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| **Field Research Safety Plan** |
| The PI may use this form to assist with the development of a Safety Plan. The completed Safety Plan should be shared with all the members of the field research team and kept on file. The Safety Plan should be revised whenever a significant change to the location or scope of fieldwork occurs. A copy of this form with signatures should be included with the PIs Animal Care and Use Protocol. |

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| **Principal Investigator:** |  | **Department:** |  |
| **Phone Number:** |  | **Email Address:** |  |
| **Location of Fieldwork:** |  | | |
| **Nature of Research:** |  | | |
| **Dates of Travel:** |  | | |

**FIELDWORK TEAM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Trained**  **In CPR** | **Trained**  **In First**  **Aid** | **Employee** | **Student** | **Volunteer** | **Team**  **Leader** |
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**PHYSICAL DEMANDS**

What physical demands will the fieldwork entail?

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| --- | --- | --- | --- | --- | --- |
|  | Climbing |  | Extreme Heat |  | Manual lifting, carrying or handling heavy loads |
|  | High Altitude |  | Extreme Cold |  | Working on, near, or over water |
|  | Hiking |  | Sun Exposure |  | Other (specify here): |
|  | Not Applicable | | | | |

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| **YES** | **NO** | **N/A** | **ORIENTATION** |
|  |  |  | Has any participant reported a condition that may require exceptional medical, physical, or emergency accommodations? If yes, describe special arrangements and attach to form. |
|  |  |  | Have arrangements been made to provide participants with:  □ Potable water □ Personal washing/hygiene □ Toilet facilities or procedures |
|  |  |  | Are participants aware of suitable clothing, footwear, and personal supplies required (e.g. boots, raingear, sunglasses, sunscreen, insect repellent)? |
|  |  |  | Have arrangements been made to provide participants with, and train them in the safe use of appropriate personal protective equipment such as:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Safety Glasses |  | Respiratory Protection |  | Coveralls | |  | Protective Footwear |  | Protective Headwear |  | Hearing Protection | |  | Gloves |  | Face Shield |  | Waders (Hip, Chest) | |  | Knee/shin Guards |  | Flame Retardant Clothing |  | Other: | |
|  |  |  | Are participants familiar with LSU’s Policy on the use of alcohol and drugs? |

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| **Other Hazards/Protective Measures/Comments:** |

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| **YES** | | **NO** | **N/A** | **WORKING ALONE (NOT RECOMMENDED)** | | | | |
|  | |  |  | Will any participant be working alone? | | | | |
|  | |  |  | Has an effective communications system been established? | | | | |
|  | Radio | | | |  | Walkie-talkies |  | Cell Phones |
|  | Satellite Phones | | | |  | Whistles |  | Air Horns |
|  | Scheduled Contacts | | | |  | Other |  |  |
| Describe Communication System**:** | | | | | | | | |

**WHAT PROCEDURES HAVE BEEN ESTABLISHED IN CASE PARTICIPANTS(S) BECOME LOST?**

|  |  |
| --- | --- |
|  | Participant training on remaining at location, use of emergency signals, use of emergency survival gear |
|  | Provisions of survival gear |
|  | Procedure for organized search |
|  | Precautions against fire |
|  | Precautions in the event of extreme weather conditions |
|  | Other Hazardous/Protective Measures/Comments:  Click or tap here to enter text. |

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| **YES** | **NO** | **N/A** | **WILDLIFE (Non-Target)** |
|  |  |  | Will participants be administering drugs/anesthetics or obtaining biological samples? If so, have they been trained in techniques appropriate to the species and in how to manage disposal of waste or surplus materials? |
|  |  |  | Have participants been instructed on techniques to avoid unexpected encounters with potentially dangerous wildlife? |
|  |  |  | Are participants familiar with the methods of contraction of disease from wildlife in the area? |
|  |  |  | Have participants been made aware of the signs/symptoms of potentially zoonoses that may be present in wildlife in the study area? |
|  |  |  | Have participants been made aware of potential vegetation hazards and the identification of toxic plants such as Poison Oak/Poison Ivy? |

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| --- | --- |
| Describe Communication System: | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| **YES** | **NO** | **N/A** | **CHEMICALS AND HAZARDOUS MATERIALS** |
|  |  |  | Is each hazardous material properly identified with a supplier or label? |
|  |  |  | Will hazardous material be transported to and from the site: |
|  |  |  | Will Material Safety Data Sheets (MSDS) for each hazardous material used be readily available to participants? |
|  |  |  | Will samples be collected or preserved in hazardous material, i.e., ethanol, formalin? |
|  |  |  | Will appropriate materials be available to adequately handle hazardous materials, spills, leaks or releases? Describe materials and attach the form. |
|  |  |  | Will radioisotopes be transported or used in the field? If so, have participants been trained to safely use, store and transport the material in accordance with legal requirements and license conditions? See Radiation Safety Policy at following web address <http://www.radsafety.lsu.edu> |

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| **Other Hazards/Protective Measures/Comments:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** | **NO** | **N/A** | **SAFE USE OF EQUIPMENT AND WORK PROCESSES** |
|  |  |  | Are participants trained to operate the equipment safely and in compliance with regulatory standards? |

