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 |
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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…?** |
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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. |