A field safety plan serves as a tool to document the hazard assessment, communication plan, emergency procedures, and training. Environmental Health & Safety’s [Field Safety](https://fieldsafety.stanford.edu) team is available for consultation throughout the development of this plan. Email ehs\_field\_safety\_support@lists.stanford.edu for support. Stanford’s [Risk Assessment Too](https://ehs.stanford.edu/wp-content/uploads/Laboratory-Risk-Assessment-Tool.pdf)l is a good starting point for identifying hazards and mitigation strategies.

**Instructions**: Complete this field safety plan; insert specifics for the site(s) and operations in place of the gray text; delete irrelevant sections. **The PI, supervisor, or faculty advisor must sign-off on the plan**. Review the field safety plan with all trip participants. Carry a copy, and leave a copy with each emergency contact.

| **Field Site Name(s)**: | *Descriptive name of each location (e.g. Carrizo Plain, CA; Mahe, Republic of Seychelles)* |
| --- | --- |
| **Plan Created for:** | *Name of Research Group / Course / Trip Leader*  | **Date of revision:** | *Mo-Day-Yr* |
| **Date(s) of Travel:** | *Start date, duration, expected return to campus* |

| **Site Information** |
| --- |
| **Location** | **Latitude:** XX.XX (from GPS/Map) | **Longitude:** XX.XX (from GPS/Map) |
| **Site Information** | *Describe site (e.g., elevation, terrain, environment). Include any additional resources (e.g., route/location maps, photos of general terrain and areas requiring extra caution, etc).* |
| **Travel and Site Access** | *How will participants travel to the field site (e.g., plane, vehicle)? Note any dangerous roads, or conditions. Are there any particular restrictions or challenges to accessing the site? Note any alternate routes or suggested parking areas (gate access codes, etc.).* *Make a special note if isolated or remote.* |
| **Security** |  *Is there a high risk for harassment or violence? Note intended mitigation measures; discuss prior to trip. For international travel, check the*[*U.S. State Department travel site*](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/)*for current travel alerts.*  |
| **Expected Weather** | *Note extreme conditions that could impact the trip or require additional planning, (e.g. high heat, wind, rain, snow, approaching storm).*  |
| **No Go Criteria** | *What are the conditions under which the 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, geo-political / security concerns)? When changes to the plan arise, how are they to be managed? Who has authority to approve changes to the plan "on the fly"?*  |
| **Low Temperature Procedures** | *Required when temperatures are expected to be below 50°F. Dress properly. Layer with loose-fitting clothing, gloves and boots, and head coverings. Stay dry and pack extra clothes. Take frequent breaks in warm, dry areas.* |
| **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 required at all times. Pre-work safety discussion are required. What high-heat procedures are used?*☐ Direct supervision ☐ Buddy system ☐ Reliable cell or radio contact ☐ Other (describe): |
| **Drinking Water Availability**  | *Plan for 2 gallons per person per day; one quart per hour per person at a minimum. If temperatures are high or activities are strenuous, plan for more.*☐ Plumbed water available ☐ Large water containers provided ☐ Bottled water provided☐ Natural source and treatment methods (e.g., filtration, boiling, chemical disinfection):  |
| **Access to Shade/Shelter** | *Required when temperatures are expected to exceed 80° F.*☐ Building structures ☐ Trees ☐ Temporary Canopy/Tarp ☐ Vehicle with A/C ☐ Other: |
| **Emergency Services and Contact Information** |
| **Local Contact(s)** | *Name, address, phone number (may be a local colleague, institution, park office, etc))*  | **University Contact(s)**Not on trip. Provide a copy of this plan. | *Name, phone number, email (may be a Professor/PI, department contact, supervisor back on campus, etc.)*  |
| **Lodging Location(s):** | *Location/facility name, address, phone number(s)* |
| **Emergency Communication Plan** | *Procedures for contacting emergency medical services. (e.g., call 911 from a cell phone/satellite phone). If cell coverage is unreliable, carry a satellite communication device or personal locator beacon. Carry a back-up power source.* *Who else needs to be notified in case of an emergency? Note - serious injuries must be reported to EH&S (650) 725-9999 as soon as communication can be established.*  |
| **Nearest Emergency Department (ED)** | *Describe 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 a map with specific directions.*  |
| **Cell Phone Coverage** | **Primary Number:** **Coverage:** *good, spotty, none***Nearest location with coverage:**  | **Satellite phone/device***EH&S has loaner devices available. Email* *ehs\_field\_safety\_support@lists.stanford.edu* | **Device carried?** ☐yes ☐no**Type/number:**  |
| **Participant Information** |
| **Field Team/ Participants** | Primary Field Team Leader: *Name, phone number* Secondary Field Team Leader(s): *Name, phone number*☐ Field Team/Participant list is attached as training documentation☐ Other attachments: e.g., course roster  |
| **Check-in Procedures** | *List the frequency and method for checking in with emergency contacts.*Is anyone working alone? ☐ Yes ☐ No If yes, have a written communications plan with strict check-in procedures. Review requirements on “[buddy systems](https://ehs.stanford.edu/topic/field-research-safety/buddy-system-field-work)” for fieldwork. |
| **Physical/Mental Demands** | *List any physical demands required for this trip (e.g., diving, swimming, hiking, climbing, high altitudes, respirator use, heights, confined or restricted spaces). List any unique mental demands required for this trip (e.g., long travel days, high stress environments, different cultural norms, language barriers). Note - individual participants may experience these demands differently.*  |
