



Laboratory Safety

PI Off Campus Fieldwork Safety/Risk Plan

This form may be used by the Principal Investigator (PI) or Field Team Leader to develop a Safety Plan. **The completed Safety Plan must be shared with all the members of the fieldwork team and kept on file on campus.** UTSA's Lab Safety team is available to assist in completion or review of the Safety Plan (210-458-8515).

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:

(Name, distance from site)

Nearest Hospital:

(Name, distance from site, phone number)

Type of fieldwork: *(Please include a brief description of the type of work to be performed.)*

University Contact:

Name and Phone Number:

Local (Field) Contact

Name and Phone Number:

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

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.)*

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

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

Risk Assessment: Please list identified risks associated with the activity or the physical environment (e.g., extreme heat or cold, wild animals, endemic diseases, 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
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- 1.
- 2.
- 3.
- 4.
- 5.

Travel Immunizations: (Please list required immunizations/prophylaxis.) *Contact Occupational Health and Wellness (210-458-4038) for assistance.*

Field Team Membership: (Please list the names, ID numbers (abc123), and emergency contact information for all members of the field team, and identify the Field Team Leader.)

Participant name	ID number (abc123)	Emergency Contact Name	Emergency Contact Phone number
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Team Leader:

Team Members:

Training Certification:

By signing below the Principal Investigator 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.

Signature

Printed Name

Date