

Instructions: Please complete this form and email to ehrs@ehrs.upenn.edu. EHRS will review and confirm/assign appropriate training and personal protective equipment and return the updated form.

General Information

Group ID	<i>Name of the research group/course/other group:</i>		
Group Leader Contact	<i>Contact information including cell phone and email:</i>		
Activity Description	<i>Description of the activity/purpose of trip:</i>		
Location	<i>Name and address of the study/research location(s):</i>		
Date(s) of Travel		Date of Plan:	
Location Coordinates	Latitude:		Longitude:
Site Details	<i>Type of terrain, environment, (hot, cold), altitude, etc.</i>		
Lodging Information	<i>Name, address, phone. List all applicable lodging locations with associated dates.</i>		
Means of Travel	<i>How will the team get to the site? Note potential travel hazards.</i>		
Site Access	<i>Are there any restrictions to accessing the site? Note any alternate routes, parking areas, gate controls, etc. Note if the location is isolated or remote:</i>		
Nearby Facilities	<i>Are needed facilities available at or near the site: restrooms, water, fuel, public phone, store? If not, where are the nearest available facilities?</i>		
Side Trips	<i>Are side trips planned or allowed during free time? Before or after the planned activities? Are there restrictions, specific rules, or expected code of conduct?</i>		

Penn Field HAT

Field Hazard Assessment Tool

Field Team/Participants	Is anyone working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, develop a communications plan with strict check-in procedures; if cell coverage is unreliable, carry a satellite communication device or personal locator beacon. Primary Field Team Leader: Name, phone: Secondary Field Team Leader: Name, phone: <input type="checkbox"/> Field Team/Participants listed on page 7 or attached.		
Means of Communication	Primary Phone Number: Cell Coverage: <input type="checkbox"/> Good <input type="checkbox"/> Spotty <input type="checkbox"/> None Nearest location with cell coverage:	Satellite phone/device	Device carried? <input type="checkbox"/> Yes <input type="checkbox"/> No Type/number:

Emergency Information			
Local Contact @ Field Site	<i>Name, address, phone</i>	University Contact Not on trip.	<i>Name, phone, email</i> Frequency of check-ins: <i>Daily, End of workday, etc.</i>
Emergency Medical Services (EMS)	<i>Contact information and procedures for contacting emergency services (law enforcement and medical).</i>		
Nearest Emergency Department (ED)	<i>Evacuation plan and transportation options to the nearest Emergency Department: Include estimated transport time, contact information and driving directions from the site to the nearest provider of emergency medical care. Attach map with specific directions.</i>		
First Aid Training & Supplies	EHRS recommends at least one trained person (with current certification in CPR and First Aid) for work at remote sites. <i>Request to sign out an AED for the trip</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>List team members trained in CPR/first aid and the type of training received.</i> <input type="checkbox"/> N/A Location and description of group medical/first aid kit: <i>Who is carrying it, where is it stored. Brief description of contents.</i> <input type="checkbox"/> N/A		
Immunizations or Medical Evaluation	<i>List required immunizations/prophylaxis or required medical evaluation, if applicable.</i> For information on required or recommended immunizations/prophylaxis or medical clearance related to your research protocol, contact Penn Occupational Medicine at (215) 316-5151. <input type="checkbox"/> N/A		

Hazard Information	
Physical Demands	<p>List any physical demands required for this trip and training/certification provided. e.g. diving, swimming, hiking, climbing, high altitude, respirators, heights, confined or restricted spaces including excavations, trenches etc. (consult with EHRS regarding appropriate training & documentation).</p> <p><input type="checkbox"/> N/A</p>
Mental Demands	<p>List any unique mental demands required for this trip, e.g. long travel days, high stress environments, different cultural norms, etc.</p> <p><input type="checkbox"/> N/A</p>
Security	<p>Is there a high risk for harassment or violence? Note intended mitigation measures. For international travel, check the U.S. State Department travel site for current alerts.</p> <p><input type="checkbox"/> N/A</p>
Environmental Hazards	<p>Describe any dangerous wildlife, insects, endemic disease, poisonous plants, etc. that may be encountered. Note intended mitigation measures.</p> <p><input type="checkbox"/> N/A</p>
Expected Weather	<p>Consider potential weather hazards including flash floods, heat, cold, lightning, etc. Describe:</p>
Drinking Water Availability	<p> <input type="checkbox"/> Plumbed water available <input type="checkbox"/> Water cooler with ice provided <input type="checkbox"/> Bottled water provided <input type="checkbox"/> Natural source and treatment method (e.g. filtration, boiling, chemical disinfection) </p> <p>Describe:</p>
Relief From Temperature Extremes	<p>If the forecast exceeds 80°F, shade must be available for rest breaks. For cold conditions, list means to be used to provide warming.</p> <p> <input type="checkbox"/> Building Structures <input type="checkbox"/> Trees <input type="checkbox"/> Canopy/Tarp <input type="checkbox"/> Vehicle with Heat or A/C <input type="checkbox"/> Other </p> <p>Describe:</p>

