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# FIELD RESEARCH SAFETY PLAN

The purpose of this plan is to identify the hazards and risk mitigations related to a specific field research project site. It serves as a training and communication tool for all members of a research team. This document may be prepared by the researcher/ supervisor but must be reviewed for completeness and accuracy and signed by the Responsible Party (Principal Investigator). Faculty and staff entering the field must review and sign this plan. While not intended for student field trips, a professor may choose to use this at his/her discretion.

For the safety of all parties involved in Field Research, please complete the following:

- Complete the safety plan: enter details about specific locations of research. Some sections may not be applicable.
- Complete [LATCH](#) for lab and required/ recommended trainings.
- If applicable, meet with SHCC travel nurse to determine recommended evaluation, vaccines, prophylaxis, etc. <http://shcc.ufl.edu/services/specialty-care/travel-counseling-vaccinations/>
- Hold pre-trip meeting to review safety plan, discuss safety/ security concerns, travel details, etc.
- An easily accessible, preferably printed, copy of the Field Research Safety Plan must be available during the trip.
- If this is a recurring activity, the plan must be reviewed, and if necessary, updated before the new research trip begins.
- Safety plan location must be noted in any associated LATCH Hazard Assessments and/or IACUC protocols.

## GENERAL DESCRIPTION

<b>Purpose of Activity</b>	
<b>Site Location</b>	
<b>Group/ Lab Using Plan:</b>	
<b>Date(s) of Travel:</b>	

## RESPONSIBLE PARTY'S CONTACT INFORMATION

<b>Principal Investigator/Supervisor</b>	
<b>Department</b>	
<b>Phone Number(s)</b>	
<b>Email Address</b>	

## FIELD SITE (LOCAL) CONTACTS

<b>Name</b>	
<b>Organization</b>	
<b>Phone Number(s)</b>	
<b>Email Address</b>	



**UF CONTACT: NOT ON TRIP (GIVE COPY OF THIS PLAN)**

<b>Name</b>	
<b>Department</b>	
<b>Phone Number(s)</b>	
<b>Email Address</b>	
<b>Frequency of Check-ins</b>	

**RESEARCH DESCRIPTION**

<b>Research Activities</b>	
<b>Transportation</b>	
<b>Associated Known or Potential Hazards</b>	
<b>Other Hazards</b>	
<b>Potential Associated Zoonotic/ Endemic Diseases</b>	Bacterial: Viral: Fungal: Parasitic: Other:
<b>Physical/ Mental Demands</b>	
<b>Personal Protective Equipment to be Used</b>	<input type="checkbox"/> Closed Toe Shoes <input type="checkbox"/> Gloves: What type? e.g. leather, nitrile <input type="checkbox"/> Long Pants <input type="checkbox"/> Long Sleeves <input type="checkbox"/> Head Cover <input type="checkbox"/> Goggles/ Safety Glasses <input type="checkbox"/> Insect Repellent <input type="checkbox"/> Sunscreen <input type="checkbox"/> Face Shield <input type="checkbox"/> PFD (required on boats) <input type="checkbox"/> Hard Hat <input type="checkbox"/> Snake leggings/ boots <input type="checkbox"/> Respirator: What type? <input type="checkbox"/> Other:

**SITE INFORMATION**

<b>Site Location</b>	Latitude:	Longitude:
<b>Country</b>		
<b>Nearest City and Distance from Site</b>		
<b>Closest Emergency Room</b> <i>Name, Address, Distance from site and Phone</i>		



<b>Closest Physician/ Clinic</b> <i>Name, Address, Distance from site and Phone</i>	
<b>Cell Phone Coverage</b>	Primary Number: _____ Coverage: _____ Nearest Location with Coverage: _____ Emergency Medical Procedures if no coverage _____
<b>Available Medical Equipment On-site</b>	
<b>Drinking Water Availability</b>	<input type="checkbox"/> Potable Plumbed Water <input type="checkbox"/> Bottled Water <input type="checkbox"/> Filtered from a Natural Source (filtration, boiled, etc.)
<b>Names of Participants with First Aid Certification</b>	<i>First aid and CPR certification recommended for work in remote locations.</i>
<b>Security and Safety of Site</b>	

**WEATHER AND ENVIRONMENTAL INFORMATION**

<b>Expected Weather</b>	
<b>Potential Extreme Weather</b>	
<b>Site Mitigations</b>	
<b>“No Go” Conditions</b>	
<b>Personal Protective Equipment for Weather Events</b>	<input type="checkbox"/> Rain Coat <input type="checkbox"/> Snow Gear: Rating? _____ <input type="checkbox"/> Extra Socks Other: _____

**RESOURCES**

UF International Center, International Travel & Travel Registration  
<https://internationalcenter.ufl.edu/travel>

CDC Yellow Book: Health Information for International Travel. 2020.  
<https://wwwnc.cdc.gov/travel/page/yellowbook-home>

US Travel Advisories  
<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>

Global Health and Outbreak Information  
<https://www.who.int/>



**PRINCIPAL INVESTIGATOR/SUPERVISOR CERTIFICATION:**

*I certify that I have reviewed this document and ensure its completeness and accuracy.*

Name	Phone	UF Email	Signature	Emergency Contact Name & Number

**TRIP ROSTER**

*I certify that I have read and understand this document and agree to follow the safety aspects of this plan.*

Name	Phone	UF Email	Signature	Emergency Contact Name & Number