

Field Site Location:	Descriptive name of research location (e.g., Carrizo Plain, CA; Tortuguero, Costa Rica)		
Activity Description:	Type, length, and purpose of activity (e.g., hiking 3-4 miles, collecting specimens, etc.)		
Plan Created for:	Name of Research Group / Course / Trip Leader		
Field Team Leaders:	Primary Field Team Leader Name and Phone: Secondary Field Team Leader Name and Phone:		
Date(s) of Travel:	Start date, duration, expected return to campus		
Version	Version number	Date of EH&S approval:	Mo-Day-Yr.

A field safety plan serves as a tool to document your hazard assessment, communication plan, emergency procedures, and training. This plan should identify hazards, as well as precautions and actions taken to address and mitigate those hazards. Submit your final plan to ehs@chapman.edu.

Instructions:

- 1. Complete this field safety plan: insert specifics for your site and operations.
- 2. Complete appropriate training for your site and operations (e.g., first aid, heat illness, task-specific training).
- 3. Obtain immunizations, prophylaxis, and medical evaluation for your destination, if applicable (schedule 8 weeks in advance). COVID-19 vaccinations and booster(s) required.
- 4. Hold a pre-trip meeting with your group and/or supervisor to review your field safety plan, travel logistics, pack list (including first aid kit), personal safety and security concerns, and any remaining training needs.

Site Information		
Site Information and Location:	"Site Information [Latitude XX.XX, Longitude XX.XX]."	
Travel to Site:	How will participants get to the field site? Note any dangerous roads, conditions.	
Directions to Site:		
Site Access:	Are there any restrictions or challenges to accessing site? Note any alternate routes or suggested parking areas; gate access codes, etc. Make special note if isolated or remote.	
Parking Areas:	Primary: Secondary:	
Assembly Areas:	Primary: Secondary:	
Security:	High risk for harassment or violence? Note intended mitigation measures; discuss prior to trip.	
Housing (Note Shared Spaces):	Apartments, Tents, Houses, Cabins, etc.	
Other Persons Present: Volunteers □ Minors □ N/A □		



Site Information		
Environmental Hazards:	Describe any dangerous wildlife, insects, ticks, endemic diseases, poisonous plants, etc. that participants may encounter. Note intended mitigation measures; discuss prior to trip.	
No Go Criteria:	What are the conditions under which approach to - or activities at - the site should be stopped or canceled? e.g., heavy rains, electrical storms, snow, temperatures > 100 degrees, within 2 hours of high tide, wave heights over 1 meter, positive COVID test, etc.	
Expected Weather:	Note extreme conditions that could impact the trip or require additional planning, (e.g., high heat, wind, rain, snow, approaching storm).	
Drinking Water Availability:	□ Plumbed water available □ Water cooler with ice provided □ Bottled water provided □ Natural source and treatment methods (e.g., filtration, boiling, chemical disinfection): If forecast exceeds 80°F, Cal/OSHA requires access to at least one quart (4 cups) per person per hour for the entire shift, i.e., an 8-hour shift of strenuous work requires access to 2 gallons per person. Water must be fresh and suitably cool.	
Access to Shade/Shelter:	If forecast exceeds 80°F, shade must be provided by natural or artificial means for rest breaks. Shade is not considered adequate when the heat in the area does not allow the body to cool (e.g., sitting in a hot car). Building structures Trees Temporary Canopy/Tarp Vehicle with A/C Other:	
High Heat Procedures:	Required when temperatures are expected to exceed 95° F: If possible, limit strenuous tasks to morning or late afternoon hours. Rest breaks in shade must be provided at least 10 minutes every 2 hours (or more if needed). Effective means of communication, observation, and monitoring for signs of heat illness are always required. Pre-work safety discussion required. □ Direct supervision □ Buddy system □ Reliable cell or radio contact □ Other:	
Night-Time Activities:	What sources of light will be used? Are there additional environmental risks in working in low light?	
Out of Bounds Areas:	E.g. Areas that are not controlled	



Emergency Service	s and Contact Information		
Local Contact:	Name, address & phone #, may be a local colleague/institution, reserve manager, etc. Lodging location: name, address, phone #	University Contact: Not on trip. Provide a copy of this plan.	Name, number, email; may be a Professor/PI, department contact, supervisor back on campus, etc. Frequency of check ins: daily, at end of work day, etc.
First Aid Training:	Location of group medical/ first aid kits		
Immunizations or Medical Evaluation (if applicable):			
Emergency Medical Services (EMS):	Procedures for contacting emergency medical services.		
Nearest Emergency Department (ED):	Evacuation plan and transportation options to the nearest Emergency Department; include estimated transport time, contact information and driving directions from the site to the nearest provider of emergency medical care. Attach map with specific directions.		

