

University of California Santa Cruz
FIELD RESEARCH SAFETY PLANNING RECORD

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Pursuant to the UCSC University Field Research Safety Policy, this form, or a similar one, is to be completed by the Principal Investigator and submitted to the Department Head (or equivalent) prior to departure on field research. Multiple trips to the same site or group of sites can be covered by one form. The form is good for a single academic year and a new form must be completed annually.

DEPARTMENT:	PRINCIPAL INVESTIGATOR:
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LOCATION OF FIELD RESEARCH:

Country: _____

Geographical Site: _____

Nearest City: _____
 (name, distance to)

NATURE OF RESEARCH: _____

DATE OF DEPARTURE:	DATE OF RETURN:
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FIELD RESEARCH TEAM Chain of Responsible Leadership NAME	CATEGORY (check all that apply)			
	Team Leader	Team Member	Other (specify)	Trained First Aider

PHYSICAL DEMANDS:

? Diving and other Underwater Activities	? _____
? Climbing	? _____
? High Altitude	? _____
? _____	? _____

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RISK ASSESSMENT:

List identified risks associated with activities or environment (e.g. extreme heat or cold, wild animals, endemic disease, firearms, explosives, violence), and measures for eliminating or reducing risks to acceptable levels:

RISK	PRECAUTION
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

TRAVEL IMMUNIZATION/PROPHYLAXIS REQUIREMENTS:

- | | | |
|-------------------------|----------------|---------|
| ? Diphtheria | ? Polio | ? _____ |
| ? Hepatitis A | ? Rabies | ? _____ |
| ? Hepatitis B | ? Rubella | ? _____ |
| ? Japanese encephalitis | ? Tetanus | ? _____ |
| ? Malaria | ? Typhoid | ? _____ |
| ? Measles | ? Yellow Fever | ? _____ |

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EMERGENCY PROCEDURES

Detailed Emergency Plan for Research location:
 (Include information on communication and evacuation plans)

University Contact and Phone No.

- 1.
- 2.
- 3.
- 4.

Local Contact and Phone No.

- 1.
- 2.
- 3.
- 4.

I, the undersigned, acknowledge that, in keeping with the University's Field Research Safety Policy:

- (a) I have been fully informed of the risks of this field research and that I accept them;
- (b) I will comply with the established safety procedures;
- (c) I am in a satisfactory state of health to undertake the research; and
- (d) I have received all of the prescribed immunizations.

ACKNOWLEDGEMENT OF TEAM MEMBERS:

NAME (Please Print)

SIGNATURE

DATE

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Signature of Department Head (or equivalent)

I acknowledge receipt of this document:

Name (please print)

Signature

Date