

To the Graduate Coordinator  
Department of Anthropology

This is to inform you that on (date): \_\_\_\_\_, candidate (name): \_\_\_\_\_ defended his/her thesis proposal, entitled: \_\_\_\_\_

**RESULT:** \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Other (please see details on page 2)  
\_\_\_\_\_ date for recirculation \_\_\_\_\_ reporting date

**ETHICS REVIEW:** \_\_\_\_\_ Required (a copy of the ethics approval must be filed with the ANT Graduate Office before proceeding to fieldwork)  
\_\_\_\_\_ not required (please specify): \_\_\_\_\_

**FIELD WORK:** Location(s): \_\_\_\_\_

Before proceeding to the field, **all students must submit to the department an off-campus registration request** (see attached) **and the field research planning record** (see attached).

Students who travel abroad for fieldwork purposes **must** register with the Safety abroad on-line data base and attend the MANDATORY Safety Abroad Sessions, which they can sign up for here: <https://apps.learningabroad.utoronto.ca/safety-abroad/onlineworkshop>. Also, students need to review information on safety abroad available at: <https://safetyabroad.utoronto.ca/>

The defence committee (specify department if other than Anthropology)

Name	Initials for positive vote

The undersigned agree to serve on the Core Committee:

\_\_\_\_\_  
Supervisor (name)

\_\_\_\_\_  
signature

\_\_\_\_\_  
Core committee member (name)

\_\_\_\_\_  
signature

\_\_\_\_\_  
Core committee member (name)

\_\_\_\_\_  
signature

Steps to acceptance of the proposal are:

1. Advisor approves proposal in writing to the Graduate Office and recommends to the Graduate Coordinator at least six faculty members who will read and evaluate the proposal.
2. Student obtains cover letter from the Graduate Office or from the "Forms" section of the website, copies and circulates the proposal (providing one copy for the Graduate Office). Students may use the Graduate Office photocopy card or may circulate the proposal in pdf format. Students must ensure file was received if sent only by electronic version.
3. Written evaluations must normally be submitted to the Advisor within three weeks of the date of circulation of the proposal. In case of difficulties, a revised schedule may be submitted by the advisor and the student to the Graduate Coordinator for approval.
4. If the proposal is considered acceptable by the readers, the advisor, in consultation with the Graduate Office and student, schedules a Defense of Thesis Proposal to take place no more than one week after evaluations are received.

If the proposal is not acceptable to the readers, a schedule for revision and resubmission should be approved by the Graduate Coordinator.

5. All readers of the proposal will be invited to the Defense of Proposal as voting members. An Examining Committee will consist of no fewer than four (quorum).
6. One member of the Examining Committee, who is not the student's Advisor or Co-Advisor, will be asked by the Graduate Coordinator to Chair the Proposal Defense.
7. The Defense of Proposal begins with a brief statement by the student (no more than 15 minutes). The Examining Committee may then ask questions arising from the proposal to determine whether the student is prepared to undertake the research. At the end of questioning, the members of the Examining Committee vote to pass, conditionally pass, or fail the proposal. The result of the defense and the names of the Thesis Supervisor and Core Committee are recorded on the PhD Proposal Defense Result form, which must be returned to the Graduate Office after the original defense.
8. A conditional pass refers to minor modifications and clarification of textual material or research methods. Modifications must be circulated to the Core Committee by a set deadline no more than 2 months after the defense date. The Supervisor must report the results to the Graduate Office within one month after circulation. The circulation and reporting dates must be set at the original defense, and indicated on the PhD Proposal Defense Result form.
9. If there are two or more votes to fail the proposal, the Defense will be adjourned. The student will have the option to revise the proposal and try again.
10. If at the second attempt, there are two or more votes to fail the proposal, it will be deemed unsatisfactory progress and the student will be required to withdraw.

September 12, 2011 (reproduced from the 2011-12 ANT Graduate Handbook)

## Request for Off-Campus Registration

A student requesting off-campus registration is required to complete sections 1 & 2. If you are expecting an award payment from the university, you can request a direct deposit of the award cheque into an authorised bank account by visiting <http://www.rosi.utoronto.ca>.

