

Section iii: Travel Information

3. Location(s) of proposed activity:

(Please include all prospective nearest city/county, province, water body, park system etc. to be visited as part of this application).

4. Is travel within Windsor Essex County?

Yes

No

(If no, please explain what measures will be taken for isolation, screening, testing prior to and after return.)

5. Briefly describe the proposed activities that require travel:

6. Relative COVID-19 risk status of the area of proposed activity off campus.

(For travel within Windsor-Essex please indicate Windsor-Essex above; For travel within the Province of Ontario indicate its current Local Pandemic Colour-Status; For travel outside of Ontario indicate within Canada and provide the internet address to the nearest Health Unit or equivalent for the proposed study sites. Please also comment if there are travel restrictions, specific travel requirements (e.g. need for COVID-19 testing prior to air travel) or any other health restrictions or requirements (e.g. need for community notification or permission, ect) related to travel to the proposed to travel to location.

Section iii: Travel Information (continued)

7. Travel duration is:

One day or less

Multiple Days

Duration (in days):

8. Method of Travel Involves: (Click all that apply)

Automobile

Taxi

Train

Airplane

Bus

Other _____

9. Is travel within Windsor Essex County?

Yes

No

If yes, answer the following (9a through 9d)

9a. Number of occupants in a single vehicle at a time (indicate all vehicle type(s) where multi-person occupancy will occur) and duration of time in the vehicle.

9b. Vehicle and spatial arrangement of occupants to maintain physical distancing. Please describe how physical distancing will be maintained?

9c. Describe planned use of personal protective equipment (masks and eye protection) while present in vehicle(s)

9d. Other safety measures applied while multiple occupants are in vehicle(s), e.g. ventilation, turning off air-recirculation, etc. to limit COVID-19 exposures. Please describe the measures that will be put in place to ensure area within mode of transportation is well ventilated.

Section iii: Travel Information (continued)

10. All individuals travelling will keep a log of all places, dates/times stopped during travel, to all stop and final destination location (gas stations, drive-through eateries etc..)

Yes

No

11. Will overnight accommodations be required (Individuals will stay at a hotel/motel/other for multi-day travel)

Yes

No

Please note that Health & Safety does not recommend staying with family/friends or Airbnbs during the pandemic because they are not regulated for cleaning and sanitation in the same manner as commercial establishments. All overnight stays while on travel should be at a regulated accommodation establishment.

12. Will overnight accommodations include staying overnight in one of the following:

Tents

Trailer(s)

Field Station Housing

Other

Not Applicable

Briefly explain how physical distancing will be maintained at on-site accommodations (e.g. separate shelters, kitchen access, eating areas etc.)

Section iv: Health and Safety Information

13. The proposed travel activities involve anticipated breach of physical of distance between team members. Breach of Physical distancing occurs when two or more individuals come into contact (<2 m distance for more than 15 min within a 24 hour period)

Yes

No

If Yes, then please describe those activities and control measures in place (PPE, isolation, vaccination, testing/screening).

14a. All individuals will complete the Safe Lancer App each day and send the results to their Supervisor.

Yes

14b. Will additional screening measures be used during travel.

Yes

No

If Yes, please describe.

Section iv: Health and Safety Information (continued)

15a. All personnel will adopt a notification system with the Supervisor or a designated to indicate date/time of departure and return from travel location.

Yes

15b. Please specify the contact person and contact information of the Supervisor or Designate.

16. Teams will consume self packed lunches (for day trips) and keep lunches separated from other team members.

Yes No Not Applicable

17. The Supervisor has secured permission from land owners, park administrators etc. to access site(s)

Yes No Not Applicable

18. Individuals have been trained on protocols for the area they will be going prior to travel.

Yes

19. Individuals have access to the following communication devices during travel:

Cell Phone VHF Radio Satellite Phone Other _____

20. Individual members will use a mask and eye protection as required for all activities.

Yes

21. Individuals will follow hand sanitization protocols before/after entering/exiting vehicles and regularly during travel:

Yes

Section v: Required Permissions

22. Please identify any other issues related to health and safety pertaining to COVID-19 or other safety procedures in place that have not been identified on this form.

Travel Safety Protocol Plan submitted by:

Name:		Date:	
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Approved by:

Supervisor		Date:	
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VP		Date:	
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