**XXX SOP/Checklist**

Planning University- TITLE

Use this form to provide step by step SOP/checklist for the program.

Program Administration and Planning

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  | Review applicable forms  XX  XX  XXX  Xx)  XX |
|  |  | Are documentation and notification procedures in place to respond to an adverse event? |

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  | XXX? |
|  |  | XXX? |
|  |  | XXX |
|  |  | XXX |

Supervision

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  | Have background checks been performed on all program staff? |
|  |  | What level of supervision do the participants require? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Medical Issues

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  |  |
|  |  |  |

Expectations and Training

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  | x |
|  |  | x |

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  | x |

Transportation

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  | x |
|  |  | x |
|  |  | x |

Discipline

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  | x |
|  |  | x |
|  |  | x |
|  |  | How is the notification to occur? \_\_\_\_\_\_\_\_ |
|  |  | Who decides on the method/seriousness of discipline? \_\_\_\_\_\_\_\_\_\_ |
|  |  | Is there an opportunity to appeal? \_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  |  |
|  |  |  |

Safety and Security

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  | Are all program staff trained and aware of their reporting obligations? |
|  |  | x |
|  |  | x |
|  |  | x |
|  |  | x |

|  |  |  |
| --- | --- | --- |
| Yes | N/A | Items |
|  |  | x |
|  |  | Have you consulted with Environment, Health & Safety (EHS); or Risk Management and Insurance regarding activities that pose unique risk factors? |