If your request for off-campus registration is approved by your home graduate unit and is out-of-country, you must register with the University of Toronto, Centre for International Experience, [Safety Abroad Database](#).\*

\*Note students researching within Canada do not need to register on the Safety Abroad Database. All students researching within the United States or an international location must register on the Safety Abroad Database.

### Section 1: Student Information (To be completed by the student).

Name:	Student Number:
Address:	
Degree:	Graduate Unit:
Supervisor's Name:	
UofT Email:	

### Section 2: Information required in support of request (To be completed by the student).

Name and address of educational institution you are associated with while off-campus:
Purpose of visit:
Name of library and facilities to be used:

## Request for Off-Campus Registration

Host supervisor contact information:			
Frequency of contact with supervisor:			
Period of absence. From:		To:	
Month	Year	Month	Year
By signing this form, I understand that if my off-campus registration is approved by my home graduate unit that I must register on the University of Toronto, Centre for International Experience, <a href="#">Safety Abroad Database</a> ,* reference on page one of this form.			
Student's Signature:			Date:

### Section 3: Chair/Director/Graduate Coordinator Approval.

Graduate units who approve out-of-country university activities should review the [Safety Abroad Manual](#).

Off-Campus Registration:	Approved	Denied
Home Chair/Coordinator Signature: (sign and print name)		Date:

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government agencies for statistical purposes. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University Freedom of Information and Protection of Privacy Coordinator at 416-946-7303, McMurrich Building, room 104, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

09/2011

**University of Toronto Off-Campus Safety Planning Record**

This form is used by the unit/division responsible for research, academic or other field trip/excursion to assess potential risks and how they will be addressed. This document can be used to assist units in writing standard operating procedures (SOPs) for the activities that will take place during the trip/excursion but does not replace the need for units to develop SOPs. Multiple trips to the same site or group of sites can be covered by one form.

For research that have a face-to-face component: DO NOT use this form. Please submit a [Face-to-Face Off-Campus \(F2FOC Form\)](#). For more information, please refer to: <https://research.utoronto.ca/review-face-face-and-campus-research/>.

Please also review resources on planning field research that is useful for planning the trip/excursion. For more information, please refer to: <https://ehs.utoronto.ca/field-research-safety/>.

This form is valid for a single academic year and a new form must be completed annually.

Researchers may use this as a planning resource. For non-research activities, please submit this form to EHS for review. Final approval is from your unit lead (e.g. CAO).

If you require assistance, please contact your local EHS office or email: [ehs.office@utoronto.ca](mailto:ehs.office@utoronto.ca).

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

Person in charge of field trip/excursion (e.g. faculty, TA or supervisor): \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Location of Field Trip/Excursion (City or Area/Region, Province, Country): \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Prior to department a list of participants, contact information, their role (e.g. team lead, supervisor, participant) must be prepared. If applicable, training required for this trip/excursion must be also be documented. See Appendix A for a template



**Assessment Procedures:**

The faculty or supervisor in charge of the trip/excursion is responsible to ensure that all applicable hazards are assessed and appropriately mitigated.

The purpose of a hazard assessment is to determine the measures which must be taken to enable work to be carried out safely. A hazard is an attribute of an activity, substance or thing which confers on it the potential to cause injury, damage or loss. Risk is the probability of this injury, damage or loss occurring and includes the severity. The output of this assessment tool will help identify those hazards that require further work in order to be counteracted. If you require guidance in conducting the assessment and in implementing appropriate controls, you can contact the Office of Environmental Health and Safety at [ehs.office@utoronto.ca](mailto:ehs.office@utoronto.ca).

Note that the below does not represent all possible hazards that could be encountered. If there are hazards not found in the table, it is the responsibility of the PI to use the "Other" categories to enter the information.

