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**FIELD WORK/TRIP PLAN Form:**

**Supervisors: Please provide as much information as possible.**

**Please attach to your APPLICATION FOR FACULTY TRAVEL form.**

**Include this form with the hazard identification/ risk assessment form and the waivers, in the package you forward to the VPA.**

**If you have questions about the process, please contact Barb Doran (b.doran@uwinnipeg.ca)**

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| --- |
| *This form may contain confidential information and must be kept secure* |
| Field Work/Trip Supervisor (name and position) |  |
| Department |  |
| Field Work/Trip description |  |
| Dates of Field Work/Trip | From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Transportation arrangements |  |
| Contact arrangement with the University (site to University) | Contact person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Frequency of contacts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Secondary contact should contact above be unavailable  | Contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address |
|  Site contact  (University to site) | Contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address |
|  Nearest medical facility to site | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address |
|  Canadian government contact information (outside Canada or USA travel) | Phone number |
|  List of all available communication  devices and contact information | Cell phone O Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Land Line Phone O Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Satellite Phone or Portable Radio O \_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address O |

**DETAILS OF FIELD WORK/TRIP PARTICIPANTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | NAME | STATUSUW employee, UW student, volunteer, other | RELEASE & INDEMNIFICATION ATTACHED? |
| 1 |  |  | Yes N/A |
| 2 |  |  | Yes N/A |
| 3 |  |  | Yes N/A |
| 4 |  |  | Yes N/A |
| 5 |  |  | Yes N/A |
| 6 |  |  | Yes N/A |
| 7 |  |  | Yes N/A |
| 8 |  |  | Yes N/A |
| 9 |  |  | Yes N/A |
| 10 |  |  | Yes N/A |
| 11 |  |  | Yes N/A |
| 12 |  |  | Yes N/A |
| 13 |  |  | Yes N/A |
| 14 |  |  | Yes N/A |
| 15 |  |  | Yes N/A |
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**ITINERARY DETAILS (fill in as needed)**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE/TIMES | LOCATION | ACCOMMODATION | CONTACT DETAILS |
|  |  |  |  |
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|  |  |  |  |

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_