



OFF CAMPUS ACTIVITY FORM ONE - Conference Travel

Note: this form should only be used for individual conference travel

CONFERENCES INVOLVING STUDENTS REQUIRE COMPLETION OF THE FULL OFF CAMPUS FORM ONE

This form must be submitted to Risk Management at least four weeks prior to the departure date. Email the completed form to riskmanagement@mtroyal.ca. A copy of this form must be kept in your department/faculty and be accessible for the duration of the trip.

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 for unique details and activity updates including dates of travel, mode of travel, new/additional participants, or change in the risk to participants, needs to be included.

Department/Faculty:

Conference Attendee(s):

Name of Conference:

Location of Conference (Town/City, State/Province, Country)

Date of Departure:

Date of Return:

Mode(s) of Transportation (check all that apply):

***Name and age of driver(s):**

MRU Owned Vehicle*

MRU Rented Vehicle*

Other (please specify)

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

THIS SECTION IS ONLY REQUIRED IF THERE ARE ACTIVITIES OUTSIDE THE CONFERENCE LOCATION.

Risk Assessment		
<p>Please list all activities outside of the conference location. In the Details section, please include the activity organizer, mode(s) of transportation, and any applicable hazards from the list below.</p>		
<p>Travel Driver Fatigue Road Conditions/Closures Flight Delay/Cancellation Vehicle Issues</p>	<p>Weather Extreme Heat Extreme Cold Avalanche Natural Disaster</p>	<p>Physical Fatigue Injury Illness Fatality</p>
<p>Crime Theft Kidnap Violence Political Unrest Other Crime</p>	<p>Activities Water Activities Contact Sports High Stress Activities Activities involving animals Other Activities</p>	
Activity	Location	Details (mode of transportation, hazards, etc)

Travel Immunization/Prophylaxis Requirements					
Yes	No	Yes	No	Yes	No
	Altitude Sickness Medication		Rubella		Measles
	Diphtheria		Tetanus		Typhoid
	Rabies		Japanese Encephalitis		Meningococcal
	Hepatitis A		Tuberculin		Yellow Fever
	Hepatitis B		Malaria		

Emergency Procedures	
Checklist (items to consider – check all that apply):	
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
	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 attendee 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

Emergency Response Plan

2. Detailed Emergency Response Plan (consider ingoing/outgoing communication, evacuation, accessibility to emergency contacts, International SOS):

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 Conference Attendee(s) while Off Campus:

Name: _____ Phone 1: _____

E-mail: _____ Phone #: _____

3. Contact Information of Partner Organization at Site

Name: _____ Phone #: _____

Name: _____ Phone #: _____



High Risk Activities Requiring Risk Management Review

8 or more hours of driving in one day

Skiing/Snowboarding

Water Related Activities

Gymnastics

Horse Related Activities

Contact Sports

Rock/Ice/Wall Climbing

Activities involving minors

Remote Locations

Other similar high risk activities not listed above (please list below):

Risk Management (only required 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: _____

Conference Attendee(s)

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: _____

Name (PRINT): _____ Signature: _____

Title: _____ Date: _____

Name (PRINT): _____ Signature: _____

Title: _____ Date: _____



Approvers

I certify that I have reviewed and approve this Off-Campus Activity and Safety Plan and that any High Risk Activities have been reviewed by Risk Management.

1. Department/Unit Head (Person in Authority)

2. Dean/Director

Signature: _____

Signature: _____

Name (PRINT): _____

Name (PRINT): _____

Title: _____

Title: _____

Date: _____

Date: _____