

**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. For guidance, see UCSD Field Operational Planner: <http://blink.ucsd.edu/safety/risk/field-safety-plan.html#Field-Operational-Planner>

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 <i>(Attach additional sheet if needed)</i> NAME	CATEGORY (check all that apply)				Contact Phone (mobile) and Email Address (non-UCSD)
	Team Leader	Team Member	Other (specify)	Trained 1 st Aid	

PHYSICAL DEMANDS:

<input type="checkbox"/> Diving and other Underwater Activities	<input type="checkbox"/> Desert/Heat
<input type="checkbox"/> Climbing	<input type="checkbox"/> Arctic/Cold
<input type="checkbox"/> High Altitude	<input type="checkbox"/> _____
<input type="checkbox"/> Confined Spaces/Sub Terrain	<input type="checkbox"/> _____

University of California San Diego
FIELD RESEARCH SAFETY PLANNING RECORD

Page 2 of 3

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. SEXUAL HARASSMENT	http://sexualviolence.ucsd.edu/gethelp.asp http://ophd.ucsd.edu/home.asp

TRAVEL IMMUNIZATION/PROPHYLAXIS REQUIREMENTS:

- | | | |
|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Polio | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Rabies | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Japanese encephalitis | <input type="checkbox"/> Tetanus | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Typhoid | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Yellow Fever | <input type="checkbox"/> _____ |

Was travel booked through Connexus?

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 Connexus 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.

EMERGENCY PROCEDURES Detailed Emergency Plan for Research location: (Include information on means of communication and evacuation plans, nearest hospital and other local emergency contacts. If you are traveling to remote sites with limited cell phone coverage, rental of a satellite phone is strongly recommended.) For more information, see <https://scripps.ucsd.edu/safety/field-research>

UCSD and Partner Institution Contacts
(Name, email, phone)

- 1.
- 2.
- 3.
- 4.

Contacts closest to field research locations
(Name, email, phone: *mobile and/or satellite phone*)

- 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