**Safety Planning Record**

Pursuant to the University of Toronto Guidelines for Safety Abroad, this form is to be **completed by the Activity Sponsor** and submitted to the Department Chair (or equivalent) prior to departure on an out-of-country field activities. Multiple trips to the same site or group of sites can be covered by one form. The form is good for a single academic year and a new form must be completed annually.

**Section A: Activity Sponsor and Participant Information**

Participant Name(s):

Program of Study: Undergraduate Graduate

Activity Supervisor Name:   
  
Activity Sponsor Email:   
  
Program or Department Sponsoring Travel:

Country of Travel: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City or Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Est. Departure Date: / / Est. Return Date: / /

**Section B: DFATD Advisory Level**

Please check the appropriate [DFATD Advisory](http://www.voyage.gc.ca/dest/ctry/reportpage-en.asap) level and indicate all region reports of proposed travel. Please note that the Safety Abroad Guidelines do not permit students to go to level 3 or 4 areas and that only graduate students are allowed to make a special case to travel to these zones.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Exercise Normal Safety Precautions  **Level 1** | Exercise High Degree of Caution  **Level 2** | Avoid Non-Essential Travel  **Level 3** | Avoid All Travel  **Level 4** |
| Country |  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Region | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Will participant(s) have access to email? Yes  No  
Access to secure phone? Yes  No  
Will the participant have reasonable access to health care facilities? Yes  NoCommunication Method and Check-in Schedule with University:Click here to enter text.

**Section C: Risk and Risk Management**

Refer to the DFATD report to identify risks and control measures aimed at eliminating or reducing risk to acceptable levels associated with international activity. Each identified risk must be listed. Items in bold must be included in your Planning Record. If necessary, please attach separate sheet.  
  
Please note that the Safety Abroad Office does not assess risks pertaining to the nature of the work being conducted. Persons supporting field research should consult with the Office of Health and Safety for further guidance. <http://www.ehs.utoronto.ca/Home.htm>

|  |  |
| --- | --- |
| **Risk** | **Control Measures** |
| **Security** (e.g. high risk in certain regions) | (e.g. participants agree not to travel to higher risk areas).  **Students are prohibited from traveling to areas where there is a regional advisory against non-essential travel.**    . |
| **Personal Security** (e.g. Concerns around upcoming elections?) | (e.g. participant to discuss safety issues with host partner, change personal routine as such as time leaving for work, avoid demonstrations) |
| **Economic Crime** (e.g. High incidents of theft? Limitations to accessing money?) | (e.g. participant will have access to emergency funds through host partner) |
| **Transportation** (e.g. High risk of road accidents? Preferred methods of transportation?) | (e.g. Participant will only radio taxis or locally recommended means of transportation.) |
| **Women’s Safety** (e.g. high number of sexual assaults reported) | (e.g. onsite orientation provided by host organization to review high risk areas) |
| **Physical and Mental Health** (e.g What immunizations are recommended and what timeline is needed to provide for treatment? Access to culturally appropriate counselling?) |  |
| **Laws and Culture** (e.g Are certain common behaviours illegal?) |  |
| **Citizenship** |  |
| **Accommodation** *(e.g. Reasonable access to safe housing facilities?)*  Click here to enter text. | (e.g. host partner will help identify suitable accommodation.) |
| Natural Risks *(e.g. Region prone to earthquakes, rainy seasons, volcanic activity?)* |  |

**Section D: Higher Risk and Extreme Risk ONLY**

|  |  |
| --- | --- |
| **Required Information** | **Notes** |
| **Consultation with DFATD or host institution** | For example: Are there additional risks and / or supports offered by local authorities? |
| **On site supervision** | *For example:* Will there be an emergency contact provided by the host or a UofT staff member on the ground? |
| **Participants Familiarity with Region** |  |
| **Academic Fit** | High Risk: Explanation as to why activity is essential to academic pursuits. Extreme Risk: Additional explanation as to why activity must be conducted at this time. |

**Section E: Approval**

**Completed by:**

I acknowledge that this safety plan has been prepared in keeping with the requirements of the University of Toronto Framework on Off-Campus Policy and Guidelines on Safety Abroad.

Signature of Activity Sponsor Date:

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

High Risk and Extreme Risk Approval:

Signature of Division / Department Head (Level 3/ Level 4) Date:

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

Signature of Student Date:

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