



## Section II.

**Field Research Study/Project:** Describe scope of fieldwork or activity. (Attach separate sheet of paper if necessary). Please include county names, county Sheriff numbers, and general GPS coordinates of boundary of the study area. If you plan to be out of this area, describe your plan to let people know.

### Hazards Inherent to the Project (Check all that Apply)

#### 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 falls, etc.)
- Work along roadway shoulders (Attach traffic control plan and permit, if required)
- Heights (trees, cliffs, etc)
- Disaster Area
- Violence (political, military, etc)

#### Flora/Fauna

#### Work Tasks

- Work in Confined Space (natural or man-made)
- Trenching/Excavating
- Work at Night/Poor Lighting
- Noise Generated > 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 Hazards (wildfires)
- Diving
- Climbing/Strenuous Hiking Required

#### Equipment Used in Field Area

<input type="checkbox"/> Wild Animal Hazards <input type="checkbox"/> Venomous/Poisonous Animals: _____ <input type="checkbox"/> Insects as Known Disease Carriers <input type="checkbox"/> Trapping/Handling Animals: _____ <input type="checkbox"/> Toxic/Poisonous Plants: _____	<input type="checkbox"/> Snowmobile/ATV <input type="checkbox"/> Boat/Canoe/Kayak <input type="checkbox"/> Forklift <b>Materials Brought to Field Area</b> <input type="checkbox"/> Chemicals <input type="checkbox"/> Biological <input type="checkbox"/> Radiological  <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Known Hazards
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**Section III.**

**Safety Plan:** Describe safety provisions or procedures for the hazard(s) identified in the field research activities. (Attach separate sheet of paper if necessary)

**Personal Protective Equipment or Clothing Required:** All field activities require basic protection including appropriate field clothing, hand protection, safety shoes/boots, and eye protection. Any additional PPE requirements based on the hazards identified as part of minimizing risk of exposure, injury or illness. (Check all that Apply)

<input type="checkbox"/> Face Shields <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Hard Hat <input type="checkbox"/> Rain Gear	<input type="checkbox"/> Respirator: Type: _____ Cartridge/Filter Type: _____	<input type="checkbox"/> Portable Eye Wash <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Fall Protection <input type="checkbox"/> Extraction Equipment (Confined Space) <input type="checkbox"/> Other: _____
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**Travel Immunizations:** List any required immunizations/prophylaxis required for this field study

**Preparedness** (Check all that Apply)

Medications (Taken on a Regular Basis)

Allergy Treatments (as needed)

Adequate Food and Water Supplies

Water Purification Tablets or Filter Devices

Other: \_\_\_\_\_

<b>Safety Training Required</b>	
<input type="checkbox"/> First Aid/CPR	<input type="checkbox"/> Biosafety
<input type="checkbox"/> Emergency Action and Preparedness	<input type="checkbox"/> Radiation Safety
<input type="checkbox"/> Project Specific Hazard Communication	<input type="checkbox"/> Laser Safety
<input type="checkbox"/> OSHA Carcinogens	<input type="checkbox"/> Respiratory Protections
<input type="checkbox"/> Compressed Gasses and Cryogenic Liquids	<input type="checkbox"/> Forklift/Other Heavy Equipment
<input type="checkbox"/> Hot Works	<input type="checkbox"/> Confined Space Entrant/Attendant/Supervisor
<input type="checkbox"/> Dangerous Good/Hazardous Materials Shipping	<input type="checkbox"/> Heat Illness Prevention
<input type="checkbox"/> Certified SCUBA Diver	<input type="checkbox"/> Other: _____

**Section IV.**

**Emergency Plan/Procedure:** Describe emergency response procedures in an event of an injury, exposure, accident, or other emergency situation. Include emergency communication, evacuation plans, etc. (Attach separate sheet of paper if necessary)