Field Safety Plan

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| **Project Title** |  |

Brief description of field research activities.

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**Principal Investigator(s)**

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| 1 | Name |  | Office Phone |  |
| Department |  | Mobile Phone |  |
| Email |  |  |  |
| 2 | Name |  | Office Phone |  |
| Department |  | Mobile Phone |  |
| Email |  |  |  |

**Team Member(s):** List the names and mobile phone numbers for all members of the field research team and identify the Team Leader(s).

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**Project Timeline, Location(s), and Nearest Medical Services:** Provide a list or link to an online database ([Project Information Template](https://uofi.box.com/s/oivmf5mmjxwmaamoytl44l4tj9usztbg)) that is updated throughout the project identifying:

1) Project Timeline: departure/return dates

2) Project Location(s): country, state/province, county and nearest town, address or coordinates

3) Nearest Medical Services: name, address, phone number

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**Permissions, Permits:** Provide a list of permissions obtained to work on private or public land, relevant dates permission granted, permits required to perform research, etc.

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**Local (Field) Contact(s):** List the name and phone numbers for any local contacts (i.e., site managers, landowners, conservation police officers).

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**Emergency Procedures:** Include detailed plans, including general evacuation procedures and emergency communication.

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**University Contact(s):** List the name and phone numbers for primary and secondary university contacts.

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**Are there University required immunizations (i.e., IACUC, international travel)?** Yes  No

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| If **yes**, please specify: |  |

**Are there additional recommended immunizations/prophylaxis for the project?** Yes  No

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| If **yes**, please specify: |  |

**First Aid Training:** List team leaders and team members who are first aid trained and the type of training they have.[[1]](#footnote-1)

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**Required Research-Specific Training:** List all required training, e.g., chainsaw training, standard operating procedures for a specific chemical, DRS field safety guidance, etc.

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**Research-Specific Hazards**

List all research-specific hazards in the table below. Identify their cause, associated health risk, prevention or mitigation strategies, and recommended personal protective equipment (PPE). Activities listed below may require additional training.

***Example:***

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| **Activity** | **Hazard** | **Cause** | **Health Risks** | **Prevention & PPE** |
| Boating | Accident | * Lack of proper training * Fatigue * Severe weather * Alcohol/drug impairment * Dangerous/unfamiliar conditions | * Various injuries or death | * Proper training and certification by appropriate authority * Follow proper boating practices * Use PFDs and other emergency equipment as required * Don’t drive while impaired * Don’t speed or drive recklessly |

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| **Activity** | **Hazard** | **Cause** | **Health Risks** | **Prevention & PPE** |
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| **PI(s) Signature** |  |  | **Date** |  |

By signing this, you acknowledge the validity of this field safety plan for field activities under your supervision.

**Training Documentation**

I verify that I have read this **Field Safety Plan**, understand its contents, agree to comply with its requirements, and have completed **Research-Specific Training**. Training must be acknowledged by a responsible person, either the project PI or a Team Leader.

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| **Name (Printed)** | **Name (Signed)** | **Trainer** | **Date** |
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1. If first aid training is required for any University employees, bloodborne pathogen training is also required. [↑](#footnote-ref-1)