

Appendix B UTK Field Work Safety Planning Record

Department: _____ Principal Investigator: _____

Location of Fieldwork: _____

Country/State: _____

Geographical Site: _____ Nearest City (name, distance to): _____

Nature of Research Project: _____

Date of Departure: _____ Date of Return: _____

Fieldwork Team (Please identify team leader(s))

<i>Name</i>	<i>Category</i>			
	<i>Employee</i>	<i>Student</i>	<i>Volunteer</i>	<i>First Aid Trained</i>

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

General

Yes No N/A

		<p>Have arrangements been made to provide participants with:</p> <p><input type="checkbox"/> Potable water <input type="checkbox"/> Personal washing/hygiene <input type="checkbox"/> Toilet facilities or procedures</p>
		<p>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.</p>
		<p>Have arrangements been made to provide participants with, and train them in the safe use of, appropriate personal protective equipment such as:</p> <p><input type="checkbox"/> Safety Glasses <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Coveralls</p> <p><input type="checkbox"/> Protective Footwear <input type="checkbox"/> Protective Headwear <input type="checkbox"/> Hearing Protection</p> <p><input type="checkbox"/> Gloves <input type="checkbox"/> Face Shield <input type="checkbox"/> Waders (Hip, Chest)</p> <p><input type="checkbox"/> Knee/shin Guards <input type="checkbox"/> Flame Retardant Clothing <input type="checkbox"/> Other:</p>

Other Hazards/Protective Measures/Comments: _____

Working Alone

Yes No N/A

		<p>Will any participant be working alone?</p>
		<p>Has an effective communications system been established (e.g. radio, walkie-talkies, phones, whistles, air horns, flares, frequent and scheduled contact)? Describe system:</p>

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?

- Cell Phones
- Leaving itinerary at Base Camp
- Whistles/Air Horns
- Radio or Walkie-Talkies
- Scheduled contacts
- Satellite Phone
- Other:

How will participants remain orientated to their location?

- Maps
- Compass
- Identification of safest route
- GPS (spare batteries)
- Local Guides
- Area familiarization trips
- Arial Photo
- Other:

What procedures have been established in the case participants become lost?

- Participant training on remaining at location, use of emergency signals, and use of emergency survival
- 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

			Have participants been adequately trained in the handling, capture and restraint of study species?
			Will participants be administering drugs/anesthetics 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?

Yes No N/A

			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 zoonosis 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

			Is each hazardous properly identified with a supplier or 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 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.

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:

- Chain Saws
- Compressed Gases
- Confined Spaces
- Diving (Free, SCUBA, Line, NITROX, Tri-Gas)
- Excavation/Trenching/Tunneling
- Noise exposure above 85 dBA
- Powered saws, grinders, and planers
- Firearms
- Fire Extinguishers
- Powered Mobile Equipment (forklift, tractor, heavy equipment)
- Minimum distances from exposed energized conductors (e.g. power lines)
- Explosives
- Fall Protection above 6 feet
- Hazardous Materials
- Ladders
- Lifting Devices and Hoists
- Scaffolds
- Travel on Un-improved Roads
- ATV, PWC, or other Water Craft
- Climbing, Rappelling, Rope work

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

List Hazardous Procedures

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.

Immunizations, Emergency Preparedness and First Aid

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.

Travel Immunization/Prophylaxis Requirements

See Center or Disease Control and Prevention (CDC) recommendations:

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

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Polio | <input type="checkbox"/> Other (specify): |
| <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:
			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 UTK Offsite Safety Guidelines?
			Are Student Health or Primary Health Insurance Numbers (or equivalent) for each participant available? Attach list or describe location of list:

Other Hazards/Protective Measures/Comments: _____

Emergency Procedures

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

<i>University Contact and Phone #</i>	<i>Local Contact and Phone #</i>
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 clothing) – describe:
<input type="checkbox"/>	Training on safe use procedure for power equipment
<input type="checkbox"/>	Other training
<input type="checkbox"/>	Communication devices (e.g. whistles, 2-way radios)
<input type="checkbox"/>	First Aid Kit
<input type="checkbox"/>	Additional First Aid or medical supplies
<input type="checkbox"/>	Emergency supplies
<input type="checkbox"/>	First Aid attendant
<input type="checkbox"/>	Vehicle/travel survival kit
<input type="checkbox"/>	Safety Data Sheets
<input type="checkbox"/>	Licenses (e.g. vehicle, boat, diving equipment)
<input type="checkbox"/>	Maps
<input type="checkbox"/>	Other:

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:

<i>Risk</i>	<i>Precautions to be implemented</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Notes:

I, the undersigned, acknowledge that, in keeping with the UT's Offsite Work Safety Guidelines:

- 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 have received all of the recommended immunizations;
- d. I am aware of limitations of insurance coverage.
- e. For specific requirements reference the UTK Offsite Safety Guidelines.

Acknowledgment of participants:		
<i>Name (print)</i>	<i>Signature</i>	<i>Date</i>
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 UT's procedures for safety in fieldwork:

<i>Name (print)</i>	<i>Signature</i>	<i>Date</i>

For questions on this form, please contact [EHS](#) at 865-974-5084.