**STUDENT/PARTICIPANT HEALTH AND SAFETY STATEMENT
Discipline of Geography
School of Geography, Archaeology and Irish Studies,
University of Galway.**

**HEALTH & SAFETY ADVISORY**

***ALL STUDENTS/PARTICIPANTS ARE:***

OBLIGED TO INFORM THE COURSE SUPERVISOR, FIELD EXCURSION LEADER OR PRINCIPAL INVESTIGATOR (IN STRICT CONFIDENCE) OF ANY PHYSICAL DISABILITY OR MEDICAL CONDITION THAT COULD COMPROMISE THEIR HEALTH AND SAFETY WHILE UNDERTAKING FIELDWORK OR ATTENDING FIELD CLASSES/SCHOOLS.

ADVISED NOT TO WORK ALONE IN ISOLATED RURAL AREAS AND TO CARRY A MOBILE PHONE IN CASE OF EMERGENCY.

ADVISED TO OBTAIN THE LANDOWNERS PERMISSION TO ENTER LAND OR VISIT A SITE AND INFORM THE RESIDENTS IN THEIR STUDY AREA OF THE NATURE OF YOUR WORK.

ADVISED TO INFORM A RESPONSIBLE PERSON OF THEIR WHEREABOUTS WHILE ENGAGED IN FIELD ACTIVITY AND PROVIDE HIM/HER WITH A CONTACT MOBILE PHONE NUMBER, A LOCATION MAP AND AN EXPECTED TIME OF RETURN (REMEMBERING TO REPORT BACK TO THIS PERSON ON SAFE RETURN).

EXPECTED TO SHOW RESPECT FOR RESIDENTS, LANDOWNERS, THEIR PROPERTY AND THE LOCAL ENVIRONMENT.

EXPECTED TO ACT RESPONSIBLY, PRIORITISE HEALTH AND SAFETY CONCERNS AT ALL TIMES, AND ACT IN ACCORDANCE WITH HEALTH AND SAFETY INFORMATION DETAILED ON THE UNIVERSITY/SCHOOL/DISCIPLINE WEBSITES AND HANDBOOKS.

ADVISED TO ACT IN ACCORDANGE WITH GOVERNMENT GUIDELINES AND UNIVERSITY of GALWAY HEALTH & SAFETY OFFICE ADVICE IN RELATION TO COVID-19.

ADVISED NOT TO INSPECT ANY SITE, OR CROSS ANY TERRAIN, THAT MAY PLACE THEM IN PHYSICAL DANGER.

ADVISED TO BE VIGILANT AND AVOID POTENTIAL HAZARDS (E.G. TRAFFIC AND MACHINERY, POTENTIALLY DANGEROUS FARM ANIMALS, ELECTRIC FENCES, CLIMBING WALLS OR FIELD BOUNDARIES, AND CROSSING STREAMS WHERE ACCESS IS NOT PROVIDED).

ASKED TO LEAVE THINGS AS THEY FIND THEM (E.G. LEAVE AN OPEN GATE OPEN OR A CLOSED GATE SHUT, TAKE CARE TO AVOID DAMAGE TO CROPS, TREAT PRIVATE PROPERTY WITH RESPECT AND DISPOSE OF LITTER RESPONSIBLY).

**Health Statement**

Do you knowingly suffer from any physical disability or medical condition that might compromise your Health & Safety or that of others while attending field-classes or undertaking field research as part of your studies at University of Galway? ***Yes / No***

If you do, but would prefer to talk in strictest confidence with a member of staff rather than respond to the questions below please tick the box here. 

**Do you suffer from any of the following?**

• A disability or injury that may affect mobility, hearing or eyesight 

• Diabetes 

• Epilepsy 

• Asthma 

• Allergies 

• Suppressed immune system 

• Cardiovascular conditions requiring Warfarin 

• Recovering from a viral or bacterial infection 

• Another condition that may impact on fieldwork 

 (Please state nature of condition here)

Name (block capitals): Student No.:

Email: Phone No:

Address while attending University of Galway:

Next of kin name and address:

Email: Phone No:

Other contact details:

Home University (if relevant):

***I have read and understood the Health and Safety Statement***

Signed: Date:

***On completion please save this form with a filename that contains your surname, student number and degree year (e.g. Murphy 012345 2BA H&S Statement.doc) and submit it to the Geography Health and Safety Officer at this email address*** *william.hamilton@universityofgalway.ie****.***

**STUDENT RISK ASSESSMENT FORM**

This form must be completed by each student carrying out independent research and will be held on file as a record of the fieldwork you are about to undertake and the health and safety measures required to ensure your safety. **Students are not permitted to commence fieldwork until the form is completed and signed by their supervisor and emailed to Mr Billy Hamilton, william.hamilton@universityofgalway.ie**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date commencing: \_\_\_\_\_\_\_\_ Date concluding: \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fieldwork category: |  | UG Dissertation  |  |  |  Other |  |

Location(s) of fieldwork: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and phone no. of residential base: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearest A&E hospital to location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student contact E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student contact telephone/mobile phone: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | N/A |
| Fieldwork approved by supervisor?  |  |  |  |
| Fieldwork in compliance with health and safety guidelines in student handbook/school webpage? |  |  |  |
| School health and safety induction/training completed?  |  |  | X |
| Health and safety issues discussed with supervisor? (during initial meeting in January) |  |  |  |
| Confidential Health and Safety Statement completed, signed and submitted to Siobhan Comer (Room 107)  |  |  |  |

General Description of field activities (50 words)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard Identification** | **Possibility of Harm (1-4)** | **Likelihood of Harm (1-4)** | **Existing Control Measures** | **Control measure required /****Remedial measures** |
| Physical/environmental hazards (e.g. adverse weather, terrain, etc.) |  |  |  |  |
| Biological hazards (e.g. animals, insects, vegetation, etc.)  |  |  |  |  |
| Manmade hazards (e.g. fences, vehicles, etc.) |  |  |  |  |
| Personal safety hazard (e.g. lone working, violence etc.) |  |  |  |  |
| Emergency procedures (e.g. first aid, survival aids, communication, etc.) |  |  |  |  |
| Other (please specify) |  |  |  |  |

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_ PLEASE PRINT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_ PLEASE PRINT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_