

THIS FORM MUST BE GIVEN TO RISK MANAGEMENT 4 WEEKS BEFORE THE EVENT START. A COPY OF THIS FORM MUST BE KEPT IN YOUR DEPARTMENT/FACULTY AND BE ACCESSIBLE FOR THE DURATION OF THE TRIP, AND A COPY SHOULD BE E-MAILED TO riskmanagement@mtroyal.ca
Additional resources for off campus activity planning can be found on the [Risk Management website](#)

To be completed by the Principal Investigator/Activity coordinator and submitted to the Department/Unit Head (Person in Authority) **prior to the start of a medium or high risk off-campus activity.**

Note: A single Off Campus Form One may be used for multiple off-campus activities in the same semester, provided the activities and safety provisions are similar and all participants are identified. Additional information required for unique details and activity updates including: dates of travel, mode of travel, new/additional participants, change in the risk to participants.

Department/Faculty:		Student Group, if applicable (e.g. course #, Team):	
Principal Investigator/Activity Coordinator:		Off-Campus Activity Leader:	
Category of Off-Campus Activity:			
Research <input type="checkbox"/>	Academic <input type="checkbox"/>	Athletic <input type="checkbox"/>	Other extracurricular <input type="checkbox"/>
Nature of Off-Campus Activity (describe fully all activities planned during this trip):			
Location of Off-Campus Activity:			
Town/City	State/Province	Country	
Distance from off-campus activity to nearest town/city:		KM	
Attach A Complete Travel Itinerary (Locations, Dates, Etc.) <u>OR</u> Complete The Below.			
Date of Departure:		Date of Return:	
Mode(s) of Transportation (check all that apply):		*Name and age of driver(s):	
MRU Owned Vehicle* <input type="checkbox"/>		<hr/>	
MRU Rented Vehicle* <input type="checkbox"/>			
Other (please specify) <input type="checkbox"/>			

Note: MRU insurance does not provide coverage for private (student, staff or faculty owned vehicles).



Risk Assessment

Check off identified hazards associated with activities or environment and risk management measures planned or taken for eliminating or reducing risks to acceptable levels. Add any additional hazards not listed below.

Hazard Identification

Check all that apply

Travel

- Driver Fatigue
- Road Conditions/Closures
- Flight Delay/Cancellation
- Vehicle Issues

Weather

- Extreme Heat
- Extreme Cold
- Avalanche
- Natural Disaster

Physical

- Fatigue
- Injury
- Illness
- Fatality

Crime

- Theft
- Kidnap
- Violence
- Political Unrest
- Other Crime

Activities

- Water Activities
- Contact Sports
- High Stress activities
- Activities involving animals
- Other activities

Other (please list)

**Risk Analysis
(What could happen?)**

**Risk Management Plan
(How will you manage this hazard?)**

Leaders

List all those who have a leadership role (including alternates). Attach additional sheet if necessary.

Name	Leadership Role (specify)	Trained First Aider (certificate expiry date)	Other Special Training

Training

What additional safety training was provided to leaders and participants prior to the off-campus activity taking place?

NONE

SOME Specify types of training:

Medical Requirements

1. Identification of Disabilities / Special Needs / Medical Needs:

a. Do any of the off-campus activity participants have a disability or medical need that would affect their safe participation?

NO

YES

If **YES**, please provide details of the arrangements that have been made to accommodate the special/medical needs. _

b. Do any of the participants have allergies (e.g. bee stings, food, drugs)?

NO

YES

If **YES**, please indicate the provisions that will be made to deal with allergic reactions should they arise.

