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| University of California San Diego  **FIELD RESEARCH SAFETY PLANNING RECORD**  Page 1 of 3 | | | | | | | |
| *Pursuant to the UCSD University Field Research Safety Policy, this form, or a similar one, is to be completed by the Principal Investigator and submitted and filed with your lab safety training documents prior to departure on field research. Multiple trips to the same site or group of sites can be covered by one form. The form is good for a single fiscal year and a new form must be completed annually.* | | | | | | | |
| **DEPARTMENT:** | | | **PRINCIPAL INVESTIGATOR:** | | | | |
| **LOCATION OF FIELD RESEARCH:**  Country:  Geographical Site:  Nearest City:  (name, distance to) | | | | | | | |
| **RESEARCH ACTIVITY PLANNED** (describe)**:** | | | | | | | |
| **DATE OF DEPARTURE:** | | | | | **DATE OF RETURN:** | | |
| **FIELD RESEARCH TEAM**  **Chain of Responsible Leadership**  *(Attach additional sheet if needed)*  NAME | CATEGORY  (check all that apply) | | | | | | Contact Phone (mobile) and Email Address (non-UCSD) |
| Team  Leader | Team  Member | | Other  (specify) | | Trained 1st Aid |
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| **PHYSICAL DEMANDS:**  □ Diving and other Underwater Activities  □ Climbing  □ High Altitude  □ Confined Spaces/Sub Terrain | | | | □ Desert/Heat  □ Arctic/Cold  □  □ | | | |

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| **RISK ASSESSMENT:**  List identified risks associated with activities or environment (e.g. extreme heat or cold, wild animals, endemic disease, firearms, explosives, violence), and measures for eliminating or reducing risks to acceptable levels: | | | |
| **RISK** | | **PRECAUTION** | |
| **1.** | |  | |
| **2.** | |  | |
| **3.** | |  | |
| **4.** | |  | |
| **5.** | |  | |
| **6.** | |  | |
| **7.** | |  | |
| **8.** | |  | |
| **TRAVEL IMMUNIZATION/PROPHYLAXIS REQUIREMENTS:** | | | |
| □ Diphtheria  □ Hepatitis A  □ Hepatitis B  □ Japanese encephalitis  □ Malaria  □ Measles | | □ Polio  □ Rabies  □ Rubella  □ Tetanus  □ Typhoid  □ Yellow Fever | □  □  □  □  □  □ |
| Was travel booked through Connexxus?    YES NO | All UCSD Employees/Students are eligible for travel insurance, emergency assistance and security/evacuation assistance while on official UC business. Pre-register each trip via Connexxus or complete the UC Travel Insurance Form on the Blink Travel website. Print the ACE Insurance Card prior to departure for reference while traveling, which has contact info for the emergency assistance vendor, Europ Assist. Security/evacuation assistance via the iJET vendor is included. | | |

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| **EMERGENCY PROCEDURES** Detailed Emergency Plan for Research location: (Include information on communication and evacuation plans, nearest hospital and other local emergency contacts. *For guidance, see UCSD Field Operational Planner:* <http://blink.ucsd.edu/safety/risk/field-safety-plan.html#Field-Operational-Planner>) | | | |
| **UCSD and Partner Institution Contacts**  **(Name, phone and email)**  1.  2.  3.  4. | | **Contacts closest to field research locations**  **(Name, phone and email)**  1.  2.  3.  4. | |
| **I, the undersigned, acknowledge that, in keeping with the University's Field Research Safety Policy:**  (a) I have been fully informed of the reasonably identifiable risks of this field research and I accept them;  (b) I will comply with the established safety procedures;  (c) I am in a satisfactory state of health to undertake the research; and  (d) I have received all of the prescribed immunizations. | | | |
| **ACKNOWLEDGEMENT OF TEAM MEMBERS:** | | | |
| **NAME (Please Print)** | **SIGNATURE** | | **DATE** |
| **1.** |  | |  |
| **2.** |  | |  |
| **3.** |  | |  |
| **4.** |  | |  |
| **5.** |  | |  |
| **6.** |  | |  |
| **7.** |  | |  |
| **Signature of Principal Investigator (or equivalent)**  I certify that the information is true and complete to the best of my knowledge:    Name (please print) Signature Date | | | |

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