

**UMASS BOSTON
FIELD RESEARCH SAFETY PLAN (TEMPLATE)**

This template may be used by the Principal Investigator (PI), or Project Manager, to assist with the development of a Safety Plan. **The completed Safety Plan should be shared with all the members of the field research team and, a copy sent to EHS.** Multiple trips to the same location can be covered by a single Safety Plan. The Safety Plan should be revised whenever a significant change to the location or scope of fieldwork occurs. The Environmental Health and Safety (EHS) Office is available to assist you with completing this Plan. “Field research” is any scientific research activity conducted off campus.

Note: Download this form, complete it offline and save the file with you name. Send the complete plan to all members of your team, your on-campus contact and EHS at umbehs@umb.edu.

Section I.

Principal Investigator/Project Manager:		Department:	
Phone:		Email:	
Project Duration:			

Location of Field Research

Country:		Geographical Site:	
State or County:		Nearest City:	
Nearest Hospital or Other Health Facility:		Phone Number:	

Attach map with driving directions from field site to nearest hospital or health care facility

UMB Campus Contact Person:		Phone:	
Local (Field) Contact Person:		Phone:	

Field Work Personnel (Attach separate sheet of paper if necessary)

Name (First Name, Last Name)	Affiliation (i.e. UMB)	Category (check all that apply)			
		Team Leader	Team Member	Other (specify)	Trained First Aider
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Section II.

Field Research Study/Project: Describe scope of field work or activity. (Attach separate sheet of paper if necessary)

Hazards Inherent to the Project (Check all that Apply)

<p>Environment</p> <p><input type="checkbox"/> High Altitude</p> <p><input type="checkbox"/> Extreme Temperature</p> <p><input type="checkbox"/> Excessive/Extreme Exposure to sun, wind, blowing sand, etc.</p> <p><input type="checkbox"/> Work Over/Under Water</p> <p><input type="checkbox"/> Diving</p> <p>Accessibility</p> <p><input type="checkbox"/> Remote Location</p> <p><input type="checkbox"/> Long Distance to Medical Services</p> <p><input type="checkbox"/> Difficult Communications with the outside world</p> <p>Terrain</p>	<p>Work Tasks</p> <p><input type="checkbox"/> Work in Confined Space (natural or man-made)</p> <p><input type="checkbox"/> Trenching/Excavating</p> <p><input type="checkbox"/> Work at Night/Poor Lighting</p> <p><input type="checkbox"/> Noise Generated > 85 dBA</p> <p><input type="checkbox"/> Dusts/Other Particulate Hazards</p> <p><input type="checkbox"/> Potential for Oxygen Deficiency or Other Atmospheric Hazard (i.e. gas, vapor)</p> <p><input type="checkbox"/> Hazardous Waste Generation</p> <p><input type="checkbox"/> Transportation of Hazardous Materials</p> <p><input type="checkbox"/> Handling Hazardous Materials</p> <p><input type="checkbox"/> Storage of Hazardous Materials on site</p>
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<input type="checkbox"/> Rough/Unusual Terrain <input type="checkbox"/> Flash Flood Potential <input type="checkbox"/> Falling Objects (avalanches, rock falls, etc.) <input type="checkbox"/> Work along roadway shoulders (Attach traffic control plan and permit, if required) <input type="checkbox"/> Heights (trees, cliffs, etc) <input type="checkbox"/> Disaster Area <input type="checkbox"/> Violence (political, military, etc) Flora/Fauna <input type="checkbox"/> Wild Animal Hazards <input type="checkbox"/> Venomous/Poisonous Animals: _____ <input type="checkbox"/> Insects as Known Disease Carriers <input type="checkbox"/> Trapping/Handling Animals: _____ <input type="checkbox"/> Toxic/Poisonous Plants: _____	<input type="checkbox"/> Lack of Potable Water <input type="checkbox"/> Lack of Sanitary Facilities <input type="checkbox"/> Flying Debris or Impact <input type="checkbox"/> Electrical Hazard <input type="checkbox"/> Fire Hazards (welding, cutting) <input type="checkbox"/> Diving <input type="checkbox"/> Climbing/Strenuous Hiking Required Equipment Used in Field Area <input type="checkbox"/> Snowmobile/ATV <input type="checkbox"/> Boat/Canoe/Kayak <input type="checkbox"/> Forklift Materials Brought to Field Area <input type="checkbox"/> Chemicals <input type="checkbox"/> Biological <input type="checkbox"/> Radiological <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Known Hazards
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Section III.

Safety Plan: Describe safety provisions or procedures for the hazard(s) identified in the field research activities. (Attach separate sheet of paper if necessary)

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<p>Personal Protective Equipment or Clothing Required: All field activities require basic protection including appropriate field clothing, hand protection, safety shoes/boots, and eye protection. Any additional PPE requirements based on the hazards identified as part of minimizing risk of exposure, injury or illness. (Check all that Apply)</p>		
<input type="checkbox"/> Face Shields <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Hard Hat <input type="checkbox"/> Rain Gear	<input type="checkbox"/> Respirator: Type: _____ Cartridge/Filter Type: _____	<input type="checkbox"/> Portable Eye Wash <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Fall Protection <input type="checkbox"/> Extraction Equipment (Confined Space) <input type="checkbox"/> Other: _____
<p>Travel Immunizations: List any required immunizations/prophylaxis required for this field study</p>		
<p>Preparedness (Check all that Apply)</p>		
<input type="checkbox"/> Medications (Taken on a Regular Basis) <input type="checkbox"/> Allergy Treatments (as needed) <input type="checkbox"/> Adequate Food and Water Supplies <input type="checkbox"/> Water Purification Tablets or Filter Devices <input type="checkbox"/> Other: _____		
<p>Safety Training Required</p>		
<input type="checkbox"/> First Aid/CPR	<input type="checkbox"/> Biosafety	
<input type="checkbox"/> Emergency Action and Preparedness	<input type="checkbox"/> Radiation Safety	
<input type="checkbox"/> Project Specific Hazard Communication	<input type="checkbox"/> Laser Safety	
<input type="checkbox"/> OSHA Carcinogens	<input type="checkbox"/> Respiratory Protections	
<input type="checkbox"/> Compressed Gasses and Cryogenic Liquids	<input type="checkbox"/> Forklift/Other Heavy Equipment	
<input type="checkbox"/> Hot Works	<input type="checkbox"/> Confined Space Entrant/Attendant/Supervisor	
<input type="checkbox"/> Dangerous Good/Hazardous Materials Shipping	<input type="checkbox"/> Heat Illness Prevention	
<input type="checkbox"/> Certified SCUBA Diver	<input type="checkbox"/> Other: _____	

Section IV.

Emergency Plan/Procedure: Describe emergency response procedures in an event of an injury, exposure, accident, or other emergency situation. Include emergency communication, evacuation plans, etc. (Attach separate sheet of paper if necessary)

Section V

Itinerary and Residence

Trip Itinerary

Residence

Name and address of the place we are staying:

- _____

Nearest hospital address to this residence:

- _____

Checklist:

- ✓ provide a copy of this completed Plan to all members of your team and your campus
 Contact person,
- ✓ get your necessary vaccinations early
- ✓ assemble your safety gear and first aid kits
- ✓ obtain any required approvals from research safety committees
- ✓ develop a check-in or buddy system while you are in the field

If you have questions or need assistance contact EHS at **(617) 287-5445**