

Field Research Safety Plan

The purpose of this plan is to ensure that an adequate level of safety is provided for field research operations involving University of Utah personnel, and to provide an effective method for contacting and/or locating personnel in the field. The completed form should be shared with all members of the field research team and kept on file in an easily retrievable location with the department contact listed below. **A copy of the plan should be kept on site for the duration of the work.** Multiple trips to the same location can be covered by a single plan. The plan should be revised, and redistributed whenever a significant change to the location or scope of fieldwork occurs. OEHS is available to assist in completion or review of the Safety Plan: (801)581-6590

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| Project Information: | | | | | |
| Project Name: |  | | | | |
| Project Field Dates: |  | | | | |
| Travel Dates: |  | | | | |
| Project Location: |  | | | | |
| Principal Investigator: |  | | | | |
| 24 hr. PI phone: |  | PI Email: | |  | |
| Department: |  | | | | |
| Department Contact: |  | | | | |
| Dept. Contact Phone: |  | Dept. contact email: | |  | |
| 24 hr. Emergency Contact (s) |  | | | | |
| 24 hr. Emergency Contact Phone #(s) |  | | | | |
| On site contacts: | | | | | |
| Primary Contact: |  | | 24 hr. phone | |  |
| Email: |  | | | | |
| Instructions for contacting the site: |  | | | | |
| Secondary Contact: |  | | 24 hr. phone | |  |
| Email: |  | | | | |
| Alternate Contact Method (if applicable) |  | | | | |

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| Site Map(s): |
| Include detailed maps of the area(s) in which field research activities will take place. Identify relevant locations (camp site, latrine facilities, field operations locations, etc) on the map(s): |
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| Medical and Sanitation Plan: | |
| List any required vaccinations, medical examinations, medications, etc. |  |
| Describe where to find first aid and emergency medical (AED, etc.) supplies on site: |  |
| Describe procedures to follow in the event of an emergency: |  |
| Describe the procedure to contact emergency medical services for the location (include phone numbers, radio frequencies, etc.): |  |
| Location and contact information for the nearest medical facility (include directions and/or a map): |  |
| Describe all procedures, facilities, etc. related to potable water, washing facilities, toilet facilities, etc. |  |
| Any incident where there is physical injury to any person or damage to university owned property there is an obligation for prompt reporting as appropriate. Report must be made as follows:  For injury to University personnel (including volunteer staff):  Report the injury to the project supervisor or department contact  Complete the worker’s compensation first report of injury form available from HR  Report the incident to University OEHS  For injury to a student or damage to university property:  Complete the Risk and Insurance Services incident report form located here: <https://riskmanagement.utah.edu/intranet/insurance/incident-accident-info.php>  Report Student injuries to University OEHS | |

| **Field Personnel:** Identify all personnel that will be doing work in the field on this project.  Add additional lines as needed. | | Category (mark all that apply) | | | | |
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| **Name** | **24 hour contact number, radio #/call sign, etc.** | Staff | Student | Volunteer | First Aid Trained | AED/CPR Trained |
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| Emergency Contact (name, phone number)for above named individual: |  |  |  |  |  |  |
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| Emergency Contact (name, phone number)for above named individual: |  |  |  |  |  |  |

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| **Project Description:** | | | | |
| Please provide a description representing the scope of work to be conducted. | | | | |
| **Project Risk Assessment (add additional lines as needed):** | | | | | |
| **Job Task** | **Identified Hazards(s)** | | **Control Measures:** | | |
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| **Training required:** | **General PPE required:** | | **Other general control measures:** | | |
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| Travel Plan: | | | | | |
| Provide a detailed itinerary for all travel to, from, and within the location(s) – if this plan covers multiple trips to the same location include information for each trip: | | | | | |
| Provide travel and/or vehicle insurance provider information: | | | | | |
| If driving, list all individuals authorized to drive. | | | | | |
| **Name of Authorized Driver** | | **UNID** | | **Driver training date:** | |
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| List any travel restrictions, advisories, etc. that may be in effect: | | | | | |

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| Standard Operating Procedures: |
| List standard operating procedures (SOPs) for all research activities that will take place during the field operation. Attach written copies of all SOPs: |
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| Hazardous Materials: |
| List all hazardous materials (chemical, biological, radiological) that will be used in research activities that will take place during the field operation. Attach copies of all relevant SDS for chemicals: |
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| Describe the procedure for disposal of any unwanted hazardous materials: |

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| **Training Record:** | | | |
| **Print Name:** | **UNID:** | **Date:** | **Signature:** |
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