Please complete and submit the Plan to your Department Head/Director. Once approved, the Head/Director should forward the application to the Dean/Associate Dean. Once approved, Dean/Associate Dean should forward to the Research Safety Committee. After the Research Safety Committee approves, the Dean will give their final approval, followed by the VPRI’s authorization. The research can begin after receiving the VPRI’s authorization.

This form is to be completed by each faculty/researcher who wishes to engage in outdoor, off-campus research activities in support of an approved Phase 3 Research Resumption Program. The intention of this application is to facilitate low risk outdoor research activities that are free of breaches in physical distancing to make observations and collect data in conjunction with a PI’s Phase 3 research program. Off-campus activities that involve indoor work in a different institution, in-person human participant-based research, research that will require breach of physical distancing or travel outside of Canada should use the Phase 2 Research Resumption Application Process. Please use multiple applications of this form for different field teams engaged in different types of field activities.

**Section i: General Information**

**Name of Faculty/Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Approved Phase 3 Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(RSC Protocol Number)*

**Section ii: Field Research Participants**

**1) Names of lab members/personnel, and their respective role, who will engage in field work:**

*(The identified lab members should already be listed on your approved Phase 3 Research Resumption protocols, otherwise submit a Request-to-Revise form to add new members to your Phase 3 Research Program in conjunction with this application. Roles might be listed as “Principal Investigator” or “Graduate Researcher” or “Research technician”.)*

**2) Among personnel identified in Question 1, will there be separate groups or field teams that work independently of one another?** [ ]  Yes [ ]  No (All Personnel Work Together)

*(Where possible Field team membership should remain consistent so as to limit contact exposures across all personnel working in a lab. Please list the field team memberships if you answered YES above.)*

**Section iii: Travel Information**

**3) Location(s) of proposed research activity:**

*(Please include all prospective nearest city/county, province, waterbody, park system ect. to be visited as part of this application).*

**4) Brief description of proposed field-based research activity:**

**5) Relative COVID-19 risk status of the area of proposed research activity.**

*(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.*

**6) If travel occurs outside Windsor-Essex to a location with a higher Local Pandemic Risk Status the field team will be advised to self-isolate and will refrain from coming to campus for a period of 2 weeks after their return.**  [ ]  Yes [ ]  No

*(If No explain why not and counter measures taken such as COVID-19 testing used to shorten the isolation period).*

**7) Field work duration is:** [ ]  1 day or less [ ]  Multiple days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(duration in days)*

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

[ ]  Automobile [ ]  Taxi [ ]  Train [ ]  Airplane

[ ]  Watercraft [ ]  ATV [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9) Does travel involve multi-person occupancy in a vehicle(s):**  [ ]  Yes [ ]  No

If yes, answer the following (8a -8d):

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

**9b) Vehicle/watercraft size and spatial arrangement of occupants to maximize physical distancing**

**9c) 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.**

**10) Field team members will keep a log of all places, dates/times stopped during travel to field location (gas stations, drive-through eateries etc..)** [ ]  Yes [ ]  N/A

**11) Field team members will stay at a hotel/motel for multi-day travel)** [ ]  Yes [ ]  Not Applicable

*Please note that RSC 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) Field team members will stay at field site overnight(s) in shelters of type:**

[ ]  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 ect.)**

**Section iv: Field Health and Safety Information**

**13) The proposed outdoor field work involves 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) under circumstances where the contact is not pre-planned, controlled, monitored, having appropriate PPE and timed/logged by a senior personnel for each interaction.**

[ ]  Yes [ ]  No

*If Yes, then the PI should fill out a Phase 2 Research Resumption request instead of this form.*

**14) All field personnel will complete the Safe Lancer App when in the field and send the results to their PI.**

[ ]  Yes

**15) All field personnel will adopt a notification system with the PI or a designated Field Safety Coordinator to indicate date/time of entry into field and return from field location.**

[ ]  Yes

**15a) Please specify the contact person and contact information of the PI or Field Safety Coordinator.**

**16) Field teams will consume self packed lunches (for day trips) and keep lunches separated from other team members.** [ ]  Yes [ ]  No [ ]  Not Applicable

**17) The PI has secured permission from land owners, park administrators ect. to access site(s)**

[ ]  Yes [ ]  No [ ]  Not Applicable

**18) Field team members have been trained on field safety protocols prior to entering the field and senior field personnel will review major hazards, risks and emergency safety gear/communication devices with personnel (i.e. tool box chats) before entering the site.** [ ]  Yes

**19) Field team members have access to the following communication devices during field activities**

[ ]  Cell Phone [ ]  VHF Radio [ ]  Satellite Phone [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20) For sampling on or near water, the field team will consist of at least 2 individuals and appropriate safety items (waders, personal flotation devices, throw line) will be brought to location.**

[ ]  Yes [ ]  Not Applicable

**21) For research on watercraft, the PI acknowledges that the research vessel has been recently inspected for seaworthiness and contains all of the legally required safety equipment.**

[ ]  Yes [ ]  Not Applicable

**22) Field team members will use a procedural mask and eye protection for all field activities where more than one person is present outside at distances less than 2 m:**  [ ]  Yes

**23) Field team members will adopt hand sanitization protocols before/after entering/exiting vehicles and regularly during field measurements:**

 [ ]  Yes

**24) Field team members will adopt safe sample transfer protocols and equipment disinfection to avoid breach of physical distancing when transferring equipment/samples between team members.** [ ]  Yes [ ]  No (Provide details in text box below) [ ]  Not Applicable

**Section v: Required Permissions**

**25) This research requires ethics or RSC safety certification (ACC, REB, Biosafety, Laser, Radiation Safety)** [ ]  Yes [ ]  No

**25a) If yes, identify all applicable approved ACC/REB or Safety Certificates or indicate if application is pending review :**

**26) This research will return samples to the University of Windsor** [ ]  Yes [ ]  No

**26a) Samples will be disinfected and labelled prior to storing on campus**  [ ]  Yes

**26b) Sample storage location (building, freezer area):**

**26c) For team members returning to self-isolation, how will samples and equipment be transferred to University of Windsor? Please identify safety measures taken.**

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

**28) If field personnel working at an on-site facility with their own COVID-19 safety protocols in place, please send a copy of their covid-19 guides or protocols to RSC with this application.**

**Phase 3 COVID-19 Field Work Safety Protocol Plan submitted by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Name Faculty Signature

**Approved by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Dept. Chair Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean or Associate Dean Name Dean or Associate Dean Signature

**Final Approval by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean or Associate Dean Signature Date

**Authorization by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VPRI Signature Date