

UNIVERSITY OF RHODE ISLAND FIELD RESEARCH SAFETY PLAN (TEMPLATE)

This template is to be used by the Principal Investigator (PI) in developing a Safety Plan. **The completed Safety Plan should be shared with all members of the field research team.** Multiple trips to the same location can be covered by a single Safety Plan. *The Safety Plan should be revised whenever a significant change to the location, personnel, or scope of fieldwork occurs.* EH&S is available to assist in completion or review (401) 874-7019.

Section I

Principal Investigator / Project Manager		Date	
Department		E-Mail	
Project Duration		Phone	

Location of Field Research

Country		Geographical Site Coordinates	
State/County		Nearest City/Town	
Nearest Hospital		Phone Number	
Other Health Care Facility		Phone Number Hours of Operation	

Attach a map with driving directions from field site to nearest hospital or health care facility

URI Contact Person		Phone	
Local (Field) Contact		Phone	

Field Work Personnel (Attach a separate sheet of paper if necessary)

Name	Affiliation (URI, URI SURF)	Category (check all that apply)			Trained in First Aid
		Team Leader	Team Member	Other (Specify)	

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Section II

Field Research Study/Project: Describe scope of field work or activity (attach a separate sheet of paper if necessary).

Hazards Inherent in the Project (check all that apply)

Environmental

- High temperatures
- Rocky coastline
- Work over/under water
- Heavy surf, strong currents or rips
- Diving

Accessibility

- Remote location
- Long Distance to Medical Services
- Difficult Communications with Campus
(weak/no cell phone service)

Terrain

- Rough/unusual terrain
- Flash flood potential
- Falling objects (avalanches, rock falls etc.)
- Work Along Roadway Shoulders
(attach traffic control plan if required)
- Heights (trees, cliffs etc.)
- Declared disaster area

Work Tasks/Conditions

- Confined Space (Natural or man-made)
- Trenching/Excavating
- Night work/Poor Lighting
- Excessive Noise >85 dBA
- Dusts/Other Particulate Hazards
- Potential for Oxygen Deficiency or Other
Atmospheric Hazard (eg. gas, vapor)
- Hazardous Waste Generation
- Transporting Hazardous Materials
- Handling Hazardous Materials
- Storage of Hazardous Materials on site
- Lack of Potable Water
- Lack of Sanitary Facilities
- Flying Debris or Impact
- Electrical Hazard/Extension Cords
- Fire Hazards (welding, cutting)
- Climbing/Strenuous Hiking Required
- Diving
- Other _____

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<input type="checkbox"/> Military range nearby (possible live fire) <u>Flora/Fauna</u> <input type="checkbox"/> Allergenic/Toxic Plants <input type="checkbox"/> Wild Animal Hazards <input type="checkbox"/> Venomous Snakes <input type="checkbox"/> Mosquitos/ticks <input type="checkbox"/> Trapping/Handling Animals <input type="checkbox"/> Will blood be drawn? <input type="checkbox"/> Emerging Zoonotic Infections Rabbits – Tularemia <input type="checkbox"/> Other: _____ _____ _____	<u>Equipment Used in Field</u> <input type="checkbox"/> Portable Generator <input type="checkbox"/> Power Tools <input type="checkbox"/> Boat/Canoe/Kayak <input type="checkbox"/> Snowmobile/ATV <u>Materials Brought to Field Area</u> <input type="checkbox"/> Hazardous Chemicals <input type="checkbox"/> Biologicals (BL-1, BL-2) <input type="checkbox"/> Radiological <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Known Hazards
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Section III

Safety Plan: Describe the safety provisions that will be used to mitigate the hazards identified in Section II. Attach specific SOP's for conducting field work safely. SOP's are required for hazardous chemicals and processes.

Personal Protective Equipment (PPE) Required: All field activities require basic protection, including appropriate field clothing, hand protection, safety shoes/boots, and eye protection. Additional PPE may be required to minimize the risk of exposure, injury or illness associated with the hazards identified above.

<input type="checkbox"/> Face Shields/Safety Glasses <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Hard Hat <input type="checkbox"/> Rain Gear <input type="checkbox"/> Gloves	<input type="checkbox"/> Respirator Type: _____ Cartridge/Filter Type: _____ <input type="checkbox"/> EHS Respirator Program <input type="checkbox"/> Portable Eye Wash	<input type="checkbox"/> Fall Protection <input type="checkbox"/> Extraction Equipment (confined space) <input type="checkbox"/> Other: _____ _____
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	<input type="checkbox"/> Emergency Shower	
Immunizations: List any required immunizations or prophylaxis required for this field study		
<input type="checkbox"/> Rabies <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		
Medications: Taken on a regular basis		
Safety Training Required		
<input type="checkbox"/> First Aid/CPR		
<input type="checkbox"/> Emergency Action and Preparedness		
<input type="checkbox"/> Water Safety		
<input type="checkbox"/> Boating Safety		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		