

Use this form to document your completion of the required actions based on the risk assessment matrix for all off-campus travel involving students. A digital signature is acceptable.

Activity Name _____

Who?	
Who is planning this off-campus activity? _____	Contact Number _____
Who is leading this off-campus activity (on site)? _____	Contact Number _____
Who will have access to all forms and documents for this off-campus activity while you are away? (Primary Contact Office – Trip Leader/Supervisor)	
Name _____	Contact Number _____
Who is participating in this off-campus activity?	
Students/Volunteers	Guests/Volunteers
Other _____	

When?	
Departure Date _____	Return Date _____
<p>Timing: provide a brief description of when the activity will take place (indicate if the activity will be recurring, be affected by the season/weather, require overnight accommodations, etc.)</p>	

Why?	
<p>Purpose: provide a brief description of why the activity is being planned.</p>	
Indicate the category for the off-campus activity:	
Research/PD	Academic
Athletics/Clubs	Other: _____

What?	
<p>Activities: Provide a brief description of what participants will be doing during the activity, as well as any special equipment required for safe participation.</p>	

Where?	
<p>Location: Provide a brief description of the location for the activity</p>	

How?	
<p>Transportation: provide a brief description of how the participants will get to and from the activity, outlining the commercial or public transportation being used.</p>	

Low Risk Activity Required Actions	Yes	No	N/A
Travel itineraries for all travellers are on file with the Primary Contact Office.			
Transportation to be provided by a recommended/reliable source (if applicable).			
Communication Plan including contact numbers and check-in procedure is on file with the Primary Contact Office.			
Emergency contact information for all travellers has been collected and is on file with Primary Contact Office.			
Emergency response plans have been developed and are on file with Trip Leader and the Primary Contact Office.			
Planning for this Off-Campus Activity has considered accommodation requirements for travellers with disabilities, allergies, or special needs.			

Confirmation
<p>By Signing below you are confirming that where you have indicated YES, the required actions have been completed, and that you agree to ensure that any outstanding required actions will be performed prior to departure.</p> <p>Name: _____ Date: _____</p> <p>Signature: _____</p>

Low Risk Activity — no additional approvals required.