

## Virginia Tech Fieldwork Safety Plan

This form or some other established Safety Plan (i.e. Federal, State, lab specific) should be completed by the Principal Investigator (PI), lead instructor, clinical coordinator, or Field Team Leader prior to commencement of activities. **The completed Safety Plan must be shared with all the members of the fieldwork team and kept on file on campus.** A single Safety Plan can cover multiple trips to the same location. The Safety Plan must be revised whenever a significant change to the location or scope of fieldwork occurs. The VT Office of Research Compliance (540-231-7678 or <http://www.acc.vt.edu>) and the Environmental Health and Safety Office (540-231-3600 or <http://www.ehss.vt.edu>) are available to assist in completion or review of the Safety Plan.

### Principal Investigator/Lead Instructor/Clinical Coordinator Contact Information:

Name:	
Department:	
Phone Number:	
Email Address:	

**Dates of Travel:** *(List multiple dates if more than one trip is planned.)*

### Location of Fieldwork:

Country:	
Geographical Site:	
Nearest City: <i>(Name, distance from site)</i>	
Nearest Hospital: <i>(Name, distance from site, phone number)</i>	

**Type of fieldwork:** (Please include a brief description of the type of work to be performed and list any animals handled.)

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### University Contact:

Name and Phone Number:	
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### Local (Field) Contact

Name and Phone Number:	
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**Communication Plan:** (Describe planned communication, including frequency of contact with university and local contacts.)

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**Emergency Procedures:** Please include detailed plans for field location, including evacuation plans and emergency communication. (Emergency contact information must be included for each participant in the participant list of the following page.)

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**First Aid Training:** (Please list any team members who are trained in first aid and the type of training received.)

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**Physical Demands:** (Please list any physical demands required for this field research; e.g., diving, climbing, high elevation.)

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**Risk Assessment:** Please list identified risks associated with the activity or the physical environment (e.g., extreme heat or cold, wild animals, endemic diseases (human and zoonotic), travel risks, rough terrain, firearms, explosives, violence). List appropriate measures to be taken to reduce the risks. *Add additional rows or include a separate sheet if necessary.*

Identified Risks	Controls
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**Travel Immunizations:** (Please list required/obtained immunizations and prophylaxis).

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**Field Team Membership:** (Please list the names, VT PIDs, and emergency contact information for all members of the field team, and identify the Field Team Leader.)

Participant name	VT PID	Emergency Contact Name	Emergency Contact Phone number
<b>Team Leader:</b>			
<b>Team Members:</b>			

**Training Certification:**

By signing below the Principal Investigator, Lead Instructor, Clinical Coordinator, or Field Team Leader verifies that he or she has shared the contents of this safety plan with all team members and that they are familiar with the risks, prevention measures, and emergency plans.

<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

*Give copies of this completed, signed form to your supervisor and the Department Head.*