

APPENDIX 1 HAZARD IDENTIFICATION FORM

(to be filled out by trip leader and filed with LOC Safety Officer or
Appropriate Section/Division Head or designate prior to trip departure)

Field Trip Name _____

Date _____

Field Trip Leader _____

Responsible Safety officer _____

General Hazards

Nature of Hazard	Location of Hazard	Mitigation

STOP _____

Nature of Hazard	Location of Hazard	Instructions to participants

STOP _____

Nature of Hazard	Location of Hazard	Mitigation

STOP _____

Nature of Hazard	Location of Hazard	Mitigation

STOP _____

Nature of Hazard	Location of Hazard	Mitigation

STOP _____

Nature of Hazard	Location of Hazard	Mitigation

STOP _____

Nature of Hazard	Location of Hazard	Mitigation

STOP _____

Nature of Hazard	Location of Hazard	Mitigation

STOP _____

Nature of Hazard	Location of Hazard	Mitigation

STOP _____

Nature of Hazard	Location of Hazard	Mitigation

APPENDIX 2 COMMUNICATION PLAN

(to be filled out by trip leader and filed with LOC Safety Officer or
Appropriate Section/Division Head or designate prior to trip departure)

Field Trip Name _____

Date _____

Field Trip Leader _____

Responsible Safety officer Name _____

Phone _____

Location and phone numbers of accommodations during the trip:

Date	Accommodation Name	Accommodation Phone

Cell Phone Information (trip leaders):

Cell Phone owner	Cell Phone Number

Mobile Radio Information

Radio model	Radio location	Area of operation	Emergency contact	Hours of availability

Other Communication

Location of public telephones

Location and phone of Emergency facilities (police, emergency, medical, fire)

Facility	Location	Phone

Other Communications options

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APPENDIX 3 EVACUATION PLAN

(to be filled out by trip leader and filed with LOC Safety Officer or Appropriate Section/Division Head or designate prior to trip departure)

Field Trip Name _____

Date _____

Field Trip Leader _____

Responsible Safety officer Name _____
 Phone _____

General Information

Stop #	Evacuation Challenge	Evacuation procedures	Nearest emergency medical facility	Hours of operation

APPENDIX 4
FIELD TRIP SAFETY REPORT

(to be filled out by trip leader and filed with LOC Safety Officer or
Appropriate Section/Division Head or designate within 2 weeks of the end of the trip)

Field Trip Name _____

Dates _____

Field Trip Leader _____

Describe any safety-related incidents that occurred on the trip:

Nature of the incident	Nature of the response	Injury response if any

Describe any safety-related issues that arose during or as a result of the trip:

Are there any measures you can recommend to avoid similar issues on other GAC/MAC field trips?

How can GAC/MAC improve its safety program?

APPENDIX 5
INCIDENT/ACCIDENT REPORT AND ASSESSMENT

To be completed by field trip leader in the event of an incident involving serious injury and/or damage to property, and filed with LOC Safety Officer or Section/Division Head or designate)

Name of Person Involved (PRINT)	<i>Date of Occurrence</i>	<i>Time</i>
First Aid or Medical Attention Required: <i>Yes: _____ No: _____</i>	Damage to Equipment: <i>Yes: _____ No: _____</i>	
Field Trip Leader's Name	<i>Field Trip Leader's Signature</i>	
Report Date	Reported By	
<i>Reported To (police, other authority)</i>	<i>Copy Sent to GAC Safety Committee Date:</i>	
Date of Notification	Field Trip Participant's Signature	
Workers Compensation Form Completed? <i>Yes: _____ No: _____</i> <i>(If Yes, Please Attach Copy)</i>	<i>Date of Completion of Form</i>	
Location of Occurrence (Outcrop, Highway, City, etc.)		
Other Personnel Involved in Incident/Accident		
Field Trip Participant's Report of Incident/Accident. Describe Activity That Led to Incident/Accident Stating What Equipment (e.g., tools, etc.) Was Involved. Describe the Nature and Cause of the injury.		
Are There Any Witnesses? Yes: _____ No: _____		

Names and Addresses of Witnesses

Statements of Witnesses First on Scene of Incident/Accident

Statements of Other Witnesses

If more space is required use a separate sheet of paper.

APPENDIX 6

THE GEOLOGICAL ASSOCIATION OF CANADA AND THE MINERALOGICAL ASSOCIATION OF CANADA

RELEASE OF LIABILITY - READ BEFORE SIGNING

Field Trip: _____

Trip Leader: _____

Meeting/Sponsor: _____

Dates: _____

SIGNING THIS DOCUMENT INDICATES THAT YOU UNDERSTAND THE RISKS ASSOCIATED WITH THIS FIELD TRIP AND THAT YOU ARE AWARE THAT BY PARTICIPATING IN IT, YOU ARE EXPOSING YOURSELF TO RISKS INCLUDING BUT NOT NECESSARILY LIMITED TO THOSE IDENTIFIED BY THE FIELD TRIP LEADERS.

Participant's name: _____

Emergency Telephone Contact: _____

In consideration of being allowed to participate in any way in the GAC/MAC Field Trip identified above, its related events and activities, I, _____, the undersigned, acknowledge, appreciate and agree that:

The risk of injury from the activities involved in this field trip is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION; and.

I willingly agree to comply with the stated and customary terms and conditions for participation. I agree to follow the instructions and precautions as written in the Field Trip Guidebook and/or stated by the Field Trip Leaders. I assume responsibility for attending all safety briefings. If I observe any unusual significant hazard during my presence or participation in this Field Trip, I will remove myself from participation and bring such to the attention of the field trip leader immediately, and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE GEOLOGICAL ASSOCIATION OF CANADA, THE MINERALOGICAL ASSOCIATION OF CANADA**, their officers, agents, and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's signature: _____

Date and Place: _____

Witness's signature: _____

Witness's name (printed) _____

Emergency Contact Information (optional):

Emergency Contact's name: _____

Emergency Contact's telephone: _____

Emergency Contact's relationship to participant _____