

Texas A&M University Fieldwork Safety Plan

This form should be used by the Fieldwork Leader (e.g. PI) to assist with the development of a Fieldwork Safety Plan. This completed Safety Plan, or one of equal content, shall be filed with the Department Head (or equivalent) prior to any fieldwork travel. Multiple trips to the same location can be covered by a single Safety Plan. The safety Plan should be revised when there is a change in the location or scope of the fieldwork or each semester.

Department:		Fieldwork Leader (e.g. PI):	1			
Department.		Tiolawork Edador (c.g. 1 1).	•			
Phone Number:		E-mail Address:				
i none rumber.		L-man Address.				
Date of Departure:		Date of Return:				
Date of Departure.		Date of Return.				
O		'an at Etables of Occurs N				
Geographical Site: Nearest Col						
Services: (Name, Distance from Ge	eographical Site) (L	ocation, distance from Geographic	ai Site)			
Description of Fig. 1 and						
Description of Fieldwork:						
Emergency Contacts: Fieldwork Leader: University Contact:						
rieidwork Leader:		University Contact:				
Name:	Phone:	Name:	Phone:			
Alternate Fieldwork Leader:		University Contact:				
Namo	Dhono:	Name:	Phone:			
Name:	Phone:	inallie.	FIIONE.			



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to emergency and evacuation	on information for the fieldwork lo I an essential component of an er	
First Aid / CPR Training: (the type of training and exp	List all individuals who are trained iration of training.)	d in First Aid and CPR including
Name	Type of Training	Expiration
Physical Demands		
Diving	☐ Extreme Heat	☐ Walking for long periods
Climbing	☐ Extreme Cold	☐ Work at night
☐ High Altitude	☐ Manual Lifting	☐ Other (please specify)



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Identify risks associated with fieldwork activities or the environment surrounding fieldwork activities (e.g. violence, water, extreme heat or cold, wild animals, endemic disease, firearms, explosives, high altitudes, climbing, etc). Also list appropriate measures to be taken to reduce the risks.

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Risk	Preventative Measure				
1					
2					
2					
3					
4					
5					
6					
7					
8					
9					
9					
Travel Immunizations: (D	loose list required immunizations / prophyloxic according to				
Travel Immunizations: (Please list required immunizations / prophylaxis according to physician recommendations).					
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Acknowledgement of Fieldwork Members

I acknowledge that I have reviewed Texas A&M University's Fieldwork Safety Guidelines and: (Include a separate sheet if necessary).

a) I have been fully informed of the risks of the fieldwork and I accept them; b) I have reviewed and will comply with the established emergency procedures; c) I have received all the prescribed immunizations; and d) I am in a satisfactory health to participate in the fieldwork.

Name	UIN	Signature	Date			
Signature of Fieldwork Le	ader (PI)					
I acknowledge that this Fieldwork Safety Plan was prepared in keeping with the minimum requirements of the Texas A&M University Fieldwork Safety Guidelines:						
Name (print)	Signature	Э	Date			
Name (print)	Signature	Э	Date			
Signature of Department Head						
Name (print)	Signature	Э	Date			