Travel & Location	Location of hazard (At the site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
Airplanes, helicopters, watercraft			
Using/driving vehicles			
Travel on dangerous roads or off-roads			
High altitudes			
Activities requiring high fitness levels			
Hiking			
Climbing/cliffs			
Isolated or remote locations			
Other hazards not specified			



<b>Hazardous Agent</b>	<b>Location of hazard (At the site or en route to site, located by accommodations etc.)</b>	<b>Hazard description</b>	<b>Safety mitigation</b>
Hazardous materials - chemicals / biological agents/ ionizing and non- ionizing radiation			
Designated substances – asbestos / lead / silica / mercury			
Noise >85 decibels			
Vibration			
High force motions			
Working with or near explosives			
Other hazardous agent not specified above:			



Equipment & Tools	Location of hazard (At the site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
Sharps (needles, etc.)			
Hand tools and equipment (e.g. hammer, screwdriver)			
Powered tools			
Exposed moving parts			
Stationary Power Machines			
Lifting devices & or Mobile equipment			
Large or heavy equipment			
Welding			
Centrifuge			
Autoclave			
Compressed gas and/or pressurized systems			
Electrical equipment (e.g. electrical panels, wiring and lighting systems)			
Firearms, projective weapons, etc.			
Other hazards not specific above:			





Physical Environment	Location of hazard (At the site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
Diving – caves, current, deep diving, wreck, etc.			
Working from heights – scaffolds / ladders			
Confined or restricted spaces			
Working alone			
Working with or near fire			
Temperature extremes			
Sun exposure			
Unclean water			
Other physical environment not specified above:			



<b>Social Environment</b>	Location of hazard (At the site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
Violence: Are there situations where the student could be exposed to violence? Could the student become a subject of violence?			
Work Stress: Will there be a high level of stress in the student's work? (e.g. work requiring constant alertness for long periods of time, such as a security monitor, or work with high levels of emotional stress such as working in an Emergency Room)			
Other social environment not specified above:			



<b>Wildlife</b>	Location of hazard (At research site or en route to site, located by accommodations etc.)	Hazard description	Safety mitigation
Dangerous animals			
Insects & bites, venomous, disease from insect vectors (e.g. malaria, lyme, etc.)			
Plants (poison ivy, oak etc.)			
Other wildlife not specified above:			



## COVID-19 Measures

Please indicate you have read and understood each point by parking each box with an "X"

Mark with "X"	
	I have reviewed and considered virtual options for this trip. The unit lead (e.g. Chair, CAO) has determined this in-person field trip/excursion is essential.
	I am confirming that I have reviewed the <a href="#">General Workplace Guidelines (GWG)</a> , the <a href="#">Guidance on Research and Travel During the COVID-19 Pandemic</a> and implemented COVID-19 measures consistent with these documents for all phases of the intended trip/excursion (e.g. travel to/from host site, accommodations, site activities etc.).
	I have reviewed the <a href="#">General Assessment Tool</a> (GAT) and/or appropriate assessment tool ( <a href="#">EAT</a> , <a href="#">SEAT</a> , <a href="#">SAT</a> ) as planning resources and described the controls relevant in the table below. For research, please continue to follow existing processes research re-start: <a href="https://research.utoronto.ca/covid-19-research-innovation-updates/approach-research-recovery-adaptation">https://research.utoronto.ca/covid-19-research-innovation-updates/approach-research-recovery-adaptation</a> . For non-research activities, I will refer to completion of this document in the GAT, etc.
	I am confirming that I will update this document and other associated documents (if applicable). I will re-submit for department review to travel as required to align with all applicable <a href="#">University of Toronto COVID-19 guidelines</a> and public health guidance including: Toronto and Peel Public Health units and the off-campus trip/excursion location site.
	I understand that Public health guidance (in Toronto/Peel and the trip/excursion location) may change often and the ability to travel for off-campus activities may be limited or prohibited altogether at the time of departure which may require adjustment, postponement, termination of these plans. I am confirming that I have reviewed vaccination requirements for my host/destination (if applicable).

For international travel involving students, please consult with the UofT Safety Abroad office: <https://safetyabroad.utoronto.ca/>. Please contact [ehs.office@utoronto.ca](mailto:ehs.office@utoronto.ca) if you have any questions about this form or COVID-19 procedures.

