Safety is important in all of the work we do at the University. We strongly encourage safety and safe work practices for all students and employees away from the University as well. Students are responsible for arranging safe transportation to and from office and site visits any course.

All group members must read and sign this form before visiting any offices or work sites.

**Page 1 *only* for Office Visits.** **For work site visits, students must complete Page 2.**

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| **1. Date or Range of Dates** |
| Date of Office /Site Visit: (Month-Day-Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OR - Range of Dates that students will visit the Client office: (Month-Day-Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to** (Month-Day-Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2. Off-Campus Office Visit Safety** |
| The University of Saskatchewan aims to provide safe learning environment and have zero injuries. To accomplish this, it is important to work diligently at maintaining a safe learning environment. It is expected that students assess road and weather conditions before setting out on a site visit. Proceed only if road and weather conditions are safe for travel.In **Saskatchewan,** **The** **Traffic Safety Act (2010)** is the law governing safe driving. Contact Campus Safety with any questions or to review the Traffic Safety Act: <http://www.usask.ca/campussafety/safety/traffic-safety/index.php>Any incidents or near-misses should be reported to your CE 295 or CE 495 supervisor. 911 is to be used for any and all emergencies off-campus.  |
| **3. Check In and Check Out** |
| It is expected that all students drive themselves to and from the Client’s office or work site. Students are responsible for making their own safe travel arrangements. Upon arriving at the Client’s office or work site, students must check-in with their client (I.e. visitor log etc.) and follow the Client’s safety protocols.  |
| **3. Group Member Signature** |
| I have read and understand the above safety acknowledgement.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name NSID Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name NSID Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name NSID Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name NSID Signature |
| **4. Hazard Assessment** |
| If students are to visit a work or project site, it is expected that students adhere to all site safety protocols and directions as indicated by the Client or site supervisor. If the Client or a site supervisor is not present, then a site hazard assessment should be completed and discussed with the CE 295 or CE 495 supervisor before leaving for site. The site hazard assessment should be reviewed again amongst the group members once onsite. Please attach additional pages as required. |
| 4.1 *Traffic Control* - Is anyone working in or around traffic? Please circle: YES NO  |
| If YES, is there traffic control in place? (Please provide details below, attach additional pages as needed).   |
| **4. 2** *Site Hazards* **–** Please detail tasks to be completed onsite, hazards and mitigation/control methods |
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| --- | --- | --- |
| Tasks | Hazards | Mitigation and Control |
|  |  |  |

Is PPE required onsite, other than listed above in 4.1 an 4.2? Please circle: YES NOIf YES, please indicate what PPE is required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4. Supervisor/Instructor Signature and Department Head Signature** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor/Instructor Signature Date  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Head Signature Date  |