

Field Safety Plan Template

*Instructions*

A field safety plan serves as a tool to document your hazard assessment, communication plan, emergency procedures, and training. This plan should identify hazards, as well as precautions and actions taken to address and mitigate those hazards.

1. **Complete this field safety plan:** insert specifics for your site and operations, delete irrelevant sections, or indicate N/A.
2. **Complete appropriate training for your site and operations** (e.g. first aid, heat illness, task-specific training).
3. **Obtain immunizations and prophylaxis for your destination**, if applicable (schedule 8 weeks in advance).
4. **Hold a pre-trip meeting with your group and/or supervisor** to review your field safety plan, travel logistics, pack list (including first aid kit), personal safety and security concerns, and any remaining training needs.
5. **Submit the completed plan with any attachments to EHS** via email to [beaverr@cofc.edu](mailto:beaverr@cofc.edu) or Suite 115, Robert Scott Small Building

Questions? Contact Randy Beaver, [beaverr@cofc.edu](mailto:beaverr@cofc.edu), 843-953-6802

College of Charleston

**Field Safety Plan**

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| **Plan Created by** | **Name of Research Group / Course / Trip Leader** | | | |
| **Description of the participants** | **Describe participants in this group** (e.g., ages, school district class, CofC students, youth  group, adult group, etc.): | | | |
| **Activity Description** | **Type, length, and purpose of activity** (e.g. day/night, hiking 3-4 miles, collecting specimens,  etc.): | | | |
| **Field Site Location** | **Descriptive name of location:** | | | |
| **Date(s) of Travel** | **Start date, duration, expected return to campus:** | | | |
| **Site Information** | | | | |
| **Location**  **(from GPS map)** | **Latitude:** XX.XX | | **Longitude:** XX.XX | |
| **Site Information** | **Elevation, terrain, environment, water, etc.**  Attach any additional resources: route/location maps, photos of general terrain and areas requiring extra caution, etc. | | | |
| **Travel to Site** | **How will participants get to the field site? Note any dangerous roads, conditions.** | | | |
| **Site Access** | **Is the site isolated or remote?**  Yes  No  **Are there any particular restrictions or challenges to accessing site?**  Yes  No If yes, describe any alternate routes or suggested parking areas; gate access codes, etc. | | | |
| **Environmental**  **Hazards** | **Describe any dangerous wildlife, insects, endemic diseases, poisonous plants, etc. that participants may encounter. Note intended mitigation measures:**  Discuss with participants prior to trip. | | | |
| **Security** | **High risk for harassment or violence?**  Yes  No  **If yes, describe intended mitigation measures:**  Discuss with participants prior to trip. For international travel, check the [U.S. State Department travel site](https://travel.state.gov/content/passports/en/alertswarnings.html) for current travel advisories. | | | |
| ***No Go* Criteria** | **What are the conditions under which approach to - or activities at - the site should be stopped or canceled** (e.g. ,heavy rains, electrical storms, snow, temperatures > 100o F, within 2 hours of high tide, wave heights over 1 meter, etc.)? | | | |
| **Expected Weather** | **Do you anticipate extreme conditions** (e.g., high heat, wind, rain, snow, approaching storm) **that could impact the trip or require additional planning?**  Yes  No  **If yes,** describe conditions and explain planning: | | | |
| **Drinking Water Availability** | Plumbed water available  Water cooler with ice provided  Bottled water provided  Natural source and treatment methods (e.g., filtration, boiling, chemical disinfection):  **H**eat Illness prevention information is available on the EHS Webpage. | | | |
| **Access to Shade/Shelter** | **Are temperatures expected to exceed 80° F?**  Yes  No  **If yes,** shade must be provided by natural or artificial means for rest breaks. Check all that apply:  Building structures ­  Trees ­  Temporary Canopy/Tarp ­  Vehicle with A/C ­  Other, specify: | | | |
| **High Heat Procedures** | **Are temperatures expected to exceed 95° F?**  Yes  No  **If yes, the following protections are required:**  If possible, limit strenuous tasks to morning or late afternoon hours. Rest breaks in shade must be provided at least 10 minutes every 2 hours (or more if needed). Effective means of communication, observation and monitoring for signs of heat illness are required at all times:  Direct supervision  Buddy system  Reliable cell or radio contact  Other, specify:  Discuss with participants prior to trip. | | | |
| **Emergency Services and Contact Information** | | | | |
| **Emergency Medical Services (EMS)** | **Procedures for contacting emergency medical services and law enforcement at this location:** | | | |
| **Local Contact** | **Name, address, phone** (may be a local colleague/institution, reserve manager, etc.):  **Lodging location:** name, address, phone | | | |
| **Contact at CofC who is not on the trip.** | **Name, phone, email** (may be a Professor/PI, department contact, supervisor back on campus, etc.):  **Frequency of check-ins** (e.g., daily, at end of work day, etc.)  Provide a copy of this plan to the CofC contact. | | | |
| **Nearest Emergency Department (ED)** | **Evacuation plan and transportation options to the nearest Emergency Department**; include estimated transport time, contact information and driving directions from the site to the nearest provider of emergency medical care.  Attach map with specific directions. | | | |
| **Cell Phone Coverage** | **Primary Number:**  **Coverage (e.g.,** good, spotty, none)  **Nearest location with coverage:** | **Satellite phone/device?** | | **Device carried?** Yes No  **If yes, type/number:** |
| **Nearby Facilities** | **Facilities available at or near the site** (e.g., restrooms, water, gas, public phone, store):  **If none, where are the nearest services along the route?** | | | |
| **Side Trips** | **Are side trips planned or allowed during free time?**  Yes  No  **If yes,** provide further information (e.g., before or after the planned activities; restrictions, specific rules, or expected code of conduct): | | | |
