

**REMOTE FIELDWORK SAFETY PLAN TEMPLATE**

Pursuant to the EH&S Fieldwork Safety Guide ([LINK](#)), this form (or equivalent) must be completed by the Supervisor (Principal Investigator (PI), manager, etc.) and submitted to the Department Chair (or other third party) for review and approval, prior to departure for remote fieldwork.

The EH&S Fieldwork Safety Guide requires the Supervisor to manage the development and implementation of the operational unit's Remote Fieldwork Safety Plan. At a minimum, the plan shall include:

- o A risk assessment of sufficient scope.
- o An action plan describing how risks will be managed.
- o A 'check-in/check-out' procedure to ensure that fieldworkers are accounted for while at the remote site.
- o An emergency response plan of sufficient scope.
- o Identification of risk-appropriate training.

**NOTE:** If a Supervisor performs fieldwork under the oversight of a more rigorous entity which requires fieldwork planning and risk assessment, said entity's fieldwork program may serve in place of OSU's Remote Fieldwork Safety Plan.

Principal investigator/Manager: \_\_\_\_\_ Department: \_\_\_\_\_  
Phone number(s): \_\_\_\_\_ Email address: \_\_\_\_\_

Location of Fieldwork:  
Country / State: \_\_\_\_\_  
Geographical Site: \_\_\_\_\_  
Nearest City (name, distance from site): \_\_\_\_\_  
Nearest Hospital/Clinic (name, distance from site): \_\_\_\_\_

Description of Fieldwork: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Travel Dates (list multiple dates if more than one trip is planned): \_\_\_\_\_  
\_\_\_\_\_

University Contact (name and phone #, email): \_\_\_\_\_

Local (Field) Contact (name, phone #, email): \_\_\_\_\_  
\_\_\_\_\_

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**Fieldwork Team (Mark applicable categories):**

Name and Phone Number(s)	Category				
	Employee	Student	Volunteer	Team Leader	First Aid Trained

**Hazard Identification:**

Hazard identification is critical to ensuring the Fieldwork Team’s safety. The following checklist provides a guide to identifying common hazards. The Supervisor should review all aspects of the fieldwork to ensure comprehensive hazard identification has been completed.

**Physical Demands:**

What physical demands will the fieldwork entail?

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Climbing      | <input type="checkbox"/> Extreme Heat | <input type="checkbox"/> Manual lifting, carrying or handling heavy loads |
| <input type="checkbox"/> High Altitude | <input type="checkbox"/> Extreme Cold | <input type="checkbox"/> Working on, near, or over water                  |
| <input type="checkbox"/> Hiking        | <input type="checkbox"/> Sun Exposure | <input type="checkbox"/> Other: _____                                     |

**Orientation:**

Y	N	NA	
			Have arrangements been made to provide participants with: <input type="checkbox"/> Potable water <input type="checkbox"/> Personal washing/hygiene <input type="checkbox"/> Toilet facilities or procedures
			Are participants aware of suitable clothing, footwear, and personal supplies required (e.g. boots, hat, raingear, sunglasses, sunscreen, insect repellent)? List required personal supplies and attach to this form.
			Have arrangements been made to provide participants with, and train them in the safe use of, appropriate personal protective equipment such as: <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Coveralls <input type="checkbox"/> Protective Footwear <input type="checkbox"/> Protective Headwear <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Gloves <input type="checkbox"/> Face Shield <input type="checkbox"/> Waders (Hip, Chest) <input type="checkbox"/> Knee/shin Guards <input type="checkbox"/> Flame Retardant Clothing <input type="checkbox"/> Other: _____
			Are participants familiar with Oregon State University’s policy on the use of alcohol and drugs?
			Are participants familiar with Oregon State University’s policies such as, Health and Safety Policy / Respectful Workplace and Learning Environment Policy / Violence Prevention Policy?

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Other Hazards/Protective Measures/Comments: \_\_\_\_\_  
 \_\_\_\_\_

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

Y	N	NA	
			Will any participant be working alone?
			Has an effective communication system been established (e.g. radio, walkie-talkies, phones, whistles, air horns, flares, frequent and scheduled contact)? Describe:
			Limitations or prohibitions on certain activities while alone? Describe:
			Establishment of minimum training or experience or other standards of competency before working alone? Describe:

**Remote Areas:**

What communication systems will be employed?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cell Phones             | <input type="checkbox"/> Leaving Itinerary at Base Camp | <input type="checkbox"/> Whistles/Air Horns |
| <input type="checkbox"/> Radio or Walkie-Talkies | <input type="checkbox"/> Scheduled contacts             | <input type="checkbox"/> Satellite phone    |
| <input type="checkbox"/> Other: _____            |   |   |

How will participants remain orientated to their location?

