



RISK MANAGEMENT PLAN

APPENDIX A TO ACTIVITY RISK MANAGEMENT PROCEDURE

Once completed, this Form is to be forwarded by the Person in Authority to the Risk Management Department prior to the commencement of the activity. It will be retained for a period established by the University's Records Management System. A copy is to be retained in the office of the Person in Authority. In the case of an undergraduate student activity involving international travel, a copy is to be forwarded to TIP at least three weeks prior to the planned departure.

SECTION ONE: ACTIVITY AND PARTICIPANTS

Pursuant to the Trent University Activity Risk Management Policy, this form is to be completed by the Activity Coordinator and submitted to the Person in Authority **prior to the start of a high risk activity**, as defined in the Policy. Persons in Authority may set requirements regarding how far in advance of an activity the form must be submitted.

DEPARTMENT/UNIT:

ACTIVITY COORDINATOR:

EMAIL:

PHONE:

EMERGENCY CONTACT:

PHONE NUMBER:

ACTIVITY SUPERVISOR:

EMAIL:

PHONE:

EMERGENCY CONTACT:

PHONE NUMBER:

CATEGORY OF ACTIVITY:

STUDENT GROUP if APPLICABLE (Course Number, Team or Student Club)

DESCRIPTION OF ACTIVITY:(describe each component of the activity as per the Risk Management Procedure)

LOCATION AND DATES OF ACTIVITY ON CAMPUS:

CHAIN OF RESPONSIBILITY: (List all those who have a Supervisory role (including alternates); attach additional sheet if necessary)

Supervisory Role Offsite Supervisory Role Onsite Valid Emergency First Aid

- 1.
- 2.
- 3.
- 4.
- 5.

OTHER RELEVANT QUALIFICATIONS: (Specify person and describe qualification)

NAMES, CONTACT INFORMATION (e-mail, phone) AND STATUS OF PARTICIPANTS (ie. Faculty, staff, student, volunteer) Please List:

SECTION THREE: IDENTIFICATION OF DISABILITIES / SPECIAL NEEDS / MEDICAL NEEDS

Do any of the activity participants have a disability or medical need that would affect their safe participation? Yes / No

If so, please provide details of the arrangements that have been made to accommodate the special/medical needs:

Do any of the participants have allergies (*e.g.*, to bee stings, food, drugs)? Yes / No

If so, please indicate the type, seriousness and triggers and the provisions that will be made to deal with allergic reactions should they arise.

SECTION TWO: RISK ASSESSMENT

1. List identified hazards associated with each component of the activity.
2. Determine risk score in accordance with the ARM Guideline.
3. Determine and list risk-control measures for each hazard.

Hazard Identification

Risk Score

Risk Control Measures

- 1.
- 2.
- 3.

- 4.
- 5.
- 6.
- 7.

EMERGENCY PROCEDURES CHECKLIST (ITEMS TO CONSIDER – ALL MAY NOT APPLY)

1. Handout listing emergency numbers & mobile phone with group
2. Emergency contact number for Campus Security Services (705-748-1333)
3. Alternate address/numbers/information for emergency contacts including nearest Canadian embassy
4. Identify if transport also has radio/phone & number
5. Outline process for contacting Emergency Support
6. Emergency rendezvous site address
7. Team Supervisor & line of authority
8. Identification of First Aid certified participants
9. Identification of translators
10. Identification of alternate/emergency driver(s)
11. Outline use of special equipment

SECTION FOUR: APPROVAL

I certify that I have reviewed the above Activity Risk Management Plan and:

Approve the Plan

Approve the Plan with the following required changes: (please list changes)

**Do not approve the plan and do not authorize University sanction of the activity.
(If selected, the Activity Coordinator must sign the acknowledgment below)**

Name & Title (Person in Authority):

Signature

Date:

ACKNOWLEDGEMENT IF THE ACTIVITY IS NOT APPROVED

I acknowledge that the proposed activity has not been approved due to unmanageable risk and has therefore not received university sanction. This means no funding or other university resources will be allocated to this activity. I acknowledge that the above named Person in Authority has advised me not to undertake this activity. Should I decide to undertake the activity despite this advice, I acknowledge that I do so completely at my own risk and liability, without the approval or sanction of the university or coverage from the University's insurance program.

Name of Activity Coordinator:

Signature:

Date: