# Penn Field HAT

## Field Hazard Assessment Tool

**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 Identification** | *Name of the research group/course/project:* | | |
| **Group Leader Contact** | *Contact information including cell phone and email:* | | |
| **Activity Description** | *Description of the activities/purpose of trip:* | | |
| **Location** | *Name and address of the study/research location(s):* | | |
| **Date(s) of Travel** | | **Date of Plan:** | |
| **Coordinates If Remote** | Latitude*:* | Longitude: | |
| **Site Details** | *Type of terrain, environment, hot, cold, high altitude, etc.* | | |
| **Lodging Information** | *Name, address, phone. List all applicable lodging locations with associated dates.* | | |
| **Means of Travel** | *How will the team get to the site? Note potential travel hazards.* | | |
| **Site Access** | *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:* | | |
| **Access to Amenities** | *Are needed amenities available at or near the site: restrooms, water, food, fuel? If not, where can they be found?* | | |
| **Side Trips** | *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?* | | |

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| **Field Team/ Participants** | Is anyone working alone? ☐ Yes ☐ 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.<br>**Primary Field Team Leader:** *Name, phone:*<br>**Secondary Field Team Leader:** *Name, phone:*<br>☐ Field Team/Participants listed on page 7 or attached. | | |
| **Means of Communication** | **Primary Phone Number:**<br>**Cell Coverage:** ☐*Good* ☐*Spotty* ☐*None* **Nearest location with cell coverage:** | **Satellite phone/device** | **Device carried?** ☐ Yes ☐ No<br>**Type/number:** |

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

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| Hazard Information | |
|---|---|
| **Physical Demands** | *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).*<br>☐ N/A |
| **Mental Demands** | *List any unique mental demands required for this trip, e.g. long travel days, high stress environments, different cultural norms, customs, etc.*<br>☐ N/A |
| **Security** | *Is there an elevated risk for harassment or violence? Note intended mitigation measures. For international travel, check the U.S. State Department travel site for current alerts.*<br>☐ N/A |
| **Environmental Hazards** | *Describe any dangerous wildlife, insects, endemic disease, poisonous plants, etc. that may be encountered. Note intended mitigation measures.*<br>☐ N/A |
| **Expected Weather** | *Consider potential weather hazards including flash floods, heat, cold, lightning, etc. Describe:* |
| **Drinking Water Availability** | ☐ Plumbed water available<br>☐ Water cooler with ice provided<br>☐ Bottled water provided<br>☐ Natural source and treatment method (e.g. filtration, boiling, chemical disinfection)<br>Describe: |
| **Relief From Temperature Extremes** | If the forecast exceeds 80°F, shade must be available for rest breaks. For cold conditions, list means to be used to provide warming. Thermal relief shall be provided by the following:<br>☐ Building Structures ☐ Trees ☐ Canopy/Tarp ☐ Vehicle with Heat or A/C ☐ Other<br>Describe: |

| Equipment and Activities | |
|---|---|
| **Safety Training** | *Check relevant training needs on page 6. EHRS shall review and may assign training as well.*<br>*Online training can be completed within Workday. Contact EHRS to coordinate instructor lead training.* |
| **Field Research/Study Activities** | *Provide a brief description of your field study/research operations:* |
| **Field Transportation** | *What vehicles will be used during field operations? e.g. car, ATV, truck with trailer, boat, chartered aircraft, etc.* |
| **Field Research/Study Tools** | *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.*<br>☐ N/A |
| **Other Field Research/Study Hazards** | *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.*<br>☐ N/A |
| **Personal Protective Equipment** | Consider and check personal protective equipment required on page 6.<br>☐ N/A |
| **Shipping of Materials Required?** | ☐ Yes<br>Describe:<br>☐ No<br>Note: A permit may be required for shipping certain materials. |

| 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.<br>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. |
| **Gastrointestinal Illness** | It is common for individuals to experience gastrointestinal illness while traveling due to changes in diet, climate, altitude, and other environmental conditions. For field studies and research in areas lacking nearby restroom facilities, consider keeping an emergency kit on hand with bathroom tissue, sanitizing wipes, and trash bags. Consider adding a pair of scrubs in each size to the kit in case an emergency change of clothes is needed for any reason. |

| Campus Contacts | |
|---|---|
| **Public Safety** | Call **215-573-3333** or **511** from a Penn campus phone.<br>www.publicsafety.upenn.edu |
| **Clinical Services** | Please follow up with Occupational Medicine after an injury to ensure appropriate follow-up and Workers' Compensation coverage.<br>https://www.pennmedicine.org/practices/occupational-medicine?fadf=pennmedicine<br>**Faculty/Staff:** Penn Occupational Medicine (215) 316-5151<br>After hours 24/7 Emergency Room; if local: HUP or Presbyterian<br>**Students:** Student Wellness (215) 746-9355<br>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 |
|---|
| ☐ Online Hazard Communication (Non-Laboratory) (Use or exposure to chemicals) |
| ☐ First Aid/Stop the Bleed (Lack of prompt medical attention available) |
| ☐ CPR |
| ☐ AED |
| ☐ Hearing Conservation (EHRS) – (Exposed to loud impact noises or more than 85 dBA for 8-hours) |
| ☐ Fall Protection (EHRS) (Exposed to falls of over 4-feet) |
| ☐ Ladder Safety (EHRS) (Use of step or extension ladders) |
| ☐ Confined Space (EHRS) (Able to bodily enter space with restricted means of entry/exit) |
| ☐ Respiratory Protection (EHRS) – (If there is a need or desire to wear a respirator) |
| ☐ Online Heat Illness Prevention |
| ☐ Online Driver Safety |
| ☐ Online Bloodborne Pathogen Training |
| ☐ Shipping Of Hazardous Materials and Dangerous Goods (EHRS) |
| ☐ Other Training(s) Specify: |

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

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| Roster | | |
|---|---|---|
| **PI/Supervisor (Group Leader):** 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** |
| | | |

| **Field Team Roster**: Please note affiliation if not a Penn student or employee. | | |
|---|---|---|
| **Name** | **Name** | **Name** |
| | | |
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**Attach any additional resources: Roster, route/location maps, photos, emergency medical plan, equipment guides, etc.**

**Submit completed form to: mailto:ehrs@ehrs.upenn.edu**