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Maps                  | <input type="checkbox"/> Compass      | <input type="checkbox"/> Identification of safest routes |
| <input type="checkbox"/> GPS (spare batteries) | <input type="checkbox"/> Local guides | <input type="checkbox"/> Area familiarization trips      |
| <input type="checkbox"/> Arial photo           | <input type="checkbox"/> Other: _____ |  |

What procedures have been established in the case participant(s) become lost?

<input type="checkbox"/>	Participant training on remaining at location, use of emergency signals, use of emergency survival gear
<input type="checkbox"/>	Provision of survival gear
<input type="checkbox"/>	Procedure for organized search
<input type="checkbox"/>	Precautions against fire
<input type="checkbox"/>	Precautions in the event of extreme weather conditions
<input type="checkbox"/>	Other Hazards/Protective Measures/Comments:

**Wildlife:**

Y	N	NA	
			Have participants been adequately trained in the handling, capture and restraint of study species?
			Will participants be administering drugs/anaesthetics or obtaining biological samples? If so, have they been trained in techniques appropriate to the species and in how to manage disposal of waste or surplus materials?
			Have participants been instructed on techniques to avoid unexpected encounters with potentially dangerous wildlife?
			Are participants familiar with the methods of contraction of disease from wildlife in the area?
			Have participants been made aware of the signs/ symptoms of potential zoonoses (e.g.,

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			rabies) that may be present in wildlife in the study area?
			Have participants been made aware of potential vegetation hazards and the identification of toxic plants such as Poison Oak / Poison Ivy?

Other Hazards/Protective Measures/Comments: \_\_\_\_\_

**Chemicals and Hazardous Materials:**

Y	N	NA	
			Is each hazardous material properly identified with a label?
			Will hazardous material be transported to and from the site?
			Will Safety Data Sheets for each hazardous material used be readily available to participants?
			Will samples be preserved in hazardous material (ethanol, formalin, etc.)?
			Will appropriate materials be available to adequately handle hazardous materials, spills, leaks, or releases? Describe materials and attach to form.
			Will radioisotopes be transported or used in the field? If so, have participants been trained to safely use, store and transport the material in accordance with legal requirements and licence conditions? (see OSU Radiation Safety Policy)

Other Hazards/Protective Measures/Comments: \_\_\_\_\_

**Safe Use of Equipment and Work Processes:**

Some equipment and activities to which specific training or certification is required include:

- |   |  |
|---|--|
| <input type="checkbox"/> Chain Saws   | <input type="checkbox"/> Explosives                      |
| <input type="checkbox"/> Compressed Gases   | <input type="checkbox"/> Fall Protection above 6 feet    |
| <input type="checkbox"/> Confined Space   | <input type="checkbox"/> Hazardous Materials             |
| <input type="checkbox"/> Diving (Free, SCUBA, Line, NITROX, Tri Gas)                            | <input type="checkbox"/> Ladders                         |
| <input type="checkbox"/> Excavation/Trenching/Tunnelling  | <input type="checkbox"/> Lifting Devices and Hoists      |
| <input type="checkbox"/> Noise exposure above 85dBA <sub>lex</sub>                              | <input type="checkbox"/> Scaffolds                       |
| <input type="checkbox"/> Powered saws, grinders & planers                                       | <input type="checkbox"/> Travel Un-Improved Roads        |
| <input type="checkbox"/> Firearms   | <input type="checkbox"/> ATV, PWC, other Water Craft     |
| <input type="checkbox"/> Fire Extinguisher  | <input type="checkbox"/> Climbing, Rappelling, Rope work |
| <input type="checkbox"/> Powered Mobile Equipment (fork lift, tractor, heavy equipment)         |  |
| <input type="checkbox"/> Minimum Distances from exposed energized conductors (e.g. power lines) |  |

Y	N	NA	
			Are participants trained to operate the equipment safely and in compliance with regulatory standards?
			Have employees been trained in safe work procedures?

List Powered or Hazardous Equipment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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List Hazardous Procedures: \_\_\_\_\_

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**REQUIREMENTS:**

**Equipment**

All field equipment must be checked by a qualified person to ensure that it is in safe working condition (before removal from campus). Documentation of this pre-trip assessment of equipment is advised. Individuals operating the equipment must be trained in the equipment’s proper use.

