|  |
| --- |
| Fieldwork Safety Plan – Template #1 |
| This form may be used by the principal investigator (PI), responsible party (RP), field instructor, or safety officer to develop a Safety Plan. **The completed Safety Plan must be shared with all the members of the fieldwork team and kept with your safety document records.** Multiple trips to the same location can be covered by a single Safety Plan. The Safety Plan must be revised whenever a significant change to the location or scope of fieldwork occurs.Contact EH&S for recommendations or review of the Safety Plan. |
| **PI / RP / Safety Officer Contact Information:** |
| Name: |  |
| Department: |  |
| Phone Number: |  |
| Email Address: |  |
| **Dates of Travel:** *List multiple dates if more than one trip is planned.* |
| **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. |
| **UW Contact:** |  |
| Name and Phone Number: |  |
| **Local (Field) Contact:** |  |
| Name and Phone Number:  |  |
| **Communication Plan:** Describe planned communication, including frequency of contact with UW 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 this document. |
| **First Aid Training:** Please list the names of participants who are trained in first aid and the type of training received. |
| **Physical Demands:** Please list any physical demands required for this field operation; e.g., diving, climbing, high altitude. |
| **Chemicals and Hazardous Materials:** Please list any chemicals and/or hazardous materials required for this field operation; e.g., preservatives, reagents, etc. Ensure proper containers and labeling are used, SDSs and spill kit(s) are available, and any applicable legal transportation requirements are met. |
| **Chemical / Material** | **Hazards (i.e., flammable, toxic)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Risk Mitigation**: Please ensure that a risk assessment has been completed prior to writing your safety plan, including noting all hazards expected to be encountered (see Field Operations Manual for guidance). List appropriate measures put in place to mitigate risks involved in this operation*.* |
| **Identified Risks** | **Controls** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Travel Immunizations:** Please list required immunizations/prophylaxis. *Contact UW Employee Health Center for additional information (206)685-1026* |  |

|  |
| --- |
| **Field Team Membership:** Please list the names, title (e.g., undergraduate, staff), and emergency contact information for all members of the field team, and identify the Field Team Leader. |
| **Participant name** | **Title** | **Emergency Contact Name** | **Emergency Contact Phone number** |
| **Responsible Party:** |
|  |  |  |  |
| **Team Members:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Training Certification:** By signing below the Principal Investigator (PI), responsible party (RP), field instructor, or safety officer 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** |