

FIELD HAZARD ASSESSMENT FORM

This form should be used to communicate hazards and required safety measures to field researchers prior to travel. The completed form should be provided to all field researchers. A copy of the form should be kept by the Principal Investigator (PI), Instructor, or designee.

1.	FIELD RESEARCH PROJECT INFORMATION				
		Field Research P	roject Name o	r Tittle	
Name or					
Title	Fitle				
	(T)		rch Descriptio		•• •
	(Provid	le a brief description	on of the field w	vork or activ	ity)
	Principal	Investigator (PI)/I	nstructor/Desi	gnee Inform	nation
	Name	TU ID)#		Department
	E-mail	Campus P	hone #	Cell	/After Hours Phone #
		Field Comm	unication Meth	lod	
		Tray	el Dates		
	(List	multiple dates if m		rip is planned	d)
	•	ic dates are not ava			•
•		CIT		TION	
2.			E INFORMA	HON	
	(If specific	location is not avai	hic Location	the nearest la	ocation)
Field Site	(ii specifie		ordinates (Lat		
Name			ongitude)		
Country		State	0 /	City	
Link to onl	ine Map			· · · ·	
(Attach a h	ard copy if not				
available)	I				
3. FIELD TEAM/PARTICPANT ROSTER					
Field Team/Participants List					
Field Team/Participant List is attached as Other attachment (e.g., course roster)					
training documentation. Refer to Research Specific Training for Field Work-Checklist					

4.	FIELD RULES & RESPONSIBILITIES
include	set by the PI, Instructor or designee and should cover conduct and any site-specific guidelines, requirements for off-duty hours. For example: <i>When lodging at the National Park, researchers are</i> <i>to not intentionally damage or disturb vegetation, wildlife, or natural formations. Researchers will not</i> <i>collect samples in this location.</i>
5.	FIELD ACTIVITIES & ITEINERARY
include sam	d include the scope of the expected work and a schedule of the trip. For example: <i>Field activities pling sand in ten locations (list) along the Delaware Bay. The trip will start at 9:00 am 2/4 and will 5:00 pm 2/5. Lodging on 2/4 will be at a reserved campsite in State Park.</i>
6	COMMUNICATION PLAN
6.	d indicate how frequently and how the field team members should check-in with the university
	Instructor, or designee.
7.	FIELD EQUIPMENT & SUPPLIES
	d be a checklist for all required materials that should be taken on the field expedition, indicate if
the items a <i>Auger (depa</i>	re to be supplied by the lab director/department or personally by the researcher. For example: artment), Tent (PI), Sleeping bag (researcher). The Location of each piece of equipment should also be Van, Tent, Backpack, etc. so that items may be easily located.
C H E 0 3 8 . 0 1	I-FORM-Field Hazard Identification Form eff. 4/2023

EQUIPMENT	QUANTITY	LOCATION(S)
First Aid Kit	1	

8.

FIELD HAZARD IDETIFCATION & CONTROLS

The Field Activity Hazard Identification section is where all the potential hazards that may be present during field activities are identified. The description should include the scope of the hazard with respect to the field activity. For example, if you select "Strenuous physical activity" an appropriate description could be *long hikes*, 50-lb. pack, activities for 10 days, etc.

If a hazard is identified, appropriate safety measures to control this hazard should be described in the control(s). Use the hazard fact sheets located on our website to help choose safety controls for specific hazards. For example, if you select "Animal Encounter"-Summary: *May encounter poisonous sea urchins*. Personal Protective Equipment could include *Puncture-resistant Gloves*.

Other Safety Measures could include No lone work can be conducted in this area.

If you need assistance in identifying hazards or choosing appropriate safety measures, contact EHRS.

- Hazards associated with conducting regular field activities (check all that apply and provide description and controls to be used).
- Examples of controls include:

ENGINEERING		ADMINSITRATIVE	PERSONAL PROTECTIVE			
			EQUIPMWENT (PPE)			
•	Walls	Rotating Schedule	• Gloves			
٠	Mufflers	Vaccinations	Safety Glasses/Sunglasses			
٠	Noise Reducing	• SOPs	Fall Protection Harness			
	Insulation	Training	Reinforced toe Shoes			
٠	Machine Guards	• Other	• Other			
٠	Other					

ACTIVITY HAZARD	DESCRIPTION	CONTROL(S)
Use of mechanical equipment		
Strenuous physical activity		
Driving a vehicle (If off road, please indicate)		
Use of tools (axes, saws, picks, etc.)		
Use of chemicals		
☐ Noise exposure		
Lone worker		
□ Night work		
U Work with animals		
☐ Work potentially involves human, plant, animal infectious agents, or other biological hazards (indicate)		
Use of boat or diving equipment		
Excavation, trenching, or other confined space		
Carrying/Use of Firearms or other weapons		
Other (indicate)		
LOCATION HAZARD	DESCRIPTION	CONTROLS(S)
Limited access to reliable means of communication		
Personal security issues		
Travel to private property		

 Limited access to potable drinking water and appropriate food storage 	
Animal encounter (indicate species)	
Poisonous plant encounter (indicate species)	
Camping outdoors	
Roadside work	
Use of fire, or other hot work activities	
Hiking over uneven terrain	
Technical climbing	
Proximity, crossing, or entering a body of water	
High elevation	
Potential for wildfires	
Underground area (e.g., cave, mine)	
Canyon, valley, or floodplain	
U Work at height (fall potential of >6 feet)	
Sun/UV exposure	
Extreme heat	
Extreme cold	
Potential of being outside during a storm	
Potential of severe storms (e.g., tornado)	

Travel to a country with an active travel alert or warning from the U.S. State Department				
Other (indicate)				
HEALTH HAZARD	DESCRIPTION	CON	TROLS(S)	
U Work could exacerbate pre-existing health concerns				
Potential for allergic reaction				
Potential for dehydration				
Potential exposure to vector-borne disease (see below)				
 Potential exposure to other endemic diseases (indicate) 				
Other (indicate)				
9. IMMUN	NIZATION or MEDICAL EV	ALUATION (if ap	plicable)	
List required immunizations/prophylaxis or required medical evaluations. (CDC provides recommendations based on location, wwwwnc.cdc.gov/travel). For additional medical guidance and immunization services, please contact Employee Health Services at (215)-707-2679 or your primary care physician. Allow at least six weeks prior to trip.				
10. FIELD HAZARD IDENTIFCATION VERIFCATION				
I acknowledge that this field hazard identification is accurate, and the contents will be shared and				
communicated with all members participating in this field research project/activity.PI/Instructor/DesigneeSignatureDateNameImage: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colsp				

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