

Sample Fieldwork Planning Tool: Option 2

Fieldwork Safety Plan

Instructions: Prior to departing for field research, the Trip Leader should complete this form, review it and leave a copy with your Department main office. Multiple trips to the same location can be covered by a single Safety Trip Plan as long as all information and travel data will remain the same. The Safety Plan should be revised whenever a significant change to the location or scope of fieldwork occurs, or when personnel changes. The Safety and Risk Management (SRM) Office is available to assist you with completing this Plan. “Field research” is any scientific research activity conducted off campus.

Trip Leader (Principal Investigator/Lead Instructor/Clinical Coordinator) Contact Information:

Name:

Department:

Phone Number:

Email Address:

Dates of Travel: *(List multiple dates if more than one trip is planned.)*

Send Help If Not Back (or heard from) by:

Location of Fieldwork:

Country:

Geographical Site:

Nearest City:

(Name, distance from site)

Nearest Hospital:

(Name, distance from site, phone number)

Type of fieldwork: (Please include a brief description of the type of work to be performed.)

University Contact:

Name and Phone Number:

Local (Field) Contact

Name and Phone Number:

Communication Plan: (Describe planned communication, including frequency of contact with university and local contacts.)

Emergency Procedures: Please include detailed plans for field location, including evacuation plans and emergency communication. (Emergency contact information must be included for each participant in the participant list of the following page.)

First Aid Training: (Please list any team members who are trained in first aid and the type of training received.)

Physical Demands: (Please list any physical demands required for this field research; e.g., diving, climbing, high altitude.)

Risk Assessment: Please list identified risks associated with the activity or the physical environment (e.g., extreme heat or cold, wild animals, endemic diseases, travel risks, rough terrain, firearms, explosives, violence). List appropriate measures to be taken to reduce the risks. *Add additional rows or include a separate sheet if necessary.*

Identified Risks

Controls

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Travel Immunizations: (Please list required immunizations/prophylaxis.) *Contact MSU Office of International Travel for assistance.*

Field Team Membership: (Please list the names, Depts, and emergency contact information for all members of the field team, and identify the Field Team Leader.)

Participant name

Dept

**Emergency Contact
Name**

**Emergency Contact
Phone number**

Team Leader:

Team Members:

Training Certification:

By signing below the Trip Leader verifies that he or she has shared the contents of this safety plan with all team members and that they are familiar with the risks, prevention measures, and emergency plans.

Signature

Printed Name

Date