Emergency Services and Contact Information				
Cell Phone Coverage:	Device carried?: ☐ Yes ☐ No Type: Primary Number: Coverage: good, spotty, none Nearest location with coverage:	Alternative Number: ☐ Yes ☐ No Type/number:	Satellite phone/device if applicable: ☐ Yes ☐ No Type/number:	
Nearby Facilities or Services:	What facilities are available at or near the site: restrooms, water, gas, public phone, store? If not, where are the nearest services along the route?			
Access:	E.g. by car or hiking			

Equipment and Activities – Consult EH&S for specific training and requirements.		
Research Activities:	Briefly describe the goal of your field operations, e.g., collection of samples, observation of animals/environment, interviews with human subjects, etc.	
Animal interactions:	Briefly describe any planned direct interactions with wild or domestic animals. Include any common infections found with this species. Will sharps be used, euthanasia agents or controlled substance.	
Modes of Transportation:	What vehicles will be used during field operations? e.g., chartered boat, paddle craft, car, ATV, truck with trailer, snowmobile, chartered plane, or helicopter, etc. IMPORTANT: No chartered aircraft; only regularly scheduled airlines. For more information, contact riskmanagement@chapman.edu	



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Research Tools:	Briefly describe tools or equipment that will be used to access the research site or during research activities. Indicate specific training required before use, e.g., sharps (knives, razors, needles), hand tools, chainsaws, power tools, heavy machinery, tractors, specialty equipment, firearms; lasers, portable welding/soldering devices; other hazardous equipment or tools.
Other Research Hazards and Risks (E.g., Physical Demands):	Describe other potential research-associated hazards e.g., handling or shipping hazardous materials (chemical, biological), compressed gasses, fire, climbing, or working at heights, rigging; shoring/trenching, digging/entering excavations, caves, other confined spaces; drone use.
List Measures to Reduce Risks and Hazards:	Refer to relevant protocols, SOPs, etc. if applicable
Special Safety Instructions for Working Near/On Open Water:	
Special Safety Instructions for COVID:	
Personal Protective Equipment:	Required—e.g., boots, safety glasses, PFDs, hardhats, etc. Recommended – e.g., walking sticks, gloves, long pants, hats, insect repellant, sunscreen.

Additional Considerations- Check all that apply. Contact EH&S for Guidance. Field Research Safety Manual has been reviewed. Preventing Sexual Violence and Harassment in Field Placements has been reviewed. Plan for Safe and Inclusive Field Research has been approved and reviewed by Enterprise Risk and Safety. The University Auto Insurance Policy for university vehicles, personal vehicles, and rental vehicles has been reviewed. Drivers must be enrolled into the Authorized Driver Program. Contact risk@chapman.edu for more information. Personal safety risks during free time have been considered or discussed, e.g., alcohol or drug use, leaving the group, situational awareness, sexual harassment, or local crime/security concerns. Visas, permits, finances, import/export controls, transportation of specialized equipment, and data security have been considered. Meet all insurance requirements. For information on insurance that may be required by either the researcher or by research sites or other parties contact riskmanagement@Chapman.edu.

Campus Contacts	
Chapman Public Safety:	(714) 997 -6763
Occupational Health Facility	If travel risks might include occupational health risks to individual participants, contact Environmental Health and Safety .



(714) 532-6021 EH&S:	
Reporting Incidents, including injuries and damages:	Any illness or injury must be reported via the Incident/ Accident Investigation Report form.

Other Safety References

First Aid Reference- Signs and Symptoms of Heat Illness				
	Treatment	Response Action		
 Heat Exhaustion Dizziness, headache Rapid heart rate Pale, cool, clammy or flushed skin Nausea and/or vomiting Fatigue, thirst, muscle cramps 	 Stop all exertion. Move to cool shaded place. Hydrate with cool water. 	Heat exhaustion is the most common type of heat illness. Initiate treatment. If no improvement, call 911 or seek medical help. Do not return to work in the sun. Heat exhaustion can progress to heat stroke.		
 Heat Stroke Disoriented, irritable, combative, unconscious Hallucinations, seizures, poor balance Rapid heart rate Hot, dry and red skin Fever, body temperature above 104°F 	 Move (gently) to a cooler spot in shade. Loosen clothing and spray clothes and exposed skin with water and fan. Cool by placing ice or cold packs along neck, chest, armpits and groin (Do not place ice directly on skin) 	Call 911 or seek medical help immediately. Heat stroke is a life threatening medical emergency. A victim can die within minutes if not properly treated. Efforts to reduce body temperature must begin immediately!		



Signature	of	PI/Su	pervis	sor:
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I acknowledge this safety plan has been prepared for field work under my supervision.

Name	Signature	Date	Phone Number

Is anyone working alone? □ Yes □ No

If so, develop a communications plan with strict check-in procedures; carry a sat device for remote locations.

Field Team/Participant Roster - Training Documentation

I verify that I have read this Field Safety Plan, understand its contents, and agree to comply with its requirements.

Name/Phone Number	Signature	Date	Emergency Contact/Phone Number