For additional information, please visit the following Government of Canada's websites:

- [Interprovincial Travel Restrictions within in Canada website](#)
- [COVID-19 Travel Restrictions, Exemptions and Advise](#)
- [Travel Advise and Advisories](#)
- [UofT Memo on International travel in the course of university business](#) (link to International SOS)

**Please also provide details on the following items specific to off-campus trips/excursions, where applicable.**

Please summarize COVID-19 measures to be taken including:

- Physical Distancing (if applicable)
- Modification of tasks and work flow to reduce physical contact; staggering shifts/start and end times



COVID-19 Measures	
<ul style="list-style-type: none"><li>• Non-medical mask or PPE (personal protective equipment such as medical masks and eye protection if tasks are &lt;2m)</li><li>• Hand hygiene and disinfection</li><li>• Limiting shared equipment</li><li>• Communication of procedures</li></ul>	
<p>If going to a third party-site, please provide details on what COVID-19 posters or COVID-19 procedures are available and to be followed at the 3<sup>rd</sup> party locations.</p> <p>Please confirm how this will be communicated to all participants.</p>	
<p>Please provide details on the mode of transportation and the COVID-19 procedures that will be followed.</p>	
<p>Please provide details on the type of lodgings and COVID-19 procedures that will be followed (e.g. individual dwellings, no shared washrooms).</p>	
<p>Procedure in the event someone on the team becomes ill with COVID-19 during the trip</p>	
<p>Procedure for self-screening (note: Ucheck is for coming to on-campus). If you are using a different tool, please provide details (e.g. an assessment provided by the local public health unit or if not available: <a href="#">paper version of Ucheck</a> or the <a href="#">Ontario COVID-19 assesment</a>)</p>	

**Any other concerns or comments not previously covered:**

**Health Considerations when travelling:**

The CDC (Center for Disease Control and Prevention) offers an array of resources and tools so that you may assess and review the health consideration for your research destination. For more information please visit: <http://wwwnc.cdc.gov/travel/>. The CDC also offers a guide on Health Information for International Travel (commonly called the Yellow Book); published every two years by CDC as a reference for those who advise international travelers about health risks. For more information please visit: <http://wwwnc.cdc.gov/travel/page/yellowbook-home>

The ISTM (International Society for Travel Medicine) promotes healthy travel to international destinations and also provides the Global Travel Clinic tool which allows you to search for medical facilities located in more than 80 countries, clinics offer pre-travel immunizations, counseling and medicines to help protect travelers while traveling internationally. Most clinics also provide care to travelers if needed upon their return. It is strongly recommended that a travel clinic be visited well in advance of any travel. For more information please visit: <http://www.istm.org/>

**Duration of travel**

Please note that for UofT employees (not students), a worker who is an Ontario resident, and whose usual place of employment is in Ontario, is automatically covered under WSIB for up to six months while temporarily working outside Ontario.

For travel longer than 6 months please contact the Office of Health & Well-being.

**EMERGENCY CONTACTS:**

University contact name: \_\_\_\_\_

University contact phone #: \_\_\_\_\_

Alternate university contact phone #: \_\_\_\_\_

Local contact name and number: \_\_\_\_\_

Local emergency service number: \_\_\_\_\_

Scheduled communication (e.g. weekly calls to check in with designated person): \_\_\_\_\_



**Additional comments:**

**ACKNOWLEDGEMENT OF TEAM MEMBERS:**

I, the undersigned, acknowledge that I have read the University of Toronto Guidelines for Safety in Field Research (a planning resource) and in keeping with it,

- (a) I have been fully informed of the risks of this field research and I accept them;  
(b) I will comply with the established safety procedures;  
(c) I am in a satisfactory state of health to undertake the research; and  
(d) I have received all of the prescribed immunizations.

[illegible]

**Signature of Off-Campus Trip Supervisor:**

I acknowledge that this safety plan has been prepared in keeping with the requirements of the University of Toronto Guidelines for Safety in Field Research (a planning resource). I understand that as the supervisor I am responsible for the health and safety of staff and students participating in this work.

Name	Signature	Date



**Signature of Department Chair (or equivalent):**

I acknowledge receipt of this document. I understand that I am responsible for the health and safety of staff and students participating in this work and for ensuring that supervisors and faculty in my department who conduct this work have been made aware of the responsibilities.

Name	Signature	Date

\*Please ensure a copy of this assessment gets sent to your department chair (or equivalent) and any other relevant personnel.

**Appendix A – Off-Campus Participant List (Sample)**

Name	Team member type (e.g. team lead, supervisor, participant)	Contact information	Relevant training (e.g. first aid)	Comments