

**University of New Brunswick
Department of Civil Engineering
RESEARCH SAFETY PLAN**

Project Title			
Researcher / Grad Student:	Tel. #	E-mail	
Faculty Supervisor:	Tel. #	E-mail	
Lab. Supervisor / Technician:	Signature		
Proposed Work Area (field location / lab space)			
Potential Hazards	Risk Level (H/M/L)	MITIGATIVE Control Measure / Training / Condition	

Use additional pages if necessary