



Issue Date:	
SOP#	
Revision #	

FIELDWORK RISK ASSESSMENT CHECKLIST (5 pages)

Contact Information

Name	Status (ie. Undergrad, grad student etc.)	Email	Phone #	Address
Dates of trip	Fieldwork area/purpose of work		Address/phone in field	
2 people to be contacted in emergency (optional)				
Name (and relationship to you)	Address:		Phone #'s	Email
Name (and relationship to you)	Address:		Phone #'s	Email
Contact details in host location				
Name of Host:	Address:		Phone #	Email
Emergency/Insurance Details				
			Trip insurance policy No:	Insurance phone:
Saint Mary's University department contact details				
Name of supervisor:		Name of others on trip:		
Email:				
Phone #:				

Please provide a summary detailing your proposed activities.

Lack of Rest Stops/Facilities			
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