

UTAH STATE UNIVERSITY • DEPARTMENT OF GEOLOGY

FIELD RESEARCH SAFETY PLAN
Main Office Telephone • 435-797-1273

This template may be used by the Principal Investigator (PI), Project Manager, Professor, or Instructor to **assist** with the development of a Safety Plan for classes and research projects.

The completed Safety Plan should be shared with all the members of the field team.

Multiple trips to the same location can be covered by a single Safety Plan. The Safety Plan should be revised whenever a significant change to the location or scope of fieldwork occurs.

Emergency Contacts: Jim Evans • 435-760-9318
 Dennis Newell • 505-977-7225
 Joel Pederson • 435-760-0208

Section I.

| | | | |
|--|--|-------------|--|
| Principal Investigator/Project Manager/Professor/Instructor: | | Department: | |
| Phone: | | Email: | |
| Project Duration: | | | |

Location of Field Research

| | | | |
|--|--|--------------------|--|
| Country: | | Geographical Site: | |
| State or County: | | Nearest City: | |
| Nearest Hospital or Other Health Facility: | | Phone Number: | |

Attach map with driving directions from field site to nearest hospital or health care facility

| | | | |
|-------------------------------|--|--------|--|
| USU Contact Person: | | Phone: | |
| Local (Field) Contact Person: | | Phone: | |

Field Work Personnel (Attach separate sheet of paper if necessary)

| Name | Affiliation, Phone, Emergency contact #s and names | Category (check all that apply) | | | |
|------|--|---------------------------------|--------------------------|-----------------|--------------------------|
| | | Leader | Team Member | Other (specify) | Trained First Aider |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

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 Materials Brought to Field Area <input type="checkbox"/> Chemicals <input type="checkbox"/> Biological <input type="checkbox"/> Radiological <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Known Hazards |
|---|---|

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: _____ |
|---|---|---|

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: _____

| Safety Training Required | |
|--|--|
| <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)