| **Participant Information** | | | | |
| **Field Team/ Participants** | **Primary Field Team Leader:** name, phone number  **Secondary Field Team Leader:** name, phone number  Field Team/Participant list is attached as training documentation.  Other attachment: e.g. course roster | | | |
| **Communications** | **Is anyone working alone?**  Yes  No  **If yes,** include communications plan with strict check-in procedures; if cell coverage is unreliable, carry a satellite communication device or personal locator beacon. | | | |
| **Physical Demands** | **List any physical demands required for this trip and training/certification provided** (e.g., diving, swimming, hiking, climbing, high altitudes, respirators, heights, confined or restricted spaces, etc.):  Consult with EHS regarding appropriate training & documentation. | | | |
| **Mental Demands** | **List any unique mental demands required for this trip** (e.g., long travel days, high stress environments, different cultural norms, etc.)  **What steps will be taken to reduce stress?** | | | |
| **First Aid Training**  **& Supplies** | **It is highly recommended that at least one team member is trained in first aid/CPR; list the type of training received:**  **Location and description of group medical/first aid kit,** including who is carrying it, where it is stored and brief description of contents: | | | |
| **Immunizations or Medical Evaluation** | **List required immunizations/prophylaxis or required medical evaluation, if applicable**.  For travel-related immunizations or medical advice, contact the CofC Travel Medicine Clinic (see contacts below) weeks prior to your trip. For required or recommended immunizations and medical clearance related to your research protocol, contact EHS (e.g. handling potentially rabid animals, working at altitude, respirators). | | | |
| **Report Injuries** | Contact EHS. | | | |
| **Equipment and Activities –** Consult with EHS for specific training and requirements. | | | | |
| **Research Activities** | **Briefly describe the goal of your field operations** (e.g., collection of samples, observation of animals/environment, interviews with human subjects, other)**:** | | | |
| **Field**  **Transportation** | **Vehicles that will be used during field operations** (e.g. chartered boat, paddle craft, car, ATV, truck with trailer, snowmobile, chartered plane or helicopter, other)**:**  Use of a CofC vehicle: contact EHS for mandatory training. Instructions for SSM Vehicle Use (if applicable) <http://ssm.cofc.edu/about-the-school/faculty-resources/instructions-for-ssm-vehicle-use.php?print=1>; and CofC Vehicle Use Policy <http://policy.cofc.edu/documents/2.8.1.pdf> and <http://policy.cofc.edu/documents/2.8.1.1.pdf>. | | | |
| **Research Tools** | **Briefly describe tools or equipment that will be used to access the research site or during research activities. Indicate specific training required before use** (e.g., sharps - knives, razors, needles; hand tools; chainsaws; other power tools; heavy machinery - tractors, specialty equipment; firearms; lasers; portable welding/soldering devices; other hazardous equipment or tools): | | | |
| **Other Research Hazards** | **Describe other potential research-associated hazards**,(e.g., handling or shipping hazardous materials -chemical, biological, radiation, and explosives; handling animals; climbing or working at heights; rigging; shoring/trenching; digging/entering excavations, caves, other confined spaces; drone use): | | | |
| **Personal Protective Equipment** | **Required** (e.g., boots safety glasses, PFDs, hardhats, etc.)**:**  **Recommended** (e.g., walking sticks, gloves, long pants, hats, insect repellent, sunscreen)**:** | | | |
| **Additional Considerations** | | | | |
| **Insurance** | Review the University Auto Insurance Policy: <http://riskservices.berkeley.edu/insurance-programs/auto>. Please note, coverage differs for paid staff versus students. | | | |
| **International Research Activities** | Research permits, finances, import/export controls, transportation of specialized equipment, and data security must be considered. Contact the Office of Research & Grants Administration for further guidance. | | | |
| **Personal Safety & Security** | Personal safety risks during free time should be considered and discussed in advance, e.g., alcohol or drug use, leaving the group, situational awareness, sexual harassment, or local crime/security concerns. Review expectations and set the tone for a safe, successful trip.  For international travel, check the [U.S. State Department](https://travel.state.gov/content/passports/en/alertswarnings.html) travel site for current travel advisories. | | | |
| **Campus Contacts** | | | | |
| **EHS** | Randy Beaver, [beaverr@cofc.edu](mailto:beaverr@cofc.edu), 843-953-6802, cell:843-514-1850; <http://ehs.cofc.edu/> | | | |
| **Travel Medicine Clinic** | Student Health Services 843-953-5520, [travelmedicine@cofc.edu](mailto:travelmedicine@cofc.edu), <http://studenthealth.cofc.edu/travel-medicine-clinic/index.php> | | | |
| **Student Travel Forms** | [Student Liability Release](http://studentlife.cofc.edu/forms-and-policies/student-liability-release-and-waiver.pdf) - to be used for day-trips  [Overnight (Domestic) Travel Waiver](http://studentlife.cofc.edu/documents/domestic-travel-waiver.pdf) - to be used for overnight trips | | | |
| **Public Safety** | 843-953-5609 (non-emergency) | | | |
| **Report Injuries** | Contact EHS 843-953-6802, cell 843-514-1850 | | | |

**Signature of PI/Supervisor:**

I acknowledge this safety plan has been prepared for fieldwork under my supervision.

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| **Name** | **Signature** | **Date** | **Phone Number** |
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**Field Team/Participant Roster - Training Documentation**

I verify that I have read this Field Safety Plan, understand its contents, and agree to comply with its requirements.

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| **Name/Phone Number** | **Signature** | **Date** | **Emergency Contact/Phone Number** |
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