WA Ranches – Researcher Form Package

This package is meant to be a collection of forms that may be needed for researchers doing work at WA Ranches. Required forms may vary depending on project details. Please see website for detailed guidance on process for planning, starting, and conducting research projects, including what types of forms may be required. It is the researchers’ responsibility to ensure all necessary forms and permits are completed and submitted appropriately.

* [Ranch Resource Request](#_WA_Ranches_at)
* Animal Research
  + [WA MOU for Research and Teaching](#_W.A._Ranches_Memorandum) (to be submitted as part of animal care protocol submission in IRISS)
  + Animal Use Protocol (UCalgary IRISS)
  + Wildlife Permits (see research guide for details, no specific form)
  + [HerdTrax Study Information Collection](#_W.A._Ranches_at)
* Environmental Permits (see research guide for details, no specific form)
* Hazardous Materials Plan (see research guide for details, no specific form)
* Field Safety Standard Requirements
  + See [UCalgary EHS Field Safety Standard](https://www.ucalgary.ca/risk/environment-health-safety/programs-standards-cops/field-safety-standard) website for requirements and forms
* [Working Alone Plan](#_W.A._Ranches_Research:)
* [Study Summary and Emergency Contact](#_W.A._Ranches_at_1)
* Non-UCalgary participants (see research guide for details on risk management waivers)
  + COVID waivers
  + Ranch activity waivers
* [Post visit Information](#_GoBack)

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# WA Ranches at the University of Calgary: Initial Request for Resources

This form is to be completed and sent to ranch director before the initial meeting to discuss details regarding a proposed project.

Please provide the following information about your idea

Research topic:

Collaborators/Team:

Funding: Not Yet Funded Funded

Funding source (actual or future):

Ranch priorities addressed (link to ranch strategy on website)

Animals involved: Cattle Wildlife None

Number of animals: \_\_\_\_\_\_\_\_\_\_

Type of animals: Bulls Calves Cows Heifers Cow-Calf Pairs Other

If using calves do you require a specific gender required: Males Females Doesn’t matter

Terminal animal Use: Yes No

Animals leaving or coming to ranch: Yes No

Animals moved to different institution: Yes No

Start and End Date (or season): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ranch Resources Required:

\_\_\_ Access to pastures for sampling or observations. Frequency:

\_\_\_ Access to water for sampling or observations. Frequency:

\_\_\_ Cattle Handling Facilities. Frequency:

\_\_\_ Ranch Staff. Frequency:

Description (Please provide a brief description of the project emphasizing ranch resources will be used):

# W.A. Ranches Memorandum of Understanding for Research and Teaching

**FACULTY OF VETERINARY MEDICINE**

Dr, Ed Pajor, Director, WA Ranches

Teaching Research & Wellness Building

(TRW, Room 1E 19)

3280 Hospital Drive NW

Calgary, Alberta T2N4Z6

waranches@ucalgary.ca

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Memorandum of Understanding for the use of WA Cattle from the ranch/breeding herd (under protocol #XXXX for \_ title of project/course/rotation\_\_\_ described in protocol (ACXX-XXXX).***

**“Title of Project/course/rotation”**

* *This project/course/rotation will involve:*
* *Details of animal use including invasiveness and major procedures*
* *Details of drugs being administered and withdrawal times as appropriate*
* *Number of animals required including description of animals needed, specific animal names/numbers if applicable.*
* *Dates that animals will be needed.*
  + *Brief description of schedule of events*
  + *Locations animals will be used*
* *Restrictions of animal usage (additional conditions may be added)*
* *Agreement to pay any overtime or additional labour costs that are incurred with the activities*

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ shall be responsible for assessing and treating any adverse events that may occur as a result of this protocol *(additional conditions may be added by the WA Ranch and Operations Committee)*. These treatments would be performed with the involvement of the University of Calgary Veterinarians office.

**Signature by the Director of WA Ranches below indicates that the animal use request has been reviewed and approved by the WA Academic and Ranch Operations Committee. Indicating that animals are available and that their use are in keeping with the priorities and principles that govern animal use at WA Ranches.**

**Signed:**

**Dr. Ed Pajor (Name of Requesting Faculty Member)**

Director, WA Ranches (Title)

# W.A. Ranches at the University of Calgary: HerdTrax Information Collection

***Information to be completed as prior to study. Details of animal numbers, end dates, etc. may be added as available depending on activity and in collaboration with ranch director and management.***

**Study Title:**

**Animal Care Protocol #:**

**Start Date:**

**End Date:**

**Study Summary:**

* *600 words describing project/activity and any treatments involved (e.g. treatment groups within research studies).* *This section can be copied from the animal care protocol in IRISS.*

**Inclusion Criteria:**

* *What was required for animals to be included in the study*

**Treatment protocol for livestock disease:**

* *Default is the general ranch management protocol*
* *If there is any study-specific requirements for handling of illness in animals, please list here (e.g. contacting research staff for subsampling, different medications)*