2. Travel Immunization / Prophylaxis Requirements:

Yes No

Altitude Sickness Medication

Diphtheria

Rabies

Hepatitis A

Hepatitis B

Rubella

Tetanus

Japanese Encephalitis

Tuberculin

Malaria

Measles

Typhoid

Meningococcal

Yellow Fever

Emergency Procedures

1. Checklist (Items to Consider – all may not apply)

a. Communications

Yes N/A

- Provide emergency phone numbers and mobile phone numbers to all participants traveling in the group.
- Know the contact number for emergency – MRU Security Services 403.440.5900.
- Know the alternate address/numbers/information for off-campus emergency contacts including nearest Canadian Embassy.
- Identify if transportation has radio or phone number.
- International SOS card from Risk Management.

b. Other Procedures

Yes N/A

- Outline process for contacting Emergency Support.
- Provide emergency rendezvous site address in each city that you will be traveling to.
- Know how to contact Emergency Services or MRU Security if team leader or line of authority is injured.
- Identify First Aid certified participants.
- Identify translators.
- Identify alternate/emergency driver(s).
- Outline use of special equipment.
- Take prescription documentation and medication when traveling out of country.

2. Detailed Emergency Plan for Activity Location (communication and evacuation). Append additional pages as required. Things to consider: communication (incoming/outgoing), evacuation, incapacitation of any participant/leader, accessibility to emergency contacts, SOS International.

Respiratory Illness Considerations (if applicable)

Personal Protective Equipment (PPE) and Physical Distancing – consider PPE and distancing requirements during transportation, lodging, and activities. PPE can be ordered through EH&S using the [Safety and Cleaning Supplies Request Form](#).

Rapid Response for symptomatic individuals – consider isolation and evacuation requirements for newly symptomatic individuals during the off campus activity.

Emergency Contacts

1. University Contacts (people at MRU who are designated as emergency contacts for the field party):

Name: _____ Phone #: _____

Name: _____ Phone #: _____

2. Contact Information of Activity Leader while Off Campus:

Name: _____ Phone 1: _____

E-mail: _____ Phone 2: _____

3. Contact Information of Partner Organization at Site

Name: _____ Phone #: _____

Name: _____ Phone #: _____



High Risk Activities Requiring Risk Management Review

- International Travel Involving Students 8 or more hours of driving per day
- Water Related Activities
- Horse Related
- Other Similar high risk activities not listed here: _____
- Skiing/Snowboarding
- Gymnastics
- Contact Sports
- Climbing Walls/ Rock/Ice Climbing
- Remote Locations
- Any activities involving Minors *

*For minors participating in activities managed by Continuing Education or the Conservatory please refer to the Dean of Continuing Education for direction prior to completing this form.

Risk Management (if box checked above)

Risk Management has reviewed the completed Form 1, due to the High Risk Activities identified above.

Name (PRINT): _____ Signature: _____

Title: _____ Date: _____

Principal Investigator/Activity Coordinator

I certify that this Safety Planning Record accurately describes the scope of the Off-Campus Activity, identifies the foreseeable hazards, and documents the plans that have been put in place to manage the associated risks.

I will ensure that, in accord with the MRU Off-Campus Activity Safety Policy, the participants are appropriately briefed and have received appropriate training prior to participation in the activity.

Name (PRINT): _____ Signature: _____

Title: _____ Date: _____

Off-Campus Activity Leader

In my capacity as Off-Campus Activity Leader I will ensure that the Activity described above will be conducted in accordance with the MRU Off-Campus Activity Safety Policy and this Safety Plan.

I will file a post-Activity Incident Report (Form Three) within two weeks of the completion of the off-campus activity if any critical or non-critical incidents have occurred during the conduct of the activity.

Name(PRINT): _____ Signature: _____

Title: _____ Date: _____

Approvers

I certify that I have reviewed and approved above Off-Campus Activity and Safety Plan and that any High risk Activities have been reviewed by Risk Services.

1. Department/Unit Head (Person in Authority)

2. Dean/Director

Signature: _____

Signature: _____

Name (PRINT): _____

Name (PRINT): _____

Title: _____

Title: _____

Date: _____

Date: _____

Note: If traveling with students, the [Informed Consent and Acknowledgment of Risk form](#) must be signed off by each participant