Field Research Safety Plan

This field safety plan serves by which researchers can systematically **anticipate** and **recognize** hazards in order to properly **evaluate** and **control** them to prevent injuries and incidents. This plan should identify hazards, as well as precautions and actions taken to address and mitigate those hazards. The completed field research safety plan should be shared with RLSS, the Principal Investigator (PI) and all members of the field research team. Emergency contact forms along with the Field Research Safety Plan and any required permits should be submitted to RLSS before research commences.

If you have any questions regarding the safety plan or need assistance, contact RLSS at (520) 626-6850 or by email at rlss.arizona.edu.

**1. TRIP INFORMATION**

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| **PI Information** | | | | | | | | | | |
| Principal Investigator/Project Manager: | | | Click or tap here to enter text. | | | | Department: | Click or tap here to enter text. | | |
| Phone: | | | Click or tap here to enter text. | | | | Email: | Click or tap here to enter text. | | |
| Project duration while in the field: | | | Click or tap here to enter text. | | | | | | | | |
| **Site Location** | | | | | | | | | | | |
| Country: | | Click or tap here to enter text. | | | State or County: | | | | Click or tap here to enter text. | | |
| Site Address: | | Click or tap here to enter text. | | | Nearest Hospital or Health Facility: | | | | Click or tap here to enter text. | | |
| Nearest Hospital or Health Facility Phone #: | | Click or tap here to enter text. | | | Nearest Hospital or Health Facility Address: | | | | Click or tap here to enter text. | | |
| **Other Site Location(s) (Attach separate sheet of paper if necessary)** | | | | | | | | | | | |
| Country: | | Click or tap here to enter text. | | | State or County: | | | | Click or tap here to enter text. | | |
| Site Address: | | Click or tap here to enter text. | | | Nearest Hospital or Health Facility: | | | | Click or tap here to enter text. | | |
| Nearest Hospital or Health Facility Phone #: | | Click or tap here to enter text. | | | Nearest Hospital or Health Facility Address: | | | | Click or tap here to enter text. | | |
| Country: | | Click or tap here to enter text. | | | State or County: | | | | Click or tap here to enter text. | | |
| Site Address: | | Click or tap here to enter text. | | | Nearest Hospital or Health Facility: | | | | Click or tap here to enter text. | | |
| Nearest Hospital or Health Facility Phone#: | | Click or tap here to enter text. | | | Nearest Hospital or Health Facility Address: | | | | Click or tap here to enter text. | | |
| **Contact Information** | | | | | | | | | | | |
| Field Contact Person: | | Click or tap here to enter text. | | | Phone: | | | | Click or tap here to enter text. | | |
| Field Contact Person Email: | | Click or tap here to enter text. | | | | | | | | | |
| **Itinerary and Residence** | | | | | | | | | | |
| **Trip Itinerary**: | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| **Residence**: Name and address of place of stay | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| **Nearest hospital address and to this residence** | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| **Fieldwork Personnel (Attach separate sheet of paper if necessary)** | | | | | | | | | | |
| Name  (First Name, Last Name) | Affiliation | | | Category (check all that apply) | | | | | | |
| Field Team Leader | | Other (Specify) | | | | Trained First Aider |
| Click or tap here to enter text. | Click or tap here to enter text. | | |  | | Click or tap here to enter text. | | | |  |
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**2. ANTICIPATE & RECOGNIZE**

In order to minimize risk, we must first anticipate what the risks may occur. Assess what your objectives are, how you plan to achieve them, and if there are alternatives that could be used. Next, recognize what hazards will be present.

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| **Potential Field Hazards** | |
| **Field Research Study/Project**: Describe scope of field work or activity. (Attach separate sheet of paper if necessary) | |
| Click or tap here to enter text. | |
| **Hazards Inherent to the Project (Check all that applies)** | |
| **Environment**  High Altitude  Extreme Temperature  Excessive/Extreme exposure to sun, wind, blowing sand, etc.  Work over/under water  Diving  **Accessibility**  Remote location  Long distance to medical services  Difficult communications with the outside world    **Terrain**  Rough/Unusual Terrain  Flash Flood potential  Falling Objects (avalanches, rock falling, etc.)  Work along roadway shoulders (Attach traffic control plan and permit if required)  Heights (trees, cliffs, etc.)  Natural Disaster Area  Violence (political, military, etc.)  **Flora/Fauna**  Wild animal hazards  Venomous/Poisonous animals: Click or tap here to enter text.  Insects as Vectors/ Know Disease carriers  Trapping/handling animals: Click or tap here to enter text.  Toxic/poisonous plants: Click or tap here to enter text. | **Work Tasks**  Work in confined space (natural or man-made)  Trenching/Excavating  Work at Night/Poor lighting  Noise generate >85 dBA  Dusts/Other particulate hazards  Potential for oxygen deficiency or other atmospheric hazard (i.e. gas, vapor)  Hazardous waste generation  Transportation of hazardous materials  Handling hazardous materials  Storage of hazardous materials on site  Lack of potable water  Lack of sanitary facilities  Flying debris or impact  Electrical hazard  Fire hazard  Diving  Climbing/strenuous hiking required  **Equipment Used in Field Area**  Forklift  Boat/Canoe/Kayak  Snowmobile/ATV  **Materials brought to field area**  Chemicals  Biologicals  Radiological  Other:Click or tap here to enter text.  No Known Hazards |

**3. EVALUATE**

Evaluating the recognized hazards is the next step in the process. Identify each step in the process and the associated hazards. Then, perform a “What if…?” analysis to challenge yourself to find where there may be gaps in your knowledge or logic. Factors to consider are human error, equipment failures, and deviations from the planned/expected parameters.

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| **Step, Task** | **Hazard** | **What if…?** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**4. CONTROL**

Finally, determine the best methods of controlling the recognized and evaluated hazards. Define the hazard controls to minimize the risk of each step using the hierarchy of controls starting with the most effective (i.e., elimination, substitution, engineering controls, administrative controls, and personal protective equipment).

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| **Safety Precautions** | | |
| **Safety Plan**: Describe safety provisions or controls for the hazards(s) identified in the field research activities. (Attach separate sheet of paper if necessary) | | |
| Click or tap here to enter text. | | |
| **Personal Protective Equipment (PPE) required**: | | |
| Face shields  Hearing protection  Hard hat  Rain gear  Safety boots or shoes  Safety glasses or goggles  Gloves  Hearing protection  Flashlight | Respirator:Click or tap here to enter text.  Type:Click or tap here to enter text.  Cartridge/Filter Type: Click or tap here to enter text.  Gloves: Click or tap here to enter text.  Type: Click or tap here to enter text. | Portable eye wash  Emergency shower  Extraction equipment (Confined Space)  Fire extinguisher  Other (include non PPE emergency equipment, e.g. epinephrine pens):Click or tap here to enter text. |
| **Travel Immunizations**: List any required immunizations or medication required for this field study | | |
| Click or tap here to enter text. | | |
| **Emergency Plan/Procedure**: Describe emergency response procedures in an event of an injury, exposure, accident, or other emergency situation. | | |
| Click or tap here to enter text. | | |