Other (Include details of public transport, boat, airplane, helicopter and other transport, if applicable).** |  | | | |

# Communication and navigation

Take devices to enable communication with emergency services at all locations. Include contact numbers for phones and satellite devices. If a reliable internet connection is not available, print a hard copy of the Fieldwork Plan to take in the fieldwork activity.

| support system | detail | |
| --- | --- | --- |
| Person(s) responsible for communication |  | |
| Communication device/s | Mobile phone  Satellite communicator  Marine radio | SafeZone app  Other – specify |
| Persons trained in communication methods |  | |
| Maps and navigation tools | Maps  Compass  Satellite navigation | |
| Backup communications equipment |  | |
| Other |  | |

# First aid

| support system | detail |
| --- | --- |
| **Name of first aiders and their level of training (Provide First Aid, Provide First Aid in remote or isolated site)** |  |
| **First aid kit (kit type, contents and any additional items required)** |  |

# Emergency

| support system |  | | | | |
| --- | --- | --- | --- | --- | --- |
| **UoM Emergency Contact** | | Name:  Phone number: | **Check-in buddy** | | Name:  Phone number: |
| **Emergency trigger time** (pre-determined periods for initiating emergency procedures if participants fail to return or to check-in.) | |  | **Nearest medical centre/hospital** | |  |
| **Emergency on-site contact** (e.g., Ranger) | |  | **Other** on-site contacts (e.g., accommodation/ landowner/collaborators) | |  |
| Communication device channels / contact number(s) (if not participant’s phone) | |  | **Emergency roadside assistance number(s)** | | UoM Fleet:1300 138 235  Other: |
| **Apps** downloaded to mobile devices and forecasts/watch zones checked and set up prior to departure: | | [CFA](https://www.cfa.vic.gov.au/warnings-restrictions/total-fire-bans-fire-danger-ratings) (or local fire authority) | | [VicEmergency](https://www.emergency.vic.gov.au/prepare/#where-do-i-get-information-in-an-emergency) app with Watch Zone(s) set | |
| [BOM](http://www.bom.gov.au/vic/forecasts/melbourne.shtml) | | UoM [SafeZone](https://www.unimelb.edu.au/security/safezone) app | |
| Emergency + App | | Fires near me app (Australia wide): | |

If reporting arrangements listed in *Section 1. Details: The Itinerary* have not met the agreed check-in time; it is recommended that the Check-in Buddy try calling the personnel below in the order listed.

| Emergency contact Priority List | | | |
| --- | --- | --- | --- |
| 1 | Fieldwork participant responsible for communication | 5 | UoM Emergency contact |
| 2 | Fieldwork leader | 6 | Fieldwork leader’s supervisor |
| 3 | Other participants | 7 | University Security (03 8344 6666) |
| 4 | On-site contacts/accommodation host/landowner | 8 | Police/Emergency Services (000) |

# Approval

Authorisation of this Fieldwork Plan is usually the responsibility of the fieldwork leader’s supervisor or teaching subject coordinator. Senior management approval is required for travel to high-risk destinations. See [Travel to high risk destinations risk assessment](https://safety.unimelb.edu.au/__data/assets/word_doc/0011/4591397/travel-to-high-risk-destinations-risk-assessment.docx).

| **Supervisor’s approval** | Name |  | Date |  |
| --- | --- | --- | --- | --- |
| Job Title |  | | |

# PRIOR TO DEPARTURE

|  |
| --- |
| SAFETY BRIEFING PRIOR TO DEPARTURE |
| A safety briefing has been provided to all participants: **Yes  No**  Date conducted: |

| Copies of Fieldwork plan, risk assessment (for moderate to extreme inherent risk activities) and other relevant documentation have been sent to: |
| --- |
| Fieldwork Leader’s Supervisor  Check-in Buddy  UoM Emergency contact  All participants  H&S Business Partner |

|  |
| --- |
| Extra WRITING SPACE |
|  |