

FIELD SAFETY PLAN – TEMPLATE #2

| | | | |
|------------------------------|--|--|------------------|
| Field Site Location: | <i>Descriptive name of research location (e.g. Carrizo Plain, CA; Tortuguero, Costa Rica)</i> | | |
| Activity Description: | <i>Type, length, and purpose of activity (e.g. hiking 3-4 miles, collecting specimens, etc.)</i> | | |
| Plan Created for: | <i>Name of Research Group / Course / Trip Leader</i> | Date of revision: | <i>Mo-Day-Yr</i> |
| Date(s) of Travel: | <i>Start date, duration, expected return to campus</i> | | |
| Site Information | | | |
| Location | Latitude: XX.XX (from GPS/Map) | Longitude: XX.XX (from GPS/Map) | |
| Site Information | <i>Elevation, terrain, environment.</i> | | |
| Travel to Site | <i>How will participants get to the field site? Note any dangerous roads, conditions.</i> | | |
| Site Access | <i>Are there any particular restrictions or challenges to accessing site? Note any alternate routes or suggested parking areas; gate access codes, etc. Make special note if isolated or remote.</i> | | |
| Environmental Hazards | <i>Describe any dangerous wildlife, insects, endemic diseases, poisonous plants, etc. that participants may encounter. Note intended mitigation measures; discuss prior to trip.</i> | | |
| Security | <i>High risk for harassment or violence? Note intended mitigation measures; discuss prior to trip. For international travel, check the U.S. State Department travel site for current travel alerts.</i> | | |
| No-Go Criteria | <i>What are the conditions under which approach to - or activities at - the site should be stopped or canceled? e.g. heavy rains, electrical storms, snow, temperatures > 100 degrees, within 2 hours of high tide, wave heights over 1 meter, etc.</i> | | |
| Expected Weather | <i>Note extreme conditions that could impact the trip or require additional planning, (e.g. high heat, wind, rain, snow, approaching storm).</i> | | |

| | | | |
|---|---|---|---|
| Drinking Water Availability | <input type="checkbox"/> Plumbed water available <input type="checkbox"/> Water cooler with ice provided <input type="checkbox"/> Bottled water provided <input type="checkbox"/> Natural source and treatment methods (e.g. filtration, boiling, chemical disinfection): | | |
| Access to Shade/Shelter | If forecast exceeds 80°F, shade must be provided by natural or artificial means for rest breaks. <input type="checkbox"/> Building/Structure <input type="checkbox"/> Trees <input type="checkbox"/> Temporary Canopy/Tarp <input type="checkbox"/> Vehicle with A/C <input type="checkbox"/> Other: | | |
| High Heat Procedures | Required when temperatures are expected to exceed 95°F: If possible, limit strenuous tasks to morning or late afternoon hours. Rest breaks in shade must be provided at least 10 minutes every 2 hours (or more if needed). Effective means of communication, observation and monitoring for signs of heat illness are required at all times. Pre-work safety discussion required. <input type="checkbox"/> Direct supervision <input type="checkbox"/> Buddy system <input type="checkbox"/> Reliable cell or radio contact <input type="checkbox"/> Other: | | |
| Emergency Services and Contact Information | | | |
| Local Contact | <i>Name, address & phone #, may be a local colleague/institution, reserve manager, etc.</i> Lodging location: <i>name, address, phone #</i> | University Contact Not on trip. Provide a copy of this plan. | <i>Name, number, email; may be a Professor/PI, department contact, supervisor back on campus, etc.</i> Frequency of check ins: <i>daily, at end of work day, etc.</i> |
| Emergency Medical Services (EMS) | <i>Procedures for contacting emergency medical services.</i> | | |
| Nearest Emergency Room (ER) | <i>Evacuation plan and transportation options to the nearest Emergency Room; include estimated transport time, contact information and driving directions from the site to the nearest provider of emergency medical care. Attach map with specific directions.</i> | | |
| Cell Phone Coverage | Primary Number: Coverage: <i>good, spotty, none</i> Nearest location with coverage: | Satellite phone/device | Device carried? <input type="checkbox"/> yes <input type="checkbox"/> no Type/number: |
| Nearby Facilities | <i>What facilities are available at or near the site: restrooms, water, gas, public phone, store? If not, where are the nearest services along the route?</i> | | |

