



# Worthing Archaeological Society

(Affiliated to the Sussex Archaeological Society)

## FIELD WORK HEALTH & FITNESS - ANNUAL FORM

This form is for members of the field unit who will be undertaking works on a number of sites. **Before undertaking field work, please read page 6 of the Fieldwork Handbook on Health and Safety (in the Document/Policy page on the WAS website), then complete the form below and sign the indemnity statement.** Any information will be held by the membership officer and on site by the field unit director or site supervisor. Information is treated as confidential and will only be used for the purpose of excavations or similar works. The form will be discarded after a year or earlier if the field unit director is advised that you no longer wish to take part in field unit activities.

### COVID -19 Statement

At the current time all people attending WAS excavations should understand that there is a potential risk in meeting other people and working on site due to this virus. A Covid-19 Risk Assessment has been carried out by WAS and it has updated its H & S procedures. Participants have a responsibility to minimise risks to themselves and others. If any person has possible Covid -19 symptoms please stay at home and take the necessary governmental advice. **Please note:** WAS insurance excludes all cover for Covid-19 related claims.

1. Planned start date with the field unit .....
  
2. Have you been adequately informed about the conditions and potential hazards of field unit works and the types of site? **YES/NO** (delete as applicable)
  
3. Do you have a condition that could impair your performance of some of the tasks you plan to undertake on the site? **YES/NO** (delete as applicable)
  
4. Do you have a condition that could compromise the safety of others on site? **YES/NO** (delete as applicable)
  
5. Do you have concerns about your general fitness or ability to take part in the site activities you plan to undertake? **YES/NO** (delete as applicable)
  
6. Please give the name and telephone number of someone to contact in an emergency  
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If any of your answers to questions 3, 4, 5 are YES please provide details and discuss with the site director.

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### INDEMNITY STATEMENT

I have completed this form accurately and to the best of my knowledge and give my consent to the nominated officers of the society holding this data.

I have read and understood WAS H & S Policy in the Fieldwork Handbook and agree to abide by the conditions therein.

I agree to ensure that I have adequate supplies of medication to cover my requirements on site. I agree to carry them with me at all times and accept responsibility if I do not do so.

Signed ..... Name .....  
Date: .....

**President: Mr John Mills**

**Chairman: Mr Keith Bolton**