

# FIELD HAZARD ASSESSMENT FORM

This form should be used to communicate hazards and required safety measures to field researchers prior to travel. The completed form should be provided to all field researchers. A copy of the form should be kept by the Principal Investigator (PI), Instructor, or designee.

|  |   |                |   |                          |
|--|---|----------------|---|--------------------------|
| <b>1.</b>  | <b>FIELD RESEARCH PROJECT INFORMATION</b> |                |   |                          |
| <b>Field Research Project Name or Title</b>  |   |                |   |                          |
| Name or Title  |   |                |   |                          |
| <b>Field Research Description</b><br>(Provide a brief description of the field work or activity)   |   |                |   |                          |
|  |   |                |   |                          |
| <b>Principal Investigator (PI)/Instructor/Designee Information</b>   |   |                |   |                          |
| Name   |   | TU ID#         |   | Department               |
|  |   |                |   |                          |
| E-mail   |   | Campus Phone # |   | Cell/After Hours Phone # |
|  |   |                |   |                          |
| <b>Travel Dates</b><br>(List multiple dates if more than one trip is planned)<br>(If specific dates are not available, indicate range or season)         |   |                |   |                          |
|  |   |                |   |                          |
| <b>2.</b>  | <b>SITE INFORMATION</b>                   |                |   |                          |
| <b>Geographic Location</b><br>(If specific location is not available, indicate the nearest location)   |   |                |   |                          |
| Field Site Name  |   |                | Coordinates (Latitude, Longitude)                               |                          |
| Country  |   | State          | City  |                          |
| Link to online Map<br>(Attach a hard copy if not available)  |   |                |   |                          |
| <b>3.</b>  | <b>FIELD TEAM/PARTICIPANT ROSTER</b>      |                |   |                          |
| <b>Field Team/Participants List</b>  |   |                |   |                          |
| <input type="checkbox"/> Field Team/Participant List is attached as training documentation. Refer to Research Specific Training for Field Work-Checklist |   |                | <input type="checkbox"/> Other attachment (e.g., course roster) |                          |

|   |   |
|---|---|
| 4.  | <b>FIELD ACTIVITIES &amp; ITEINERARY</b>  |
| <p>This should include the scope of the expected work and a schedule of the trip. For example: Field activities include sampling sand in ten locations (list) along the Delaware Bay. The trip will start at 9:00 am 2/4 and will conclude by 5:00 pm 2/5. Lodging on 2/4 will be at a reserved campsite in State Park.</p>   |   |
|   |   |
| 5.  | <b>FIELD RULES &amp; RESPONSIBILITIES</b> |
| <p>These are set by the PI, Instructor or designee and should cover conduct and any site-specific guidelines, include requirements for off-duty hours. For example: <i>When lodging at the National Park, researchers are expected to not intentionally damage or disturb vegetation, wildlife, or natural formations. Researchers will not collect samples in this location.</i></p> |   |
|   |   |
| 6.  | <b>COMMUNICATION PLAN</b>                 |
| <p>This should indicate how frequently and how the field team members should check-in with the university contact, PI, Instructor, or designee.</p>   |   |
|   |   |

The Field Activity Hazard Identification section is where all the potential hazards that may be present during field activities are identified. The description should include the scope of the hazard with respect to the field activity. For example, if you select "Strenuous physical activity" an appropriate description could be *long hikes, 50-lb. pack, activities for 10 days, etc.*

If a hazard is identified, appropriate safety measures to control this hazard should be described in the control(s). Use the hazard fact sheets located on our website to help choose safety controls for specific hazards. For example, if you select "Animal Encounter"-Summary: *May encounter poisonous sea urchins.* Personal Protective Equipment could include *Puncture-resistant Gloves.*

Other Safety Measures could include *No lone work can be conducted in this area.*

If you need assistance in identifying hazards or choosing appropriate safety measures, contact EHRS.

- Hazards associated with conducting regular field activities (check all that apply and provide description and controls to be used).
- Examples of controls include:

| ENGINEERING   | ADMINISTRATIVE   | PERSONAL PROTECTIVE EQUIPMENT (PPE)   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Walls</li> <li>• Mufflers</li> <li>• Noise Reducing Insulation</li> <li>• Machine Guards</li> <li>• Safety Cones</li> <li>• Other</li> </ul> | <ul style="list-style-type: none"> <li>• Rotating Schedule</li> <li>• Vaccinations</li> <li>• SOPs</li> <li>• Training</li> <li>• Other</li> </ul> | <ul style="list-style-type: none"> <li>• Gloves</li> <li>• Safety Glasses/Sunglasses</li> <li>• Fall Protection Harness</li> <li>• Reinforced Toe Shoes</li> <li>• Sunscreen</li> <li>• Hardhat</li> <li>• Other</li> </ul> |