| | |
|--|---|
| Side Trips | <i>Are side trips planned or allowed during free time? Before or after the planned activities? Are there restrictions, specific rules, or expected code of conduct?</i> |
| Participant Information | |
| Field Team/ Participants | <p>Is anyone working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, develop a communications plan with strict check-in procedures; if cell coverage is unreliable, carry a satellite communication device or personal locator beacon.</p> <p>Primary Field Team Leader: <i>Name, phone number</i></p> <p>Secondary Field Team Leader: <i>Name, phone number</i></p> <p><input type="checkbox"/> Field Team/Participant list is attached as training documentation</p> <p><input type="checkbox"/> Other attachment: e.g. course roster</p> |
| Physical Demands | <i>List any physical demands required for this trip and training/certification provided. e.g. diving, swimming, hiking, climbing, high altitudes, respirators, heights, confined or restricted spaces, etc.</i> |
| Mental Demands | <i>List any unique mental demands required for this trip, e.g. long travel days, high stress environments, different cultural norms, etc.</i> |
| First Aid Training & Supplies | <p>Requires at least one trained person (with current certification) for work at remote sites. CPR also recommended.</p> <p><i>List team members trained in first aid and the type of training received.</i></p> <p>Location and description of group medical/first aid kit: <i>Who is carrying it, where is it stored. Brief description of contents.</i></p> |
| Immunizations or Medical Evaluation | <i>List required immunizations/prophylaxis or required medical evaluation, if applicable.</i> |
| Equipment and Activities – Consult with EHS for specific training and requirements. | |
| Research Activities | <i>Briefly describe the goal of your field operations, e.g. collection of samples, observation of animals/environment, interviews with human subjects, etc.</i> |
| Field Transportation | <i>What vehicles will be used during field operations? e.g. chartered boat, paddle craft, car, ATV, truck with trailer, snowmobile, chartered plane or helicopter, etc. Include all.</i> |
| Research Tools | <i>Briefly describe tools or equipment that will be used to access the research site or during research activities. Indicate specific training required before use, e.g. sharps (knives, razors, needles), hand tools, chainsaws, power tools, heavy machinery, tractors, specialty equipment, firearms; lasers, portable welding/soldering devices; other hazardous equipment or tools.</i> |

| | |
|--|---|
| Chemicals and Hazardous Materials | <p><i>Identify chemicals/hazardous materials that will be used during research activities. Indicate specific training required before use and identify hazards, e.g. flammables, corrosives, etc.</i></p> <p><i>Ensure chemicals are properly labeled (name & hazards, minimum, stored within secondary containment during transport and a spill kit is available.</i></p> <p><i>Attach all associated SOPs and SDSs.</i></p> |
| Other Research Hazards | <p><i>Describe other potential research-associated hazards e.g. handling or shipping hazardous materials (chemical, biological, radiation, and explosives), handling animals, climbing or working at heights, rigging; shoring/trenching, digging/entering excavations, caves, other confined spaces; drone use.</i></p> |
| Personal Protective Equipment | <p>Required—e.g. boots, safety glasses, PFDs, hardhats, etc.</p> <p>Recommended – e.g. walking sticks, gloves, long pants, hats, insect repellent, sunscreen</p> |
| Additional Considerations | |
| Insurance | |
| International Activities | <p>Check with the UNM Purchasing Department regarding required approvals. Visas, permits, finances, import/export controls, transportation of specialized equipment, and data security must be considered.</p> |
| Personal Safety & Security | <p>Personal safety risks during free time should be considered and discussed in advance, e.g., alcohol or drug use, leaving the group, situational awareness, sexual harassment, or local crime/security concerns. Review expectations and set the tone for a safe, successful trip.</p> <p>High Risk Travel: Check the U.S. State Department travel site for current travel alerts.</p> |
| Campus Contacts | |
| UNMPD | <p>505-277-2241</p> |
| Employee Occupational Health Services | <p>505-272-8043</p> |
| EHS | <p>505-277-2753</p> |

| UNM Travel Emergency Assistance | Risk Services | |
|---|---|--|
| Report Injuries | Online Incident Reporting | |
| First Aid Reference – Signs & Symptoms of Illness (examples for heat illnesses included) | | |
| Signs & Symptoms | Treatment | Response Action: |
| <p>HEAT EXHAUSTION</p> <ul style="list-style-type: none"> • Dizziness, headache • Rapid heart rate • Pale, cool, clammy or flushed skin • Nausea and/or vomiting • Fatigue, thirst, muscle cramps | <ol style="list-style-type: none"> 1. Stop all exertion. 2. Move to a cool shaded place. 3. Hydrate with cool water. | <p><i>Heat exhaustion is the most common type of heat illness. Initiate treatment. If no improvement, call 911 and seek medical help. Do not return to work in the sun. Heat exhaustion can progress to heat stroke.</i></p> |
| <p>HEAT STROKE</p> <ul style="list-style-type: none"> • Disoriented, irritable, combative, unconscious • Hallucinations, seizures, poor balance • Rapid heart rate • Hot, dry and red skin • Fever, body temperature above 104 °F | <ol style="list-style-type: none"> 1. Move to a cooler location. 2. Loosen clothing and spray clothes and exposed skin with water and fan. 3. Cool by placing ice or cold packs along neck, chest, armpits and groin (Do not place ice directly on skin) | <p>Call 911 or seek medical help immediately.</p> <p><i>Heat stroke is a life-threatening medical emergency. A victim can die within minutes if not properly treated. Efforts to reduce body temperature must begin immediately!</i></p> |
| | | |
| | | |

Include any additional resources: route/location maps, photos of general terrain and areas requiring extra caution, etc.

Signature of PI/Supervisor:

I acknowledge this Field Safety Plan has been prepared for field work under my supervision.

| Name | Signature | Date | Phone Number |
|------|-----------|------|--------------|
| | | | |

Field Team/Participant Roster - Training Documentation

I verify that I have read this Field Safety Plan, understand its contents, and agree to comply with its requirements.

| Name/Phone Number | Signature | Date | Emergency Contact/Phone Number |
|-------------------|-----------|------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |