

## Field Research Project Safety Plan and Risk Assessment Form

### Instructions:

1. Complete the following information as applicable to your field research project. Attach additional pages if necessary.
2. Upon completion of this form, it should be signed by the Principal Investigator and submitted to **Environmental Health & Safety 713-500-8100**. For submissions related to IRB requests, please submit to the Biological Safety Program for review and approval.
3. Environmental Health & Safety will review this risk assessment and provide feedback on appropriate controls to be implemented during the field research activities. Currently, no safety committee review or approval is required for field research.
4. If you have questions on how to complete this form, please contact **EHS** at **(713) 500-8100**.

### Project Details

Project title or name of task: \_\_\_\_\_

Type of activity: \_\_\_\_\_

Date of risk assessment: \_\_\_\_\_

Name of PI or person in charge: \_\_\_\_\_

Department: \_\_\_\_\_

Name of Co-PI (if any): \_\_\_\_\_

Contact details:

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

UTHealth Emergency Contact  
(not on trip):

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Geographic location(s): \_\_\_\_\_

Proposed start and end dates:

Start: \_\_\_\_\_ End: \_\_\_\_\_

### Team member details (including PI):

*(Leave name column blank if members have not been recruited yet, but list anticipated experience and training requirements.)*

Name	Current experience and training	Additional training required	Summary of responsibilities	Enrolled in Occ Health Program? (Y/N/NA)

### Insurance

*Employees and students may be covered differently in regards to field research related coverage. Review the insurance coverage for each individual to determine if adequate. International travelers must obtain International SOS coverage for their travels. Contact Risk Management & Insurance at 713-500-8100 for more information.*

**Summary of Field Research:**

*Briefly describe the overall goal(s) of the project as well as a lay summary below. Please outline the location(s) of the research, the procedures and/or experiments to be performed, and the animals/plants that are anticipated to be encountered. Please use reasonably non-technical terms and identify the health and safety risks associated with the research. Maps and photos of the area in which the research will be performed may also be added.*

<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>In addition to the field research described above, a portion of this study will be conducted in a laboratory setting. If yes, please also provide a brief description of the laboratory based work.</i>
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**General Site Information:**

<b>Geographic location(s):</b> <i>(City, State, Country, other specific location information)</i>	
<b>Location description:</b> <i>(Terrain, elevation, vegetation, etc.)</i>	
<b>Directions to site:</b>	
<b>Assembly Areas:</b> <i>(Primary and secondary, if applicable)</i>	
<b>Expected temperature/weather:</b>	
<b>Access to shade/shelter:</b>	

**Local Information:**

<b>Local contact information:</b>	
<b>Nearest Emergency Medical Services:</b>	
<b>Nearest Emergency Department:</b>	
<b>Nearby services:</b> (Restrooms, gas, water, public phones, etc.)	

**Animals and Plants Anticipated to be Encountered/Trapped/Handled:**

Taxa being studied (be specific if possible)	Manner of handling	Handling risks	Potential zoonotic diseases	Risk controls in place

*Trapping and handling of vertebrate animals will require the completion of the necessary AWC (IACUC) forms and their submission to the AWC office. Observational studies may or may not require this, depending on the study. Contact the AWC office for further information.*

☐ I have or will submit an application the AWC for the trapping or handling of the animals listed above.

**General Safety Measures:**

<b>Go/no go criteria:</b>	
<b>Access to drinking water:</b>	
<b>High Heat Procedures:</b> (required when temperatures are expected to exceed 95°F)	
<b>Personal Protective Equipment:</b> (required and recommended)	
<b>First Aid Training:</b> (list team member(s) and type of training)	
<b>First Aid Kit:</b> (name of person carrying kit and its contents)	

**Physical Activities:**

(List required physical demands for this project, if any, such as climbing, hiking, diving, extreme heat/cold, high altitude, etc.)

Physical demand	Potential risks	Risk controls in place

**Chemicals:**

(List any chemicals that are to be carried and used in the field. Indicate controls, transport, and storage considerations.)

Chemical name	Volume used in experiments <sup>1</sup>	Potential health Effects <sup>2</sup>	Transport and storage considerations

<sup>1</sup>Specific quantities are not needed, only the scale of use - mg, g, kg, or ml, liters, etc.

<sup>2</sup>Potential health and safety effects can be found on the Safety Data Sheet (SDS) for the chemical.

**Other Risks:**

(List any other risks, which have not been listed above, that are anticipated to be encountered during this project.)

Risk	Duration (if applicable)	Controls in place

**Communication:**

(List methods of communication to be used while in the field as well as team leaders and check-in procedures)

<b>Team leader(s):</b> (Name and phone number)	<b>Primary team leader:</b>  <b>Secondary team leader:</b>
<b>Team structure:</b> (Direct supervision, buddy system, working alone)	
<b>Check-in procedure:</b> (If teams are splitting up or members are working alone)	
<b>Cell phone coverage:</b> (Will device be carried? Nearest location with coverage)	
<b>Satellite phone coverage:</b> (Will device be carried? Nearest location with coverage)	

**Travel and Task Specific Immunizations/Prophylaxis:**

*List required immunizations or prophylaxis needed for the work being done as well as the location of the work. Consult Occupational Health to learn about recommended immunizations. At a minimum, field researchers must be enrolled in the UTHHealth Occupational Health Program and be vaccinated for tetanus.*

**Emergency Procedures:**

*Describe emergency plans, in detail, for all field research locations. This includes evacuations, communication, and contacts.*

**Principal Investigator Signature:**

Environmental Health and Safety recommends that the information contained in this risk assessment document be used to serve as documentation of the field research activity plans for communication to the host department in case an emergency situation occurs in the field. This information may also be used to train study participants on the health and safety considerations for the field research activities. If you have any questions or concerns, please contact Environmental Health and Safety at 713-500-8100.

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Principal Investigator's Signature

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Principal Investigator's Printed Name

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Date

**Training Documentation**

Sign here to verify you have read this Field Safety Plan, understand its contents and agree to comply with the requirements

Name/Phone Number	Signature	Date	Emergency Contact/Phone Number