**List Hazardous Equipment:**

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**Some equipment and activities to which specific training or certification may be required include:**

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|  | Chain saws |  | Explosives |
|  | Compressed gases |  | Fall protection above 6 feet |
|  | Confined space |  | Hazardous materials |
|  | Diving (Free, SCUBA, Line, NITROX, Tri Gas) |  | Ladders |
|  | Excavation/Trenching/Tunneling |  | Lifting devices and hoists |
|  | Noise exposure above 85dBAlex |  | Scaffolds |
|  | Powered saws, grinders and planers |  | Travel Un-improved roads |
|  | Firearms |  | ATV, PWC, other water craft |
|  | Fire extinguisher |  | Climbing, rappelling, rope work |
|  | Powered mobile equipment (fork lift, tractor, heavy equipment) | | |
|  | Minimum distances from exposed energized conductors (e.g. power lines) | | |
|  | Other (specify here): | | |

**REQUIREMENTS:**

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| --- | --- | --- | --- |
| **Travel Immunization/Prophylaxis Requirements:** | | | |
|  | Diphtheria |  | Polio |
|  | Hepatitis A |  | Rabies |
|  | Hepatitis B |  | Rubella |
|  | Japanese Encephalitis |  | Tetanus |
|  | Malaria |  | Typhoid |
|  | Measles |  | Yellow Fever |
|  | Other (please specify): | | |

**EQUIPMENT:**

All equipment to be taken on a field trip must be checked by a qualified person to ensure that it is in good condition, complete and safe (before removal from the campus). Documentation of this pre-trip assessment of the equipment is advised. Individuals operating the equipment must be trained in the proper use of the equipment.

**CLOTHING:**

Fieldwork participants should be informed of the appropriate clothing to be worn while conducting their work. The appropriate clothing may have to be provided by the University or the worker may have to provide his or her own clothing, depending on requirements.

It should be identified whether or not there is special protective gear to be used while conducting the particular fieldwork. It should also be stated where this protective clothing must be used and the appropriate training provided in the proper use and maintenance of the protective clothing.

When extreme weather conditions can be anticipated or are known, clothing appropriate to the situation should be taken on the fieldwork excursion.

Fieldwork participants must employ common sense in terms of clothing worn on the fieldwork excursion. Participants inappropriately attired or without the correct personal protective equipment (PPE) will not be allowed to participated in the fieldwork.

**FIRST-AID KITS:**

First-aid kits are required for all off-campus operations. It is the responsibility of the Primary Investigator to provide and ensure that the kit is maintained. Prior to the departure for fieldwork the Primary Investigator is responsible to document the presence of a first-aid kit for the trip and any other required first-aid supplies.

**EMERGENCY PROCEDURES:**

Emergency Plan for Research Location: include information on communication, equipment, local emergency contacts, emergency OSU contacts, etc. (Attach copy to form.)

|  |  |
| --- | --- |
| **University Contact and Phone #** | **Local Contact and Phone #** |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

**EQUIPMENT CHECKLIST:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Specialized Clothing  **Describe:** | | |
|  | PPE (respirator, eye-face protection/head protection/footwear/high visibility sear)  **Describe:** | | |
|  | Training on safe use procedures for power equipment |  | Additional First Aid or medical supplies |
|  | Other training |  | Emergency supplies |
|  | Communication devices (e.g. whistles, 2-way radios) |  | Vehicle travel survival kit |
|  | Licenses (e.g. vehicle/boat/diving equipment) |  | Material Safety Data Sheets |
|  | First Aid kit |  | Maps |
|  | First Aid attendant (see Appendix 12 of the Field Study manual at this address  [https://sites01.lsu.edu/wp/ehs/biological safety/](https://sites01.lsu.edu/wp/ehs/biological%20safety/) | | |
|  | Other: | | |

**RISK ASSESSMENT (list risks and precautions or provide narrative):**

List identified hazards related to activities or environment (i.e. extreme heat or cold, wild animals, endemic disease, firearms, explosives, violence), and chosen available measures for eliminating or reducing risks to acceptable levels:

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| --- | --- |
| **RISK** | **PRECAUTIONS TO BE IMPLEMENTED** |
| EXAMPLE: Extreme Heat | Shade, frequent rest and water provided |
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**NARRATIVE OF RISKS AND PRECAUTIONS:**

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**BY SIGNING THIS DOCUMENT:**

1. I have been fully informed of the risks of this fieldwork and that I accept them;
2. I am in a satisfactory state of health to undertake the research;
3. I have received information regarding recommended immunizations;
4. I am aware of limitations of insurance coverage; and
5. I am aware that I may be subject to academic discipline should I fail to comply with LSU policies.

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| **ACKNOWLEDGEMENT OF PARTICIPANTS:** | | |
| **NAME (print)** | **SIGNATURE** | **DATE** |
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**SIGNATURE OF FIELDWORK LEADER (PI):**

Name (print) Signature Date

Adapted From: University of Alaska Risk Management Team. 2003. REMOTE TRAVEL PLANNING & RESOURCE GUIDE., web: <http://alaska.edu/risksafety/download/RemoteTravelPlanGuide.pdf>