Field Research Project Safety Plan and Risk Assessment Form

Instructions:

- 1. Complete the following information as applicable to your field research project. Attach additional pages if necessary.
- 2. Upon completion of this form, it should be signed by the Principal Investigator and submitted to **Environmental Health & Safety** at **OCB 1.330**.
- 3. Environmental Health & Safety will review this risk assessment and provide feedback on appropriate controls to be implemented during the field research activities. Currently, no safety committee review or approval is required for field research.
- 4. If you have questions on how to complete this form, please contact EHS at (713) 500-8100.

Project Details Project title or name of	of task:					
Type of activity:		-				
Date of risk assessme	ent:					
Name of PI or person	in charge:					
Department:						
Name of Co-PI (if any	·):					
Contact details:		Email:				
UTHealth Emergency (not on trip):	Contact	Name:				
Geographic location(s	s):					
Proposed start and end dates:		Start: End:				
Feam member details Leave name column blank i	(including f members hav	PI): re not been re	cruited yet, but list anticipate	d experience and training rec	quirements.)	
Name	Current ex		Additional training required	Summary of responsibilities	Enrolled in Occ Health Program? (Y/N/NA)	

Insurance

Employees and students may be covered differently in regards to field research related coverage. Review the insurance coverage for each individual to determine if adequate. International travelers must obtain International SOS coverage for their travels. Contact Risk Management & Insurance at 713-500-8100 for more information.

Summary of Field Research: Briefly describe the overall goal(s) of the project as well as a lay summary below. Please outline the location(s) of the research, the procedures and/or experiments to be performed, and the animals/plants that are anticipated to be encountered. Please use reasonably non-technical terms and identify the health and safety risks associated with the research. Maps and photos of the area in which the research will be performed may also be added.					
	research described above, a portion of this study will be conducted in a laboratory also provide a brief description of the laboratory based work.				
General Site Information:					
Geographic location(s): (City, State, Country, other specific location information)					
Location description: (Terrain, elevation, vegetation, etc.)					
Directions to site:					
Assembly Areas: (Primary and secondary, if applicable)					
Expected temperature/weather:					
Access to shade/shelter:					

Local Information:					
Local contact informati	on:				
Nearest Emergency Me	dical Servic	es:			
Nearest Emergency De	partment:				
Nearby services: (Restrooms, gas, water, put	blic phones, et	c.)			
Animals and Plants Anti	cipated to b	e Enc	ountered/Trapped/Har	ndled:	T
Taxa being studied					
(be specific if	Manner	_	Handling risks	Potential zoonotic	Risk controls
possible)	handlir	ıg	risks	diseases	in place
		, ,,,,,			
Trapping and handling of ve submission to the AWC office AWC office for further inform	ce. Observatio				
☐ I have or will submit an a	application the	AWC 1	for the trapping or handlin	α of the animals listed abo	ove.
			···	9	
General Safety Measures	s:				
•					
Go/no go criteria:					
Access to drinking water	er:				
High Heat Procedures:					
(required when temperature	es are				
expected to exceed 95°F)	expected to exceed 95°F)				
Personal Protective Equipment:					
(required and recommended)					
, ,					
First Aid Training: (list team member(s) and type of					
training)					
First Aid Kit:					
(name of person carrying ki	t and its				
contents)					

(List required physical demands for this pro		Potenti			ntrols in place
1 Hyorour domand			<u></u>		more in prace
hemicals:					
ist any chemicals that are to Chemical		d used in the field. I ne used in	Indicate controls, tran		e considerations.) nsport and storag
name		eriments ¹	Effects ²	-	considerations
	0.10		2.10010		
otential health and safety e		·	, ,		
ist any other risks, which ha. Risk	ive not been lis	ted above, that are Duration (if			his project.) ols in place
Nisk		Buration (ii	applicable)	Contr	ois iii piace
communication:					
ist methods of communicati	on to be used			and check-in prod	cedures)
Team leader(s):		Primary tear	n leader:		
(Name and phone numbe	er)	Secondary t	eam leader		
Team structure: (Direct supervision, buddy s alone)	ystem, working		odiii ioddoii		
Check-in procedure: (If teams are splitting up or r working alone)	members are				
Cell phone coverage: (Will device be carried? Nea with coverage)	rest location				

Satellite phone coverage:
(Will device be carried? Nearest location with coverage)

Travel and Task Specific Immunizations/Prophylaxis: List required immunizations or prophylaxis needed for the work being done as well as the location of the work. Cons Occupational Health to learn about recommended immunizations. At a minimum, field researchers must be enrolled UTHealth Occupational Health Program and be vaccinated for tetanus.	sult I in the
Emergency Procedures:	
Describe emergency plans, in detail, for all field research locations. This includes evacuations, communication, and	contacts.

Principal Investigator Signature	P	rinci	oal In	vestig	ator S	Signat	ture:
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Environmental Health and Safety recommends that the information contained in this risk assessment document be used to serve as documentation of the field research activity plans for communication to the host department in case an emergency situation occurs in the field. This information may also be used to train study participants on the health and safety considerations for the field research activities. If you have any questions or concerns, please contact Environmental Health and Safety at 713-500-8100.

Principal Investigator's Signature
Duin singli lavostimatorio Drimto d Nome
Principal Investigator's Printed Name
Date

Training DocumentationSign here to verify you have read this Field Safety Plan, understand its contents and agree to comply with the requirements

Name/Phone Number	Signature	Date	Emergency Contact/Phone Number