

# Fieldwork Safety

## Planning Guide

This Fieldwork Safety Planning guide can be utilized and developed by the Principal Investigator prior to the departure on research travel and fieldwork. Numerous excursions to the same location or group of locations can be dealt with via one form. EH&S suggests that the form be used for a single academic year with a new form completed annually.

Principal investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Dates of Travel: *(List multiple dates if more than one trip is planned):*

Location of Field Work:

Country/State: \_\_\_\_\_ Geographical Site: \_\_\_\_\_

Nearest City *(Name, Distance from Site):* \_\_\_\_\_

Nearest Hospital/Medical Clinic *(Name, Distance from Site):* \_\_\_\_\_

Description of Field Research: \_\_\_\_\_

University Contact: \_\_\_\_\_

Name Phone

Local (Field) Contact: \_\_\_\_\_

Name Phone

Fieldwork Team *(Please mark applicable categories):*

Name	Phone number(s)	Categories			
		Employee	Student	Team Leader	First Aid Trained
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**Environmental Health & Safety**

**Hazard Identification**

Job Hazard/Risk Analyst: List identified risks associated with the activity or physical activity (e.g. extreme temperatures, wild animals, etc.)

Identified Risk:	Control of Risk:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

**Working Alone (See your department's policy on working alone):**

- At least one participant will be working alone (*if departmental policy allows it*)
- An effective communication system (check-in and check-out personnel monitoring) has been established (*see Appendix A for a sample check-in and check-out documentation sheet*)?

List any limitations or prohibitions on certain activities while alone: \_\_\_\_\_

\_\_\_\_\_

**Wildlife:**

- Participants have been trained in the handling, capture and restraint of study species
- Participants have been trained in how to manage disposal of biological samples
- Participants have been made aware of the signs/symptoms of potential zoonoses that may be present in wildlife in the study area and what to do if they potential encounter one of these diseases.
- Participants have been made aware of potential vegetation hazards and the identification of toxic plants such as Poison Oak/Poison Ivy

**Environmental Health & Safety**

Chemicals and Hazardous Materials:

- Each hazardous material is properly identified with a label
- Any hazardous materials that need to be transported to and from the site are done so according to DOT regulations. Contact EH&S for more information.
- Appropriate materials (e.g. a chemical spill kit) are available to adequately handle hazardous material spills, leaks or releases
- Radioisotopes to be transported or used in the field are stored and transported in accordance with legal requirements and license conditions (*see Radiation Safety Policy*)

**Safe Use of Equipment and Work Processes**

**List of Materials/Equipment to be used** (e.g. chainsaw, tractor, compressed gases, etc.):

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- All participants are trained to operate the equipment safely and in compliance with regulatory standards.
- Safety Operating Procedures (SOPs) are readily available to all participants (*EH&S suggests attaching relevant SOPs to this planning guide*)

**Clothing and Personal Protective Equipment**

Fieldwork participants should be informed of the appropriate clothing and supplies to be worn while conducting their work (e.g. boots, hat, sunscreen, insect repellent).

Appropriate clothing to be worn: \_\_\_\_\_

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Special protective gear may be used or required while conducting fieldwork. All personal protective equipment (PPE) must be used properly and maintained. Appropriate training is also required when using PPE.

Task	PPE required
1.	
2.	
3.	
4.	

Note: Fieldwork participants inappropriately attired or without the correct PPE will not be allowed to participate in the field work.

**Environmental Health & Safety**

**Immunizations, Emergency Preparedness and First Aid**

Travel Immunization/Prophylaxis Recommendations (<http://www.cdc.gov/vaccines/acip/index.html>):

<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Other (specify below):
<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	Rabies		_____
<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Rubella		_____
<input type="checkbox"/>	Japanese Encephalitis	<input type="checkbox"/>	Tetanus		_____
<input type="checkbox"/>	Malaria	<input type="checkbox"/>	Typhoid		_____
<input type="checkbox"/>	Measles	<input type="checkbox"/>	Yellow Fever		_____

**Occupational Health Services – Travel Medicine:**

Student Health Services' Occupational Health Services offers pre-travel consultation with the Occupational Medicine Nurse for faculty, staff and student employees traveling outside the United States for research. They can provide information about immunization requirements in parts of the world to which they will travel, disease prevention, handling of medications, dealing with emergencies and obtaining medical assistance abroad. Link to make an appointment:

<http://studenthealth.oregonstate.edu/occupational-health/programs/travel-medicine>

If traveling abroad, participants are aware of this service and it has been offered to them.

