

# OSU: Field Work Safety Planning Record

Pursuant to the Oregon State University’s Fieldwork Safety Instruction, this form, is to be completed by the Principal Investigator and submitted to the Department Chair (or equivalent) 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. The form is good for a single academic year and a new form must be completed annually.

Department: \_\_\_\_\_ Principal investigator: \_\_\_\_\_  
 Location of Fieldwork: \_\_\_\_\_  
 Country / State: \_\_\_\_\_  
 Geographical Site: \_\_\_\_\_  
 Nearest City (name, distance to): \_\_\_\_\_  
 Nature of Research: \_\_\_\_\_  
 Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

**Fieldwork Team:**  
 (Please identify team leader(s))

Name	Category			
	Employee	Student	Volunteer	First Aid Trained

**Hazard Identification –**

Identification of the hazards is critical to ensuring the safety of the Fieldwork Team. The following checklist will provide a guide to identifying common hazards, however, the Principal Investigator 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:**

Yes    No    N/A

			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 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?

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

**Working Alone**

(see Oregon State University's Working Alone Instruction)

Yes    No    N/A

			Will any participant be working alone? (See Working Alone Safety Instruction):
			Has an effective communications system been established (e.g. radio, walkie-talkies, phones, whistles, air horns, flares, frequent and scheduled contact)? Describe system:

What other means can be employed to reduce the risk to a participant when working alone?

Yes    No    N/A

			Limitations or prohibitions on certain activities while alone
			Provision of emergency supplies
			Establishment of minimum training or experience or other standards of competency before working alone
			Other:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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?

- Participant training on remaining at location, use of emergency signals, use of emergency survival gear
- Provision of survival gear
- Procedure for organized search
- Precautions against fire
- Precautions in the event of extreme weather conditions
- Other Hazards/Protective Measures/Comments: \_\_\_\_\_

**Wildlife:**

Yes    No    N/A

Yes	No	N/A	
			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 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:**

Yes      No      N/A

Yes	No	N/A	
			Is each hazardous properly identified with a supplier or label?
			Will hazardous material be transported to and from the site?
			Will Material Safety Data Sheets for each hazardous material used be readily available to participants?
			Will samples be collected, preserved in hazardous material (ethanol, formalin)?
			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 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) |  |

Yes      No      N/A

Yes	No	N/A	
			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 equipment to be taken on a field trip must be checked by a qualified person to ensure that it is in good condition, complete and safe (before removal from the campus). Documentation of this pre-trip assessment of the equipment is advised. Individuals operating the equipment must be trained in the proper use of the equipment.

**Clothing**

Fieldwork participants should be informed of the appropriate clothing to be worn while conducting their work. The 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.

It should be identified whether or not there is special protective gear to be used while conducting the particular fieldwork and where necessary, this protective clothing must be used and the appropriate training provided in the proper use and maintenance of the personal protective equipment.

When extreme weather conditions can be anticipated or are known, clothing appropriate to the situation should be taken on the fieldwork excursion.

Fieldwork participants must employ common sense in terms of clothing worn on the fieldwork excursion. 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 responsibility of the Primary Investigator to provide and ensure that the kit is maintained. Prior to the departure for fieldwork the Primary Investigator is responsible to document the presence of a first-aid kit for the trip and any other required first-aid supplies. Refer to OSU Safety Instruction #6 <http://oregonstate.edu/ehs/bulletin/si06.html> For First Aid Requirements as required by The Occupational Health and Safety Regulations.

Immunizations, Emergency Preparedness and First Aid

Travel Immunization/Prophylaxis Requirements:  
<http://www.cdc.gov/vaccines/recs/acip/default.htm>

<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	

**Yes    No    N/A**

			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:

Yes    No    N/A

			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?
			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:**

<input type="checkbox"/>	Specialized Clothing – describe: _____	
<input type="checkbox"/>	PPE (respirator, eye/face protection/head protection/footwear/high visibility wear) - describe: _____	
<input type="checkbox"/>	Training on safe use procedures for power equipment	<input type="checkbox"/>
<input type="checkbox"/>	Other training	<input type="checkbox"/>
<input type="checkbox"/>	Communication devices (e.g. whistles, 2-way radios)	<input type="checkbox"/>
<input type="checkbox"/>	First Aid kit	<input type="checkbox"/>
<input type="checkbox"/>	First Aid attendant (see Appendix 12)	<input type="checkbox"/>
<input type="checkbox"/>	Licenses (e.g. vehicle/boat/diving equipment)	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

**RISK ASSESSMENT:**

List identified hazards related to activities or environment (i.e. extreme heat or cold, wild animals, endemic disease, firearms, explosives, violence), and chosen available measures for eliminating or reducing risks to acceptable levels:

RISK	PRECAUTIONS TO BE IMPLEMENTED
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Notes:

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.

ACKNOWLEDGMENT OF PARTICIPANTS:		
NAME (print)	SIGNATURE	DATE
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