

# 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.

<b>1.</b>	<b>FIELD RESEARCH PROJECT INFORMATION</b>		
<b>Field Research Project Name or Title</b>			
Name or Title			
<b>Field Research Description</b> (Provide a brief description of the field work or activity)			
<b>Principal Investigator (PI)/Instructor/Designee Information</b>			
Name	TU ID#	Department	
E-mail	Campus Phone #	Cell/After Hours Phone #	
Field Communication Method			
<b>Travel Dates</b> (List multiple dates if more than one trip is planned) (If specific dates are not available, indicate range or season)			
<b>2.</b>	<b>SITE INFORMATION</b>		
<b>Geographic Location</b> (If specific location is not available, indicate the nearest location)			
Field Site Name	Coordinates (Latitude, Longitude)		
Country	State	City	
Link to online Map (Attach a hard copy if not available)			
<b>3.</b>	<b>FIELD TEAM/PARTICIPANT ROSTER</b>		
<b>Field Team/Participants List</b>			
<input type="checkbox"/> Field Team/Participant List is attached as training documentation. Refer to Research Specific Training for Field Work-Checklist		<input type="checkbox"/> Other attachment (e.g., course roster)	

4.

**FIELD RULES & RESPONSIBILITIES**

These are set by the PI, Instructor or designee and should cover conduct and any site-specific guidelines, include requirements for off-duty hours. For example: *When lodging at the National Park, researchers are expected to not intentionally damage or disturb vegetation, wildlife, or natural formations. Researchers will not collect samples in this location.*

5.

**FIELD ACTIVITIES & ITEINERARY**

This should include the scope of the expected work and a schedule of the trip. For example: *Field activities include sampling sand in ten locations (list) along the Delaware Bay. The trip will start at 9:00 am 2/4 and will conclude by 5:00 pm 2/5. Lodging on 2/4 will be at a reserved campsite in State Park.*

6.

**COMMUNICATION PLAN**

This should indicate how frequently and how the field team members should check-in with the university contact, PI, Instructor, or designee.

7.

**FIELD EQUIPMENT & SUPPLIES**

This should be a checklist for all required materials that should be taken on the field expedition, indicate if the items are to be supplied by the lab director/department or personally by the researcher. For example: *Auger (department), Tent (PI), Sleeping bag (researcher). The Location of each piece of equipment should also be noted e.g., Van, Tent, Backpack, etc. so that items may be easily located.*



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

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

<input type="checkbox"/> Travel to a country with an active travel alert or warning from the U.S. State Department		
<input type="checkbox"/> Other (indicate)		
<b>HEALTH HAZARD</b>	<b>DESCRIPTION</b>	<b>CONTROLS(S)</b>
<input type="checkbox"/> Work could exacerbate pre-existing health concerns		
<input type="checkbox"/> Potential for allergic reaction		
<input type="checkbox"/> Potential for dehydration		
<input type="checkbox"/> Potential exposure to vector-borne disease (see below)		
<input type="checkbox"/> Potential exposure to other endemic diseases (indicate)		
<input type="checkbox"/> Other (indicate)		

<b>9.</b>	<b>IMMUNIZATION or MEDICAL EVALUATION (if applicable)</b>
<p>List required immunizations/prophylaxis or required medical evaluations. (CDC provides recommendations based on location, <a href="http://wwwnc.cdc.gov/travel">wwwnc.cdc.gov/travel</a>). 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.</p>	

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<b>10.</b>	<b>FIELD HAZARD IDENTIFICATION VERIFICATION</b>	
<p>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.</p>		
PI/Instructor/Designee Name	Signature	Date