Field Research Project Safety Plan and Risk Assessment Form

Instructions:

- 1. Complete the following information as applicable to your field research project. Attach additional pages if necessary.
- 2. Upon completion of this form, it should be signed by the Principal Investigator and submitted to **Environmental Health & Safety** at **OCB 1.330**.
- 3. Environmental Health & Safety will review this risk assessment and provide feedback on appropriate controls to be implemented during the field research activities. Currently, no safety committee review or approval is required for field research.
- 4. If you have questions on how to complete this form, please contact EHS at (713) 500-8100.

| Project Details Project title or name of | of task: | | | | |
|--|------------|------------------------|----------------------------------|-------------------------------|--|
| Type of activity: | | - | | | |
| Date of risk assessme | ent: | | | | |
| Name of PI or person | in charge: | | | | |
| Department: | | | | | |
| Name of Co-PI (if any | ·): | | | | |
| Contact details: | | Email: | | | |
| | | | | | |
| UTHealth Emergency (not on trip): | Contact | Name: | | | |
| | | | | | |
| | | | | | |
| Geographic location(s | s): | | | | |
| Proposed start and er | nd dates: | Start: | | End: | |
| 「eam member details Leave name column blank ii | (including | PI): re not been re | cruited yet, but list anticipate | d experience and training rec | quirements.) |
| Name | Current ex | | Additional training required | Summary of responsibilities | Enrolled in Occ Health Program? (Y/N/NA) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Insurance

Employees and students may be covered differently in regards to field research related coverage. Review the insurance coverage for each individual to determine if adequate. International travelers must obtain International SOS coverage for their travels. Contact Risk Management & Insurance at 713-500-8100 for more information.

| Summary of Field Research: Briefly describe the overall goal(s) of the project as well as a lay summary below. Please outline the location(s) of the research, the procedures and/or experiments to be performed, and the animals/plants that are anticipated to be encountered. Please use reasonably non-technical terms and identify the health and safety risks associated with the research. Maps and photos of the area in which the research will be performed may also be added. | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | research described above, a portion of this study will be conducted in a laboratory also provide a brief description of the laboratory based work. | | | |
| Setting. If yes, piease a | iso provide a biter description of the laboratory based work. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| General Site Information: | | | | |
| Geographic location(s): | | | | |
| (City, State, Country, other specific location information) | | | | |
| | | | | |
| Location description: (Terrain, elevation, vegetation, etc.) | | | | |
| | | | | |
| Directions to site: | | | | |
| Assembly Areas: | | | | |
| (Primary and secondary, if applicable) | | | | |
| Expected temperature/weather: | | | | |
| Access to shade/shelter: | | | | |

| Local Information: | | | | | |
|--|------------------|-----------|---------------------------|-----------------------------|---------------------------|
| Local contact information: | | | | | |
| Nearest Emergency Medical Services: | | | | | |
| Nearest Emergency Department: | | | | | |
| Nearby services: (Restrooms, gas, water, public phones, etc.) | | etc.) | | | |
| Animala and Dlanta Anti | ainatad ta h | o Ence | ountored/Transped/Uer | adla di | |
| Animals and Plants Antic Taxa being studied (be specific if possible) | Manner handli | r of | Handling risks | Potential zoonotic diseases | Risk controls in place |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Trapping and handling of versubmission to the AWC office for further inform | ce. Observation. | onal stud | dies may or may not requi | ire this, depending on the | study. Contact the |
| General Safety Measures | •• | | | | |
| Go/no go criteria: | | | | | |
| Access to drinking water: | | | | | |
| High Heat Procedures: (required when temperatures are expected to exceed 95°F) | | | | | |
| Personal Protective Equipment: (required and recommended) | | | | | |
| First Aid Training: (list team member(s) and type of training) | | | | | |
| First Aid Kit: (name of person carrying kit and its contents) | | | | | |

| (List required physical demands for this properties of the Physical demand) | | | al risks | | controls in place |
|---|-----------------|------------------------|---------------|--------------|---------------------------------------|
| - | | | | | • |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| hemicals: | | | | | |
| List any chemicals that are t | | | | | |
| Chemical | _ | ume used in | Potential hea | alth 1 | ransport and storag considerations |
| name | ех | periments ¹ | Effects | | considerations |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| other Risks: List any other risks, which h | ave not been | | | | |
| Risk | | Duration (if | applicable) | Co | ntrols in place |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Communication: | | | | | |
| ist methods of communicat | tion to be used | | | and check-in | procedures) |
| Team leader(s): | | Primary tear | m leader: | | |
| (Name and phone number) | | Cocondom: 1 | aama laadam | | |
| · | | Secondary t | eam leader: | | |
| Toom officetures | | | | | |
| (Direct supervision, buddy s | system, workii | ng | | | |
| (Direct supervision, buddy s alone) | system, workii | ng | | | |
| Team structure: (Direct supervision, buddy salone) Check-in procedure: (If teams are splitting up or working alone) | | | | | |
| (Direct supervision, buddy salone) Check-in procedure: (If teams are splitting up or | members are | | | | |

Satellite phone coverage:
(Will device be carried? Nearest location with coverage)

| Travel and Task Specific Immunizations/Prophylaxis: List required immunizations or prophylaxis needed for the work being done as well as the location of the work. Consult Occupational Health to learn about recommended immunizations. At a minimum, field researchers must be enrolled in the UTHealth Occupational Health Program and be vaccinated for tetanus. |
|--|
| |
| |
| Emergency Procedures: Describe emergency plans, in detail, for all field research locations. This includes evacuations, communication, and contacts |
| boothise emergency plane, in detain, for all mole receased in locations. The molades evacuations, communication, and contact |
| |
| |
| |
| |
| |

| Princip | pal Inve | stigato | r Sia | nature |
|---------|-----------|---------|--------|-----------|
| | Jai III V | Jugaro | i Oigi | i iatai C |

| Environmental Health and Safety recommends that the information contained in this risk assessment document |
|---|
| be used to serve as documentation of the field research activity plans for communication to the host department |
| in case an emergency situation occurs in the field. This information may also be used to train study participants |
| on the health and safety considerations for the field research activities. If you have any questions or concerns, |
| please contact Environmental Health and Safety at 713-500-8100. |

| Principal Investigator's Signature |
|---------------------------------------|
| |
| |
| Principal Investigator's Printed Name |
| |
| Date |

Training DocumentationSign here to verify you have read this Field Safety Plan, understand its contents and agree to comply with the requirements

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