

**Queen's University Off-Campus Activity Safety Policy
Feedback/Evaluation Form**

Instructions	
<p>Participants in Off-Campus Activities may be asked to complete this Feedback/Evaluation Form upon return from an off-campus activity. Any participant has the option of completing this form even if it has not been requested. Completed forms should be submitted to the Off-Campus Activity Leader, Principal Investigator, Activity Coordinator, Department Head/Person in Authority, Director of Environmental Health and Safety, or any other appropriate University official. Information provided will be used to monitor off-campus activities, identify and evaluate potential risks, and improve training and support systems.</p>	
A. General Information	
<p>1. Category of person completing the form: <input type="checkbox"/> Student <input type="checkbox"/> Faculty Member <input type="checkbox"/> Staff <input type="checkbox"/> Other _____ (please specify, e.g., volunteer)</p>	
<p>2. Nature of Off-Campus Activity <input type="checkbox"/> Research <input type="checkbox"/> Academic (please specify) _____ <input type="checkbox"/> Athletic <input type="checkbox"/> Other (please specify) _____</p>	
<p>3. Location of off-campus activity <input type="checkbox"/> domestic (in Canada) <input type="checkbox"/> international (please specify country) _____</p>	<p>Setting (please provide details) <input type="checkbox"/> urban _____ <input type="checkbox"/> rural _____ <input type="checkbox"/> remote _____</p>
B. Preparation and Training (Please circle the appropriate response, and add comments/explanations where appropriate)	
	poorly-----very well
1. How prepared were you for your off-campus activity?	1 2 3 4 5
In preparing for your off-campus activity, rate the usefulness of the following resources:	not useful-----very useful
2. Face-to-face pre-departure sessions	1 2 3 4 5
3. On-line pre-departure training	1 2 3 4 5
4. Other resources/publications provided	1 2 3 4 5
5. Other (please specify) _____	1 2 3 4 5
6. What improvements do you suggest and what other information do you think could have been provided?	
7. Is there anything else you wish you had or had not taken with you (e.g., equipment, clothing, documentation)?	

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C. Living Accommodations			
1. Do you have any comments about the living accommodations that were provided?			
D. Health and Safety (please circle the appropriate response, and add comments/explanations where appropriate)			
1. In the case of an international activity, did you register at the Canadian Embassy/High Commission?	Yes	No	n/a
2. Did you acquire supplemental travel health insurance before you departed?	Yes	No	n/a
3. Did you have special needs that you identified prior to departure?	Yes	No	n/a
4. Were these special needs addressed during your off-campus experience?	Yes	No	n/a
5. Did your special needs become an issue during your off-campus experience Please explain:	Yes	No	n/a
6. Did you have any incidents affecting your health and/or safety that resulted in medical, legal or police support? Please explain:	Yes	No	n/a
7. Did you have any incidents affecting your health and/or safety that you did not take medical, legal or police action to address? Please explain:	Yes	No	
8. Did you become ill during your off-campus activity?	Yes	No	
9. Did you seek medical treatment?	Yes	No	
10. Did you have to abandon the activity prematurely due to illness or injury?	Yes	No	
11. Was illegal or disturbing drug-related activity evident in the area in which you were living/working?	Yes	No	
12. Did anyone intentionally damage any of your property?	Yes	No	
13. Did anyone steal anything from you? (e.g., from your room, car or luggage, even if it was something minor. Include the theft of books.)	Yes	No	
14. Did anyone take anything from you using force or the threat of force?	Yes	No	

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15. Were you the victim of an assault? Please explain:	Yes	No
16. Did you experience or observe any obscene or annoying or harassing behaviour, not involving violence? Please explain:	Yes	No
17. Were you caught up in any riots, public demonstrations or acts of civil unrest? Please explain:	Yes	No
18. Did you experience any natural calamity (e.g., flood, fire, earthquake)? Please explain:	Yes	No
19. Did you experience any form of danger not directed specifically at you? Please explain:	Yes	No
20. Do you have first-hand knowledge of any crime affecting another participant in your activity? Please explain:	Yes	No
21. Did you make use of the Queen's Emergency Support Protocol? Please explain:	Yes	No
Very unsafe-----very safe		
22. In general, how safe did you feel during your off-campus experience?	1	2
23. If your activity involved a host situation, how safe did you feel at your host institution? If you felt unsafe or very unsafe, please explain in what way the host situation was unsafe:	1	2
	3	4
	5	
not at all resolved-----fully resolved		
24. If you experienced any health or safety incident, please indicate the degree of satisfaction that you feel regarding its resolution? Please explain:	1	2
	3	4
	5	
25. Please provide any other comments that you feel would be useful when planning and preparing for similar activities in the future (attach additional sheets if necessary):		

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