

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 – Dean/Director/Supervisor)

Name _____ Contact Number _____

Who is participating in this off-campus activity?

Students/Volunteers (if checked, waiver form **must** be signed) Guests/Volunteers Other

When?

Departure Date _____ Return Date _____

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.)

Why?

Purpose: provide a brief description of why the activity is being planned.

Indicate the category for the off-campus activity:

Research/PD Academic Athletics/Clubs Other: _____

What?

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

Where?

Location: Provide a brief description of the location for the activity

How?

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

Describe Risks Associated with Off-Campus Activity: Mitigation Strategies	
Extreme Risks Outlined	Mitigation Strategies
Ex. Transporting students with a volunteer driver	Ex. Volunteer driver completed Volunteer Driver form and drivers abstract reviewed.

Extreme Risk Required Actions	Yes	No	N/A
Travel and accommodation itineraries of all travellers are on file with the Primary Contact Office.			
Transportation to be provided by a recommended/reliable source (if applicable).			
Accommodations are to be provided by a recommended/reliable source (if applicable).			
Communication Plan including device type, 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.			
Contact numbers for each traveller's designated Emergency Contact are on file with the Trip Leader and the Primary Contact Office.			
Contact numbers for travellers at destinations are on file with the Primary Contact Office.			
Contact numbers for emergency services at destination are on file with the Trip Leader and Primary Contact Office.			
Emergency response plans have been developed and are on file with the Trip Leader and the Primary Contact Office.			
Emergency response plans include an evacuation procedure.			
All travellers have completed the appropriate Waiver and Release of Liability and Informed Consent form and it is on file with the Primary Contact Office (risks identified in risk assessment above are outlined in the release form).			
All drivers of private or rental vehicles with other participants as passengers must complete the Volunteer Driver form.			
Planning for this Off-Campus Activity has considered accommodation requirements for travellers with disabilities, allergies, or special needs.			
Risk Services has been consulted to identify risks and appropriate risk management strategies have been developed.			

If travelling outside Canada (Extreme Risk)	Yes	No	N/A
Travellers have confirmed they have appropriate emergency health coverage and have been advised to consider purchasing personal travel insurance coverage.			
Travellers have confirmed there are no exclusions or limitations in the coverage due to a Travel Warning for the location or the nature of the activities being performed.			
If exclusions or limitations exist, Risk Services has been consulted and has agreed to appropriate risk management strategies.			
Travellers have confirmed they have arranged for the appropriate visa(s) if required.			
Travellers have provided copies of their passport/visa to the Primary Contact Office or their Emergency Contact.			
Travellers have been informed of the Government of Canada's Travel Advice and Advisories website and the Public Health Agency of Canada's website (for travel health notices) and advised to review country specific information for areas they are travelling to.			
Canadian travellers have registered with the Department of Foreign Affairs Industry and Trade Registration of Canadians Abroad Program . International Travellers have been advised to register with any similar program of their country of residence.			
Confirmation that the traveller has received the required immunization has been requested from travellers.			
Travellers complete pre-departure session.			
Are international students participating in the activity?			
If yes, have they been advised regarding special considerations regarding insurance eligibility, country responsible for emergency evacuation, etc.?			

Comments (if any required actions are outstanding, you must explain and include a plan for their completion):

Confirmation

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.

Name: _____ Date: _____

Signature: _____

Approval

Name of Risk Level Approver: _____ Date: _____

Approver's Signature: _____