**Study Timeline and Treatment Groups**

* **Start of Study:** [DATE]
  + *Date when animals were considered enrolled in study*
* **Study Protocol** 
  + *Dates of events in study, with details of activities on those events.*
    - *E.g. Processing days, sampling days, observation days*
    - *For example:*
      * *June 22, 2020: Processing Day*
        + *Cattle were moved to Cochrane North and held in pastures before being moved through handling system*
        + *Received XXXX vaccines*
        + *Male calves were castrated and received meloxicam*
        + *All calves received growth implant*
        + *All treatment groups were subsampled for blood, saliva*
        + *Ear tags replaced as missing, treatment groups received green ziptie on tag*
        + *Individual weights taken during processing*
  + *Treatment groups*
    - *E.g. number of animals in group, details of treatment/activity, sampling protocols, groups that were subsampled*
    - *HerdTrax Diagnoses Codes for Treatments (admin use only)*
* **End of Study:** [DATE]
  + *Date when animals were considered as off of the study protocol*



# W.A. Ranches Research: WORKING ALONE PLAN FORM

Date plan created: Click or tap here to enter text.

Plan is in effect\* from: **(DATE)** Click or tap here to enter text. **to (DATE)** Click or tap here to enter text.

\* The plan must be updated if there are any changes to the work (such as location, working conditions, or work activities). Review is also required if a new hazard is identified or if an incident occurs

Describe work to be completed under this plan:

|  |
| --- |
| Click or tap here to enter text. |

Location of work (e.g. W.A. Ranches description of location, legal land description, physical location description, coordinates, or any other applicable information):

|  |
| --- |
| Click or tap here to enter text. |

Work will be completed under the direction of:

|  |
| --- |
| Click or tap here to enter text. |

Prior to working alone, the following must be completed by the lone worker and their supervisor/ manager. Please check boxes after verifying completion, and retain supporting forms/documents with this plan.

|  |  |  |
| --- | --- | --- |
| **Topic** | **Description** | **Complete** |
| **Working Alone Program** | * Read and Review the W.A. Ranches Research Working Alone Program document. |  |
| **Field Level Hazard Assessment** | * Develop and maintain a field level hazard assessment for the work to be completed including the risk ranking of each task. * Supervisor/Manager/PI must accompany the lone worker to the W.A. Ranches at least 2 times before sending worker alone. * Locate and discuss any relevant Standard Operating Procedures (SOPs). |  |
| **Training** | * Complete all relevant training specific to the W.A. Ranches Research requirements |  |
| **Emergency Response** | * Set up a two-way satellite GPS messenger device according to the W.A. Ranches Research Emergency Call-Out procedure. * Develop an emergency response plan for if/when an SOS is sent from the device and if a check-in is missed. |  |

|  |
| --- |
| **Communication Plan:**  Two-Way Satellite GPS Messenger Device specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Lone Worker Name & Phone Number:**Click or tap here to enter text.  **Emergency Contact Person (PI or designate) Name & Phone Number:**  Click or tap here to enter text.  **Check-in Requirements:**  At minimum, this must be at the beginning and end of the work shift. If the shift is longer than 6 hours, check in at the mid-point of the shift is required.  **Frequency of Check-In:** Click or tap here to enter text.hours  **Process to be followed if employee misses their check in time (e.g. who will be contacted and when, emergency response protocol, etc.).**  Click or tap here to enter text. |

**Emergency Contacts** (Police, Fire, Emergency Medical Services, Search and Rescue, etc.)

|  |  |
| --- | --- |
| Agency, Location | Phone Number |
| Campus Security | 403-220-5333 |
| Police, Fire, Ambulance – Emergency | 911 |
| Jonny Bennett | 403-542-4469 |
| Barney Press | 403-573-3324 |

**I have reviewed, understand and agree to implement, as required, all topics discussed or otherwise addressed in this plan before working alone can commence:**

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

Worker (print) Signature Date

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

Manager/Supervisor (print) Signature Date

# W.A. Ranches at the University of Calgary: Study Summary and Emergency Contact

This form is to be submitted to the ranch office prior to any on-site work.

Animal Care Number (*if applicable*):

Point form summary of study activities on the ranch *(list any important equipment ranch staff may need to be aware of)*:

Emergency Contact(s) for Study (*who should ranch staff call if there is an issue*)

|  |  |  |
| --- | --- | --- |
| Full Name | Position | Phone Number |
|  |  |  |
|  |  |  |

# W.A. Ranches at the University of Calgary: Post Visit Information Template

We are continually seeking ways to promote W.A. Ranches, which includes supporting those that visit the ranch for research, teaching, and outreach purposes.

Including W.A. Ranches in your work (e.g. reports, newsletters, published papers, conference talks, posters) helps spread awareness of our presence. In return, the ranch helps promote your work through our community newsletters, annual report, website, and in display of research during events at the ranch.

Here is what we need to be able to help each other:

* Title of project or group visit
* Team member names & positions (e.g. academic position, department, university)
* Project/Visit Objective
* Brief description (4-6 sentences)
* Media (photos, videos, or other media)
  + [Photo/Video consent forms for adults and children](https://www.ucalgary.ca/risk/risk-management-insurance/services/waivers)

Please send the above info to [waranches@ucalgary.ca](mailto:waranches@ucalgary.ca)

Additionally, we very much understand that some results can take time. However, please feel welcomed to share notifications and links to (or electronic copies of) any publications resulting from your work at WA Ranches, including notifications of successful thesis defense, at any time using the contact address above.