

Field Trip Information Form
Department of Physics and Physical Oceanography



This form is to be completed and approved prior to field work (*ideally two weeks in advance of the date that the field work begins*). Certain minor day trips may not require use of this form. Consult the Head of Department for advice.

1. Prepare two copies of the completed form.
2. Have the Field Work Supervisor and the Department Head sign one copy.
3. Keep the signed copy in departmental records. The Field Work Supervisor keeps the other copy of the form until the event is over.
4. Be sure to include a list of all the participants together with personal contact information, including next-of-kin for all participants.

Field Work Supervisor

Name:		
Department:		
Contact email:		
Telephone: Home:	Office:	In the field:

Description of Field Work

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Location of Field Work

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Field Contact Information (cell, satellite, ship,...)

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Purpose of Field Work

<input type="checkbox"/>	Undergraduate Course (one form can be used for all field trips during a term, even if destinations are different)
<input type="checkbox"/>	Graduate Course (one form can be used for all field trips during a term, even if destinations are different)
<input type="checkbox"/>	Research
<input type="checkbox"/>	Other

Expected Number and Names of Participants (*to be supplied no later than the date on which the trip commences*) Include information on next of kin and contact for them.

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Trip Dates

Departure:	Return:

Field Work Team

List Memorial faculty and staff involved in supervising the fieldwork. Include TAs or students who are paid to work during the trip.

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Transportation

Check all that will apply to this activity:

<input type="checkbox"/>	University vehicle
<input type="checkbox"/>	Rental vehicle – appropriate credit card used to ensure insurance coverage
<input type="checkbox"/>	Hazardous Materials (radioactive, biohazard, and chemical) - Safety Office has been contacted for permit

In case of any emergency, the first Memorial University contact is Memorial University Campus Enforcement at (709) 737-4100.

_____	_____	_____	_____
Field Work Supervisor	Date	Department Head/Director or Dean*	Date

**As signatory, I have reviewed this proposal and am satisfied that all reasonable steps have been taken to mitigate risks.*