

Use this form to document your completion of the required actions based on the risk assessment matrix for all off-campus travel involving students. A digital signature is acceptable.

Activity Name _____

Who?

Who is planning this off-campus activity? _____ Contact Number _____

Who is leading this off-campus activity (on site)? _____ Contact Number _____

Who will have access to all forms and documents for this off-campus activity while you are away?
(Primary Contact Office – Dean/Director/Approver)

Name _____ Contact Number _____

Who is participating in this off-campus activity?
 Students/Volunteers (if checked, waiver form **must** be signed)
 Guests/Volunteers
 Other

When?

Departure Date _____ Return Date _____

Timing: provide a brief description of when the activity will take place (indicate if the activity will be recurring, be affected by the season/weather, require overnight accommodations, etc.)

Why?

Purpose: provide a brief description of why the activity is being planned.

Indicate the category for the off-campus activity:
 Research/PD
 Academic
 Athletics/Clubs
 Other: _____

What?

Activities: Provide a brief description of what participants will be doing during the activity, as well as any special equipment required for safe participation.

Where?

Location: Provide a brief description of the location for the activity

How?

Transportation: provide a brief description of how the participants will get to and from the activity, outlining the commercial or public transportation being used.

Medium Risk Required Actions	Yes	No	N/A
Travel and accommodation itineraries for all travellers are on file with the Primary Contact Office.			
Transportation to be provided by a recommended/reliable source (if applicable).			
Accommodations are to be provided by a recommended/reliable source (if applicable).			
Communication Plan including device type, contact numbers and check-in procedure is on file with the Primary Contact Office.			
Emergency contact information for all travellers has been collected and is on file with the Primary Contact Office.			
Contact numbers for each traveller's designated Emergency Contact are on file with the Trip Leader and the Primary Contact Office.			
Contact numbers for travellers at destinations are on file with Primary Contact Office.			
Contact numbers for emergency services at destination are on file with the Trip Leader and the Primary Contact Office.			
Emergency response plans have been developed and are on file with Trip Leader and the Primary Contact Office.			
All travellers have completed the appropriate Waiver and Release of Liability and Informed Consent form and it is on file with the Primary Contact Office (risks identified in risk assessment above are outlined on release form)			
All drivers of private or rental vehicles, with other participants as passengers, must complete the Volunteer Driver form.			
Planning for this Off-Campus Activity has considered accommodation requirements for travellers with disabilities, allergies, or special needs.			

Confirmation
By Signing below you are confirming that where you have indicated YES , the required actions have been completed, and that you agree to ensure that any outstanding required actions will be performed prior to departure.
Name: _____ Date: _____
Signature: _____

Approval
Name of Risk Level Approver: _____ Date: _____
Approver's Signature: _____