

## Fieldwork Assessment Form FA1

(Refer to Notes for Guidance before completing this form)

School Assessment No.	
Title of Fieldwork Activity:	
Location(s) of Work:	
Duration (incl. dates From / To) :	
Brief Description of Fieldwork:	
<ul style="list-style-type: none"> <li>- Travel to Scottish Water Water Supply Site</li> <li>- Identify areas of eutrophication</li> <li>- Collect appropriate range and volume of samples</li> </ul>	

**Hazard Identification:** Identify all the hazards; evaluate the risks (low / medium / high) and describe all necessary control measures.

Hazard (s)	Risk L / M / H	Control Measures	Risk after Control L / M / H
<b>Physical</b>  Ice, poor visibility, soft ground conditions – slipping & falling, marshes	H	Wear appropriate shoes  Take high vis & lighting gear	L  L
<b>Biological Hazards</b>  Contaminated water, blue-green algae, damp area so likelihood of insects, handling samples	M	Do not handle unknown organisms/organic material  Do not consume/ingest unknown material  Take repellents if necessary	L  L  L
<b>Chemical Hazards</b>  Pesticides nearby	L	Ensure no direct contact with unknown substances	L

<b>Man-made hazards</b> Farming equipment & vehicles, open/abandoned pipelines	L	Stay clear of vehicles and moving equipment  Inform locals and wear high vis	L  L
<b>Personal Safety</b> Lone working to collect samples in water	H	Work with partner, or at least be aware of fellow field workers' locations	L
<b>Environmental impact</b> Refuse on site	L	Do not leave anything behind	L
<b>Other hazards</b> Handling sampling equipment	M	Wear gloves, especially if sharp e.g. glass.	L

*\*Continue on separate sheet if necessary*

**Emergency Procedures:** Specify arrangements for first aid, special emergency procedures, survival aids, communication, etc.)

**To be discussed with relevant parties**

**Additional Information:** Identify any additional information relevant to the fieldwork activity, including supervision, training requirements, information, specialist equipment or clothing, inoculations, etc.

It will be necessary to take a guide/supervisor from SEPA / Scottish Water who is familiar with the area.

First aid may be required if none of the party are trained.

Further details to be finalised

**Contact Information:** Include details of both the University designated contact and on-site contact.

University	Name:	Tel. Contact:
On-site	Name:	Tel. Contact:
Address of residential base:		

Has necessary training and information been given?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there adequate provision for those with health problems or disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are there adequate First Aiders available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there suitable supervision (i.e. Staff to Student ratio)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is permission required to work on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are there suitable travel arrangements and licensed drivers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is adequate insurance cover in place? <i>(Contact Finance Office for advice, 50-9154)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Have all participants submitted next of kin information to field trip organiser / School Office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have route notification schedules been provided to Police or Coastguard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**Assessment carried out by:**

Name:		Date:	
Signature:		Review Date:	
Title (e.g. Group Leader, Lecturer, Research Student, etc):			

**Assessment Authorised by Head of School / Fieldwork Supervisor:**

Name:		Date:	
Signature:			