| **Immunizations or Medical Evaluation**  | *List required immunizations/prophylaxis or required medical evaluation, if applicable.* For travel-related immunizations and medical consultation, contact the Occupational Health Center at (650) 725-5308 4-6 weeks prior to the trip.  |
| **Side Trips/Free Time** | *Are side trips planned or allowed during free time? Before or after the planned activities? Are there restrictions, specific rules, or expected codes of conduct? Is alcohol permitted?* |
| **Activities, Hazards, and Mitigation**  |
| **Activities** | *Briefly describe the goal of the field activities (e.g., collection of samples, observation of animals/environment, interviews with human subjects).* |
| **Field****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)? Are special skills, licensure, or other training needed to safely operate any of these vehicles?* |
| **Tools & Equipment** | *Briefly describe tools or equipment that will be used. 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).* |
| **Hazards** | *Describe other potential physical/environmental hazards not yet addressed that participants may encounter (e.g., dangerous wildlife, insects, endemic diseases, poisonous plants, vehicle traffic, crime, handling or shipping hazardous chemical, biological, radiation, or explosive materials, handling animals, working near/on/in water, steep/loose slopes, overhangs, falling objects, climbing or working at heights, rigging, shoring/trenching, digging/entering excavations, caves, other confined spaces, drone use). Indicate intended mitigation measures; discuss prior to trip.*  |
| **Personal Protective Equipment** | *List required PPE (e.g., boots, safety glasses, PFDs, hardhats)**List recommended PPE (e.g., walking sticks, gloves, long pants, hats, insect repellant, sunscreen)* |
| **First Aid Training****& Supplies** | *Cal/OSHA requires at least one trained person (with current certification) for work at remote sites. CPR also recommended (California Code of Regulations, Title 8, Section 3400. Medical Services and First Aid).**List team members trained in first aid and the type of training received.* Location and description of group medical/first aid kit: *Who is carrying it, where is it stored. Briefly describe the contents (e.g., basic first aid kit + burn dressings). Ensure items are not expired.*  |
| **Required Training** | *List any specialty training(s) required and who will be taking them (e.g., diving, boating, fall protection, respirators heat illness, avalanche, off-road/winter driving, confined or restricted spaces, handling wildlife, human subjects work, flying drones, shipping chemicals, proper use of specialty tools/equipment)* Consult with EH&S regarding appropriate training & documentation. |
| **Other Hazard Mitigation**  | *List any additional processes or equipment to help lower risk not already addressed above (e.g., limit number of hours worked/miles hiked/pounds of gear carried, conduct daily safety briefing, hire guide)* |
| **Additional Considerations** |
| **Insurance**  | Review the [Vehicle Use and Accident Reporting Policy](https://orm.stanford.edu/vehicle-use-and-accident-reporting). Please note, coverage differs for University staff versus students. |
| **International Activities** | Check with [Global Risk Management](https://international.stanford.edu/travelers) regarding required approvals. Visas, permits, finances, import/export controls, transportation of specialized equipment and data security must be considered.  |
| **Personal Safety, Security and Inclusivity** | Personal safety risks should be considered and discussed in advance (e.g., alcohol or drug use, leaving the group, situational awareness, sexual harassment, or local crime/security concerns). Review expectations and set the tone for a safe, successful and inclusive trip for all individuals free of harassment, bullying or hazing of any kind, and conduct that is unwelcome, offensive, indecent, obscene or disorderly. NSF-funded grants must create and certify their [plan for inclusivity](https://ora.stanford.edu/resources/proposal-preparation-resources/other-proposal-components/nsf-plans-safe-and-inclusive). **High Risk Travel:** Check the [U.S. State Department](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/ertswarnings.html) travel site and [iSOS](https://international.stanford.edu/risk-ratingsaspx?content=knowyourrisks&knowyourrisks=active) for current travel alerts. |
| **Campus Contacts** |
| **Public Safety** | (650) 723-9633, police.stanford.edu |
| **Occupational Health Center** | suohc.stanford.edu**Faculty/Staff:** Environmental Safety Facility, (650) 725-5308, 484 Oak Road**Students:** Vaden Health Center (650) 498-2336, 866 Campus Drive |
| **EH&S** | (650) 723-0448, ehs.stanford.edu |
| **Travel Emergency****Assistance** | Office of Risk Management: (650) 723-4554 Office of Global Risk Management: globalrisk@stanford.edu International SOS (iSOS): +1-215-942-8478 or philadelphia@internationalsos.com  |
| **Report Injuries** | Supervisors must report incidents, injuries and illnesses within 24 hours to EHS and the Office of Risk Management. An [SU-17 Form](https://incidentreport.stanford.edu/) is required for all incidents and near misses.  |

**Signature of PI/Supervisor/Advisor:**

**I acknowledge this safety plan has been prepared for field activities under my supervision.**

| **Name** | **Signature** | **Date** | **Phone Number** |
| --- | --- | --- | --- |
|  |  |  |  |

**Field Team/Participant Roster – Field Safety Plan 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** |
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