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| --- | --- | --- | --- | --- |
|  | **Print Name** | **Initial** | **Title** | **Date** |
| **Author** |  |  |  |  |
| **Reviewed by** |  |  |  |  |
| **Authorized by**  |  |  |  |  |

**DATE CREATED: LAST REVISED: REVISION NO.:**

**Field Trip Leader**

|  |  |
| --- | --- |
| **Name** | **Contact Number** |
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**DESIGNATED CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESIGNATED CONTACT 24 HOUR NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PURPOSE OF FIELD EXCURSION**

What is the objective of the field work being conducted?

**FIELD SITE LOCATION AND TRAVEL ROUTES**

Where are the field sites being visited? Include addresses, GPS coordinates, location names (e.g., state or national park name) as applicable. If a specific location at the field site has been established for operations, you may include an aerial map of the area with travel routes, camp sites, etc. Include directions to travel to the field site.

**TIMELINE OF PROPOSED WORK**

Is this a day trip (i.e., no overnight stay)?  Yes  No

Are multiple geographic locations being visited?  Yes  No If yes, have travel routes been identified? 

Complete the daily breakdown for each day of the field excursion. Add daily charts as needed.

|  |  |  |
| --- | --- | --- |
| **Day 1: Date** |  | **WEATHER** |
| Departure Time: | AMPM |  |
| Starting Location: |  |
| End Location: |  |
| Estimated travel time to field site:  | Hours |
| Estimated time at field site: | Hours |
| Estimated travel time back “home”: | Hours |
| Arrival time back “home”: | AMPM |

|  |  |  |
| --- | --- | --- |
| **Day 2: Date** |  | **WEATHER** |
| Departure Time: | AMPM |  |
| Starting Location: |  |
| End Location: |  |
| Estimated travel time to field site:  | Hours |
| Estimated time at field site: | Hours |
| Estimated travel time back “home”: | Hours |
| Arrival time back “home”: | AMPM |

**GO / NO-GO CRITERIA**

* Yes  No Is the vehicle travel ready?
* Yes  No Have all field participants read and signed the Field Safety Plan?
* Yes  No Have all field participants provided emergency contact and insurance info?
* Yes  No Is the weather suitable for travel and work at the field site?
* Yes  No Is all necessary equipment in good working order and
* Yes  No Has all equipment been serviced within appropriate date ranges?

**I certify that all GO / NO-GO conditions received a YES response, and the field excursion can proceed as planned.**

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Signature Role

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Date

**FIELD HAZARDS**

Complete the Field Activity Risk Assessment and list identified hazards in the table below.

Identify all potential hazards that may be encountered by field participants, the risk associated with each and the appropriate mitigation techniques. Include additional helpful information, PPE, training requirements, cautionary statements, tips, definitions, quality controls, positive/negative controls, etc. QR codes to videos on equipment, etc. can be helpful.

|  |  |  |
| --- | --- | --- |
| **Hazard** | **Harm/Injury/Damage** | **Mitigation** |
| * Vehicular travel
 | * Collision
* Personal injury
* Mechanical problems
* Tire trouble
 | * Alert driver
* Inspection of vehicle prior to departure to circumvent vehicle failure
* Pre-planning routes
 |
| * Hot weather (temperature range)
 | * Dehydration
* Heat illness – heat rash, heat cramps, heat exhaustion, heat stroke
 | * Drink plenty of water
* Plan work for coolest parts of day
* Wear sunscreen and SPF blockers
* Take frequent breaks
* Learn to recognize symptoms of heat illness
* Bring cooling towels, instant cold packs, fresh water, and clean towels to treat heat illnesses
 |
| * Exposure to small particulates while collecting dirt samples
 | * Eye, respiratory tract irritation
 | * Splash goggles in high particulate hazard areas
* Dust mask for sensitive individuals
* Establish work area with wind to your backside
 |

**CLOTHING ITEMS AND PROTECTIVE EQUIPMENT**

List necessary clothing items and PPE.

* Cold weather gear
* Disposable gloves
* DOT-, Snell, ANSI-approved helmet
* Dust mask
* Hard hat
* Hiking boots
* Long pants
* Reflective safety vest
* Safety glasses
* Splash goggles
* Steel-toed boots
* Sun hat
* Sunglasses
* USCG-approved floatation devices
* Work gloves

**EMERGENCY EQUIPMENT**

* First Aid Kit (required)
* Instant cold packs
* Glucose tablets
* Fire extinguisher
* Saline eye wash
* Spill kit
* Satellite phone

**REQUIRED DOCUMENTS**

* Field Safety Plan
* Standard Operating Procedures
* Field participant insurance information
* Institutional insurance information
* Vehicle insurance information
* Required permits

**MATERIALS**

List **Everything** you need for the field excursion - disposable supplies, equipment, etc. You may choose to develop a separate field participant materials list.

Will hazardous materials be transported to the field for work?  Chemicals  Compressed Gas

Please describe appropriate packaging and transport procedures.

Will any samples / materials be transported back from the field?  Yes  No

Please describe materials, appropriate packaging, and transport procedures.

**EMERGENCY PRE-PLANNING**

Local Emergency Contacts for the field site. Include closest hospital, Police/Sherriff Departments and appropriate State and Federal Offices (National Forest Service, National Park Service offices, State Park Headquarters).

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| --- | --- | --- |
| **Contact** | **Address** | **Phone Number** |
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**Minor Injury**

1. Check the scene for safety.
2. Obtain consent from the person if you can.
3. Don clean gloves to treat any wounds.
4. Determine the type of injury and begin treatment. Your first aid kit may include an instructional sheet for common traumas.
5. Continue to check on the person.
6. Submit a SCAN report when you can.
7. Submit the appropriate incident report to Risk Management when able.

**Major Injury**

1. Check the scene for safety.
2. Call 911.
3. Don clean gloves to treat any wounds.
4. Determine the type of injury and begin treatment. Your first aid kit may include an instructional sheet for common traumas.
5. If evacuation of the field site is necessary to reach medical assistance, plan an evacuation plan upon arrival to the field site.
6. Continue treatment until medical personnel arrive.
7. Submit the appropriate incident report to Risk Management when able.

**Particulates in the Eye**

1. Check the scene for safety.
2. Obtain consent from the person if you can.
3. Don clean gloves to treat any wounds.
4. Flush the eye with clean water or saline solution. Tilt the head to that the liquid runs off the face and does not contaminate the other eye.
5. Continue flushing until eyes are comfortable. Remove any contact lenses if wearing.
6. Continue to check on the person.
7. Submit a SCAN report when you can.
8. Submit the appropriate incident report to Risk Management when able.

**REFERENCES**

Supportive literature for the materials and methods, other applicable SOPs, pictures, etc.

**ACKNOWLEDGMENT OF PROFICIENCY**

The individuals below have been trained or renewed training and are competent in completing the attached procedure.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participant Name** | **Participant Signature** | **Date** | **Insurance Received √** | **Supervisor****Initial** | **Date** |
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