

## UNC Charlotte Field Research Safety Plan

This form may be used by the Principal Investigator or Project Lead to assist in developing a safety plan. **The completed safety plan should be shared with all the members of the field research team and kept on file on campus.** A single safety plan can cover multiple trips to the same location. The safety plan should be revised whenever a significant change to the location or scope of fieldwork occurs. EHS is available to assist in completing or reviewing the safety plan; (704) 687-1111 or ehsoffice@charlotte.edu

**Principal Investigator:**

**Department:**

**Phone number:**

**Email address:**

**Dates of travel:** List multiple dates if more than one trip is planned

**Location of field research:**

Country: \_\_\_\_\_ Geographical Site: \_\_\_\_\_

Nearest city: \_\_\_\_\_ Include name, distance from site

Nearest hospital: \_\_\_\_\_ Include location, distance from site

**Field research:** Please include a brief description of the fieldwork.

**University contact:**

**Local field contact:**

Name:

Name:

Phone:

Phone:

**Emergency procedures:** Please include detailed plans for field location, including evacuation and emergency communication; Include a separate sheet if necessary.

**First Aid and Specialized Training:** Please list any team members who have first aid or other specialized training and the type and date of training. If you do not think you are adequately trained to deliver first aid in the environment you are preparing to work, please consider first aid training offered from the American Heart Association at the [UNC Charlotte Student Health Center](#).

**Physical demands:** Please list any physical demands required for this field research, for example, diving, climbing, temperature extremes and high altitude.

**Risk assessment:** Please list identified risks associated with the activity, supplies, equipment, or the physical environment, such as extreme heat or cold, wild animals, endemic diseases, firearms, explosives, violence. List appropriate measures to be taken to reduce these risks. Include a separate sheet if necessary. See Appendices B-J for further information regarding risk and prevention.

Identified risk	Control of risk
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**Travel immunizations:** Please list suggested immunizations/prophylaxis.

**Field team membership** Please list the names and emergency contacts of all members of the field research team and identify the Field team leader.