| ACTIVITY HAZARD   | DESCRIPTION | CONTROL(S)  |
|---|-------------|-------------|
| <input type="checkbox"/> Use of mechanical equipment  |             |             |
| <input type="checkbox"/> Strenuous physical activity  |             |             |
| <input type="checkbox"/> Off-road driving   |             |             |
| <input type="checkbox"/> Use of tools (axes, saws, picks, etc.)   |             |             |
| <input type="checkbox"/> Use of chemicals   |             |             |
| <input type="checkbox"/> Noise exposure   |             |             |
| <input type="checkbox"/> Lone worker  |             |             |
| <input type="checkbox"/> Night work   |             |             |
| <input type="checkbox"/> Work with animals  |             |             |
| <input type="checkbox"/> Work potentially involves human, plant, animal infectious agents, or other biological hazards (indicate) |             |             |
| <input type="checkbox"/> Use of boat or diving equipment  |             |             |
| <input type="checkbox"/> Excavation, trenching, or other confined space   |             |             |
| <input type="checkbox"/> Carrying/Use of Firearms or other weapons  |             |             |
| <input type="checkbox"/> Other (indicate)   |             |             |
| LOCATION HAZARD   | DESCRIPTION | CONTROLS(S) |
| <input type="checkbox"/> Limited access to reliable means of communication  |             |             |
| <input type="checkbox"/> Personal security issues   |             |             |
| <input type="checkbox"/> Travel to private property   |             |             |

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Limited access to potable drinking water and appropriate food storage |  |  |
| <input type="checkbox"/> Animal encounter (indicate species)                                   |  |  |
| <input type="checkbox"/> Poisonous plant encounter (indicate species)                          |  |  |
| <input type="checkbox"/> Camping outdoors  |  |  |
| <input type="checkbox"/> Roadside work   |  |  |
| <input type="checkbox"/> Use of fire, or other hot work activities                             |  |  |
| <input type="checkbox"/> Hiking over uneven terrain  |  |  |
| <input type="checkbox"/> Technical climbing  |  |  |
| <input type="checkbox"/> Proximity, crossing, or entering a body of water                      |  |  |
| <input type="checkbox"/> High elevation  |  |  |
| <input type="checkbox"/> Potential for wildfires   |  |  |
| <input type="checkbox"/> Underground area (e.g., cave, mine)                                   |  |  |
| <input type="checkbox"/> Canyon, valley, or floodplain   |  |  |
| <input type="checkbox"/> Work at height (fall potential of >6 feet)                            |  |  |
| <input type="checkbox"/> Sun/UV exposure   |  |  |
| <input type="checkbox"/> Extreme heat  |  |  |
| <input type="checkbox"/> Heavy traffic   |  |  |
| <input type="checkbox"/> Extreme cold  |  |  |
| <input type="checkbox"/> Potential of being outside during a storm                             |  |  |
| <input type="checkbox"/> Potential of severe storms (e.g., tornado)                            |  |  |

|  |   |                    |
|--|---|--------------------|
| <input type="checkbox"/> Travel to a country with an active travel alert or warning from the U.S. State Department   |   |                    |
| <input type="checkbox"/> Other (indicate)  |   |                    |
| <b>HEALTH HAZARD</b>   | <b>DESCRIPTION</b>  | <b>CONTROLS(S)</b> |
| <input type="checkbox"/> Work could exacerbate pre-existing health concerns  |   |                    |
| <input type="checkbox"/> Potential for allergic reaction   |   |                    |
| <input type="checkbox"/> Potential for dehydration   |   |                    |
| <input type="checkbox"/> Potential exposure to vector-borne disease (see below)  |   |                    |
| <input type="checkbox"/> Potential exposure to other endemic diseases (indicate)   |   |                    |
| <input type="checkbox"/> Other (indicate)  |   |                    |
| <b>8.</b>  | <b>IMMUNIZATION or MEDICAL EVALUATION (if applicable)</b> |                    |
| List required immunizations/prophylaxis or required medical evaluations. (CDC provides recommendations based on location, <a href="http://wwwnc.cdc.gov/travel">wwwnc.cdc.gov/travel</a> ). For additional medical guidance and immunization services, please contact Employee Health Services at (215)-707-2679 or your primary care physician. Allow at least six weeks prior to trip. |   |                    |
|  |   |                    |
| <b>9.</b>  | <b>FIELD HAZARD IDENTIFICATION VERIFICATION</b>           |                    |
| I acknowledge that this field hazard identification is accurate, and the contents will be shared and communicated with all members participating in this field research project/activity.  |   |                    |
| PI/Instructor/Designee<br>Name   | Signature   | Date               |
|  |   |                    |