

FIELD TRIP OPERATIONAL DETAILS

Trip Date/s		RAMP #	
Project Name			
Field Supervisor			

ACTIVITY OUTLINE

Field work location (See Attached)	Car travel time/day (h)	Hours worked/day (Drive + field + lab + prep time)	TAS Approval (Yes, No, Pending)

PERSONNEL

Name	Field Contact #	First Aid (Exp. Date)	4WD Certificate - Y/N	Emergency Health & Volunteer Form - Y/N

WEATHER FORECAST

Temperature	Wind	Fire Danger
Alerts:		

FITNESS LEVEL

Low

- <5km on level ground
- >2km thick undergrowth or deep mud/sand
- >2km steep terrain

Medium

- 5-10km on level ground
- 2-5km thick undergrowth or deep mud/sand
- 2-5km steep terrain

High

- >10km on level ground
- >5km thick undergrowth or deep mud/sand
- >5km steep terrain

FLUID MANAGEMENT

The School recommends 250ml of fluid every 20 minutes.

- Personal Water L each
- Reserve Water L / person

SAFETY EQUIPMENT

▪ PERSONAL PROTECTIVE EQUIPMENT

- Hat
 Suitable clothing
 Appropriate footwear
 Sunscreen
 Wet-weather gear

Other:

▪ FIRST AID EQUIPMENT

- Large first aid kit
 Small first aid kit

Other:

▪ **4WD RECOVERY GEAR REQUIRED**

- Two car recovery Self-recovery

EMERGENCY PROCEDURES

Emergency procedures can be found in the SSCI Emergency Procedures Manual.

Extraction Method	
Expected evacuation time to transport any patient to nearest facility	

EMERGENCY CONTACTS:

Nearest Police Station contact/location and phone #	
Nearest Medical contact/location and phone #	

COMMUNICATIONS PLAN:

▪ **Emergency Communication**

Equipment	
Emergency contact	
Extraction point	

SCHEDULE CHECK-IN COMMUNICATION

Equipment	
Contact person	
When	
What to do if a check is missed	

FIRST AID PLAN

▪ **Potential Injuries**

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Head injuries | <input type="checkbox"/> Snake bite |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Heat induced conditions | <input type="checkbox"/> Spinal injury |
| <input type="checkbox"/> Cold induced conditions | <input type="checkbox"/> Insect bites and stings | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Red back spider bites | |
| <input type="checkbox"/> Electric shock | <input type="checkbox"/> Severe allergic reactions | |
| <input type="checkbox"/> Eye injuries | <input type="checkbox"/> Severe bleeding | <input type="checkbox"/> Pre-existing conditions |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Shock | <input type="checkbox"/> First aid medication plans |

Do the SSCI first aid kits have appropriate supplies to treat potential injuries? YES NO

List additional items:
Is additional first aid training needed to manage potential injuries? Yes No List additional training requirements:
What is the minimum number of trained first aiders needed for the trip?

PARTICIPANT DECLARATION

- The information I have supplied on this form is correct
- I shall take reasonable care for my own health and safety as well as reasonable care as not to adversely affect the health and safety of others
- I shall comply, so far as I am reasonably able, with any instruction that is given by my supervisor, and with any University policy or procedure
- I acknowledge my participation in a fieldwork activity may be terminated in circumstances where I do not work in a safe manner
- I shall follow my first aid and required medication plan
- I have received an induction from my supervisor and signed the induction form
- I have read and understood the Risk Assessment Management Plan (RAMP) for the project I am working on
- I am aware of the skills and abilities required for me to complete this work
- I am physically fit to undertake the project tasks

NAME	SIGNATURE	DATE

TRIP SUPERVISOR

What is your supervisory role in this project?

- Dive coordinator
- Vessel Operator
- Other

Field Coordinator

I certify that:

- I have provided participants with all relevant induction/s
- They have read the RAMP and are aware of the risks
- I have taken any health and fitness issues into account, adjusted the RAMP as required and sourced the relevant approvals for any residual risks of substantial or above, as per the University's Acceptance Criteria
- I have forwarded a copy of this form and all certificates to the Field Safety Officer

NAME	SIGNATURE	DATE

FIELD SAFETY OFFICER OR DELEGATE

NAME	SIGNATURE	DATE