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.

This form covers multiple visits to the same office or site within the approved timeframe, provided the same procedures are followed for each visit. Originally designed for CE295, GEOE295, ENVE395 and CE495, the form may also be applicable to other classes.

Complete this section for both office and site visits:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Description** | | | | | |
| Type of Visit. Please circle: Office or Site  Location:  Date of Visit (Month-Day-Year):  OR - Range of Dates for Visit:  (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 class instructor/coordinator. 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. | | | | | |
| Additionally, complete these sections for site visits: | | | | |
| **4. Hazard Assessment for Work Site Visits** | | | | |
| If students are visiting a work or project site, they are expected to adhere to all site safety protocols and follow directions provided by the Client or site supervisor.  If the Client or a site supervisor is not present, a site hazard assessment must be completed and reviewed with the course instructor before departure. Once onsite, the hazard assessment should be revisited and discussed among all group members. 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 | | | | |
| |  |  |  | | --- | --- | --- | | Tasks | Hazards | Mitigation and Control | |  |  |  |   Is PPE required onsite, other than listed above in 4.1 and 4.2? Please circle: YES NO  If YES, please indicate what PPE is required:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **5. Safe Return to Campus** | | | | |
| For any visit to a work or project site, establish a safe return procedure. Specify how you will confirm your return to campus or another designated location, such as by verbally checking in with a designated contact or sending a brief text or email update. Ensure your designated contact understands their responsibility to follow up or notify appropriate personnel if you fail to check in by the agreed-upon time. | | | | |
| **6. Signatures of Students** | | | | | | |
| I have read and understand the above safety acknowledgement. | | | | | | |
| **Student Name** | | | | **NSID** | **Signature** | |
|  | | | |  |  | |
|  | | | |  |  | |
|  | | | |  |  | |
|  | | | |  |  | |
|  | | | |  |  | |
|  | | | | | | |
| **7. Approval Signatures** | | | | | | |
| **Name** | | | **Signature** | | | **Date**  **(Month-Day-Year)** |
| Supervisor/Instructor: | | |  | | |  |
| Department Head: | | |  | | |  |