**Clothing**

Fieldwork participants should be informed of the appropriate clothing to be worn while conducting their work. Appropriate clothing may have to be provided by the University, or the worker may have to provide his or her own clothing, depending on requirements. When extreme weather conditions are anticipated, appropriate clothing must be taken.

Appropriate personal protective equipment (PPE) to be used while conducting fieldwork should be identified and, if necessary, provided to field workers. If PPE is required for work, OSHA requires the employer to provide employees with the appropriate PPE. Required PPE must be used, and training must be provided in the proper use and maintenance of the PPE.

Participants inappropriately attired or without the correct PPE will not be allowed to participate in the Fieldwork.

**First-Aid Kits**

First-aid kits are required for all off-campus operations. It is the Supervisor’s responsibility to provide and ensure that the kit is maintained. Prior to the departure for fieldwork, the Supervisor is responsible to document the presence of a first-aid kit for the trip and any other required first-aid supplies.

**Travel Immunization/Prophylaxis Requirements**

<http://www.cdc.gov/vaccines/acip/index.html>

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Diphtheria            | <input type="checkbox"/> Polio        |
| <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 |

Other (specify below):

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**First Aid and Emergency Response**

Y	N	NA	
			Has itinerary been left with responsible person at the University?
			Will itinerary be left with responsible local authority?
			Are emergency contact numbers for local emergency assistance known?
			Are emergency contact numbers for each participant known? Attach list or describe location of list:
			Are Student Health or Primary Health Insurance Numbers (or equivalent) for each participant available? Attach list or describe location of list:
			Is first aid kit complete? (ensure all contents have not expired)
			Are all participants familiar with the location of first aid kit and its contents?
			Has nearest medical facility been identified? Include Name, Location, & Distance from fieldwork site:
			Is a first aid attendant required? Name(s) of attendant(s):
			Are additional first aid supplies required? List:
			Is there means to summon assistance in case of emergency? Describe:
			Are participants familiar with the Oregon State University Incident Reporting Process? (See website <a href="http://oregonstate.edu/admin/hr/benefits/roa.pdf">http://oregonstate.edu/admin/hr/benefits/roa.pdf</a> )

Other Hazards/Protective Measures/Comments: \_\_\_\_\_

**EMERGENCY PROCEDURES**

Emergency Plan for Research Location: include information on communication, equipment; local emergency contacts, emergency OSU contacts, etc. (**attach copy to form**)

University Contact and Phone #	Local Contact and Phone #
1.	1.
2.	2.
3.	3.
4.	4.

**Equipment Checklist:**

- Specialized Clothing – describe: \_\_\_\_\_
- PPE (respirator, eye/face protection/head protection/footwear/high visibility wear) - describe: \_\_\_\_\_
- Training on safe use procedures for power equipment  Additional First Aid or medical supplies

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- |                          |   |                          |                             |
|--------------------------|---|--------------------------|-----------------------------|
| <input type="checkbox"/> | Other training                                      | <input type="checkbox"/> | Emergency supplies          |
| <input type="checkbox"/> | Communication devices (e.g. whistles, 2-way radios) | <input type="checkbox"/> | Vehicle travel survival kit |
| <input type="checkbox"/> | First Aid kit                                       | <input type="checkbox"/> | Material Safety Data Sheets |
| <input type="checkbox"/> | First Aid attendant (see Appendix 12)               | <input type="checkbox"/> | Maps                        |
| <input type="checkbox"/> | Licenses (e.g. vehicle/boat/diving equipment)       |                          |                             |
| <input type="checkbox"/> | Other: _____  |                          |                             |

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**RISK ASSESSMENT:** List any identified hazards not mentioned above, and choose available measures for eliminating or reducing risks to acceptable levels.

RISK	PRECAUTIONS TO BE IMPLEMENTED

Notes:



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I, the undersigned, acknowledge that, in keeping with the Oregon State University’s Fieldwork Safety Instruction:

- (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 as set out in the OSU’s Travel and Fieldwork Safety Instruction, 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;
- (e) I am aware of limitations of insurance coverage; and
- (f) I am aware that I may be subject to academic discipline should I fail to comply with the Fieldwork Safety Instruction and established safety procedures.
- (g) For specific requirements reference the Oregon State University Fieldwork Safety Instruction for referenced Safety Instructions, Training requirements, and guidelines.

<b>ACKNOWLEDGMENT OF PARTICIPANTS:</b>		
<b>NAME (print)</b>	<b>SIGNATURE</b>	<b>DATE</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**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	Work Area Destination	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 returned from the field)

If participants do not check-in within the designated timeframe provided to the personnel responsible for check-in and check-out monitoring in the field, the following Emergency Response Plan will be initiated:

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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.				