**First Aid Kits:**

First-aid kits are required for all off-campus operations. It is the responsibility of the Primary Investigator to provide and ensure that the kit is maintained. Information on basic first-aid kit supplies found here: [http://oregonstate.edu/ehs/sites/default/files/pdf/si/first\\_aid\\_kits\\_and\\_supplies\\_si006.pdf](http://oregonstate.edu/ehs/sites/default/files/pdf/si/first_aid_kits_and_supplies_si006.pdf)

Emergency Procedures: Include detailed plans regarding evacuation procedures and emergency communication; Include a separate sheet if necessary.

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**Emergency Preparedness Checklist:**

- First-aid Kit is kit is complete
- Emergency contact numbers are documented and easily accessible
- Emergency contact numbers for each participant are known (see Appendix B)
- Nearest medical facility has been identified and documented
- First Aid trained individuals have been identified (if applicable)
- Emergency procedures and communication have been established and documented

**Environmental Health & Safety**

**Communication:**

Supervisors/ PIs are responsible for setting up fieldwork monitoring procedures that collectively account for employees' departure from, and return to, their day-to-day place of work (e.g. OSU Main campus, Ag Research Station, etc.). Monitoring will be managed by a designated organizer (a Monitor) "permanently" based at that same place of work (e.g. an office worker that does not perform field work) to maintain dependability.

Communication System to be employed (e.g. cell phone, SPOT, radio/walkie-talkies):

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How will participants remain orientated to their location (e.g. map, GPS, compass, guide, etc.)?

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Monitor responsible for fieldwork participant check-in and check-out:

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

If participants do not check-in within the designated time-frame given to the Monitor responsible for managing check-in reporting, the following Emergency Response Plan will take place (attach another page as necessary):

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**Fieldwork Checklist:**

- First Aid Kit/ Emergency Supplies
- Spill Kit
- Communication Devices (with spare batteries if needed)
- Licenses (e.g. vehicle/boat/driving equipment)
- Maps/GPS
- Potable water is available (e.g. bottled or at the site)
- Personal washing / hygiene items
- Toilet facilities or procedures
- International travel has been registered with [OSU Office of Risk Management](#)
- Specialized clothing: \_\_\_\_\_
- PPE: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Other: \_\_\_\_\_, \_\_\_\_\_,

**Environmental Health & Safety**

**Acknowledgements**

I, the undersigned, acknowledge that:

- (a) I have been fully informed of the risks of this fieldwork and that I accept them;
- (b) I am aware of and will comply with the established safety procedures and my duties as a participant, including my duty to take reasonable care for my health and safety and the health and safety of others who may be affected by my actions;
- (c) I am in a satisfactory state of health to undertake the research;
- (d) I have received all of the recommended immunizations; and
- (e) I am aware of limitations of insurance coverage (if applicable).

<b>ACKNOWLEDGEMENT OF PARTICIPANTS:</b>		
<b>Name (print)</b>	<b>Signature</b>	<b>Date</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11		
12.		

**Signature of Principal Investigator**

I acknowledge that this safety plan has been prepared in keeping with the requirements of the Oregon State University procedures for safety in fieldwork:

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Name (print)
Signature
Date

**Signature of Unit Head (or equivalent)**

I acknowledge receipt of this document:

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Name (print)
Signature
Date

## Appendix A

### Sample Check-in/Check-out Documentation Sheet

All remote-site locations must have established communications in order to ensure that fieldworkers are accounted for while at the remote site.

Fieldwork Site Location: \_\_\_\_\_

Date(s) of field work: \_\_\_\_\_

Participant	Destination of work area	Check-out day/time (Estimated time to leave for the field)	Estimated check-in day/time (returning from the field)	Actual check-in day/time (actual time returning from the field)

If participants do not check-in within the designated time-frame given to the personnel responsible for check-in and check-out monitoring the following Emergency Response Plan will take place:

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**Appendix B**  
**Sample Fieldwork Participant Emergency Contact List**

Participant	Contact Phone #	Emergency Contacts (x2)	Relationship to participant	Emergency Contact Phone #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				