Equipment and Activities	
Safety Training	<p><i>Check relevant training needs on page 6. EHRS shall review and may assign training as well.</i></p> <p><i>Online training can be completed within Workday. Contact EHRS to coordinate instructor lead training.</i></p>
Field Research/Study Activities	<p><i>Provide a brief description of your field study/research operations:</i></p>
Field Transportation	<p><i>What vehicles will be used during field operations? e.g. car, ATV, truck with trailer, boat, chartered aircraft, etc.</i></p>
Field Research/Study Tools	<p><i>Briefly describe any tools or equipment that will be used during field work activities. Place special attention on items that require specific training. e.g. sharps (knives, razors, needles), hand tools, chainsaws, power tools, heavy machinery, tractors, specialty equipment, firearms, lasers, portable welding/soldering devices, other hazardous equipment or tools.</i></p> <p><input type="checkbox"/> N/A</p>
Other Field Research/Study Hazards	<p><i>Describe other potential field research/study-associated hazards e.g. handling hazardous materials (chemical, biological, radiation, and explosives), chemical/biohazardous waste, handling animals, climbing or working at heights, rigging; shoring/trenching, digging, entering excavations, caves or other confined spaces; drone use.</i></p> <p><input type="checkbox"/> N/A</p>
Personal Protective Equipment	<p>Check personal protective equipment required on page 6.</p> <p><input type="checkbox"/> N/A</p>
Shipping of Materials Required?	<p><input type="checkbox"/> Yes</p> <p>Describe:</p> <p><input type="checkbox"/> No</p> <p>Note: A permit may be required for shipping certain materials.</p>

Additional Considerations	
Insurance	Review the University's Auto Liability, General Liability, and Workers' Compensation insurance information at Penn's Insurance & Managing Risk website (Please note, coverage differs for paid staff versus students)
International Activities	Check with Penn Global for support regarding international travel. Check the U.S. State Department travel site for current travel alerts.
Personal Safety & Security	Personal safety risks during free time should be considered and discussed in advance, e.g., alcohol or drug use, leaving the group, situational awareness, sexual harassment, or local crime/security concerns. Review expectations and set the tone for a safe, successful trip.

Campus Contacts	
Public Safety	Call 215-573-3333 or 511 from a Penn campus phone. www.publicsafety.upenn.edu
Clinical Services	Please follow up with Occupational Medicine after an injury to ensure appropriate follow-up and Workers' Compensation coverage. https://www.pennmedicine.org/practices/occupational-medicine?fadf=pennmedicine Faculty/Staff: Penn Occupational Medicine (215) 316-5151 After hours 24/7 Emergency Room; if local: HUP or Presbyterian Students: Student Wellness (215) 746-9355 After hours 24/7 Emergency Room; if local: HUP or Presbyterian
EHRS	(215) 898-4453, www.ehrs.upenn.edu or contact ehrs@ehrs.upenn.edu
Risk Management & Insurance	(215) 898-9802, dofriskmgmt@pobox.upenn.edu
Report Injuries	Complete the University of Pennsylvania's Incident Reporting Form .

Health and Safety Training
<input type="checkbox"/> Online Hazard Communication (Non-Laboratory) (Use or exposure to chemicals)
<input type="checkbox"/> First Aid/Stop the Bleed (Lack of prompt medical attention available)
<input type="checkbox"/> CPR
<input type="checkbox"/> AED
<input type="checkbox"/> Hearing Conservation (EHRS) – (Exposed to loud impact noises or more than 85 dBA for 8-hours)
<input type="checkbox"/> Fall Protection (EHRS) (Exposed to falls of over 4-feet)
<input type="checkbox"/> Ladder Safety (EHRS) (Use of step or extension ladders)
<input type="checkbox"/> Confined Space (EHRS) (Able to bodily enter space with restricted means of entry/exit)
<input type="checkbox"/> Respiratory Protection (EHRS) – (If there is a need or desire to wear a respirator)
<input type="checkbox"/> Online Heat Illness Prevention
<input type="checkbox"/> Online Driver Safety
<input type="checkbox"/> Online Bloodborne Pathogen Training
<input type="checkbox"/> Shipping Of Hazardous Materials and Dangerous Goods (EHRS)
<input type="checkbox"/> Other Training(s) Specify:

Required Personal Protective/Safety Equipment - EHRS Will Assist with Selections	
<input type="checkbox"/> Sturdy over the ankle hiking or work boot	<input type="checkbox"/> Waterproof boots/waders
<input type="checkbox"/> Safety toe shoe/boot	<input type="checkbox"/> Nitrile gloves
<input type="checkbox"/> Heavy duty/specialty gloves	<input type="checkbox"/> Eye protection
<input type="checkbox"/> High visibility clothing, belt, vest	<input type="checkbox"/> Hearing protection
<input type="checkbox"/> Respirator: Note type -	
<input type="checkbox"/> AED	<input type="checkbox"/> Hardhat/climbing helmet
<input type="checkbox"/> First Aid/Stop the bleed kit	<input type="checkbox"/> Confined space air monitoring equipment
<input type="checkbox"/> Skin/clothing protection (Tyvek Suit)	<input type="checkbox"/> Diving equipment
<input type="checkbox"/> Allergic Reaction Epi Pen(s) (Check with team)	<input type="checkbox"/> Fall protection equipment
<input type="checkbox"/> Sun protection - Specify:	
<input type="checkbox"/> Heat mitigation - Specify:	
<input type="checkbox"/> Cold mitigation - Specify:	
<input type="checkbox"/> Wildlife/insect protection - Specify:	
<input type="checkbox"/> Satellite communications	<input type="checkbox"/> Insect repellent
<input type="checkbox"/> Lone worker communication system	<input type="checkbox"/> Bear/wild animal repellent or alerting means
<input type="checkbox"/> Lighting – Headlamps, etc. - Specify:	
<input type="checkbox"/> Disinfection station/supplies	<input type="checkbox"/> Sharps/Infectious waste containers

Roster		
<u>PI/Supervisor (Group Leader):</u> I acknowledge that this safety plan has been prepared for field work under my supervision. All members of the team shall be briefed on the contents of this plan.		
Name	Signature	Date

<u>Field Team Roster:</u> Please note affiliation if not a Penn student or employee.		
Name	Name	Name

Attach any additional resources: Roster, route/location maps, photos, emergency medical plan, equipment guides, etc.

Submit completed form to: <mailto:ehrs@ehrs.upenn.edu>