

## FIELD RESEARCH TRAINING CHECKLIST

Trainee Name:	TU ID #:	Job Title:
Supervisor/Designated Trainer Name:	TU ID #:	Department:
TRAINING		
All field researchers must be trained on the hazards and required controls associated with their work activities		
and field environment by the principal investigator (PI), Instructor, or designee.		
✓ Reviewed and provided a copy of the Field Hazard Assessment.		
✓ Reviewed and provided a copy of the Emergency Response Plan.		
✓ Instructed on the nature and scope of the field work.		
✓ Instructed on the specific procedures to be performed in the field.		
✓ Instructed on any recommended medical evaluations and/or immunizations.		
<ul> <li>Reviewed and provided a copy of all applicable Standard Operating Procedures (SOP's) and relevant safety and health information, manuals, and guides.</li> </ul>		
✓ Successfully completed all required trainings identified by the Principal Investigator. Examples include but not limited to:		
Standard First Aid/CPR     Wilderness First Aid     Bloodborne Pathogens     Respiratory Protection		
Other (Indicate):		
<ul> <li>Instructed on the use, maintenance, limitations, removal, decontamination, and disposal of Personal Protective Equipment (PPE) that will be provided for field work:         <ul> <li>Indicate required PPE:</li> </ul> </li> </ul>		
✓ Instructed on any restrictions regarding permitting and site access.		
✓ Trained on the use, maintenance and care of mechanical equipment and other required gear.		
$\checkmark$ Reviewed the disposal plan for waste generated in the field.		
✓ Informed that if a new hazard is introduced into the field work, additional training may be required.		
✓ Instructed on the correct use of emergency safety equipment and supplies.		
✓ Reviewed incident reporting procedures.		
✓ Instructed on defined circumstances when, and how the itinerary can be changed sue to safety concerns.		
ADDITIONAL SPECIFIC TRAINING		
Use this section for any additional safety training topics required:		
VERIFCATION OF TRAINING: I verify that the Field Work training items/topics were reviewed and		
understood.		D.
Trainee Signature:		Date:
Supervisor/Designated Trainer Signature:		Date:
THE PI AND/OR INSTRUCTOR MUST MAINTAIN A COPY OF THIS RECORD		