

Please complete this form and email to [ehrs@ehrs.upenn.edu](mailto:ehrs@ehrs.upenn.edu).

EHRs will review and confirm/assign appropriate training and personal protective equipment.

Once reviewed, EHRs will return the completed form.

Date Plan Submitted to EHRs	
Date of Plan Return from EHRs	
<input type="checkbox"/> Check if this is a repeat of a past trip	Note Group ID, any changed details, and sign form.

### LOGISTICS

Group Identification	<i>Name of the research group/course/project:</i>	
Travel Dates		
Field Leader Contact	Name: Phone:	
Secondary Field Contact	Name: Phone:	
Local Contact or Chaperone at Field Location	Name: Address:  Phone:	
Other On-Campus Contact	<i>Person on campus who is point of contact for field team or is familiar with the trip.</i> Name: Phone:	
Location	Name and address of the research/study location(s):	
Coordinates (If Remote)	Latitude:	Longitude:
Travel to Primary Field Site(s)	<i>How will the team travel? Note potential travel hazards.</i>	
Local Travel	<i>What vehicles or other means of transportation will be used at the field location(s).</i>	
Lodging Information	<i>Name, address, phone. List all applicable lodging locations with associated dates.</i>	
Means of Communication	Primary Phone #: Cell Coverage: <input type="checkbox"/> Good <input type="checkbox"/> Spotty <input type="checkbox"/> None Nearest location with cell coverage:	

### LOGISTICS

Nearby Amenities & Supplies	<i>Are amenities and supplies available at or near the site: restrooms, water, food, fuel, etc.? If not, how will this be addressed?</i>
Insurance	<i>Review the University's Auto Liability, General Liability, and Workers' Compensation insurance information at <a href="#">Penn's Insurance &amp; Managing Risk</a> website (Please note, coverage differs for paid staff versus students)</i>
International Activities (Penn Global)	<i>Register your trip through <a href="#">Penn Global</a>. Penn Global will guide you through the international travel requirements. Trip registered with Penn Global? Yes <input type="checkbox"/> N/A <input type="checkbox"/></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? <input type="checkbox"/> No <input type="checkbox"/> Yes – Describe:</i>

### HAZARD ASSESSMENT

Activity Description	<i>Description of the activities/purpose of trip:</i>
Site Details	<i>Type of terrain, environment, hot, cold, high altitude, etc.</i>
Site Access	<i>Are there any restrictions to accessing the site? Note any alternate routes, parking areas, gate controls, etc. Note whether the location is isolated or remote:</i>
Drinking Water Availability	<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) <i>Describe:</i>
Working Alone	<i>Is anyone working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>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. Describe:</i>

## HAZARD ASSESSMENT

Physical Demands	<p><i>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 &amp; documentation).</i></p> <p><input type="checkbox"/> N/A</p>
Environmental Hazards	<p><i>Describe any dangerous wildlife, insects, endemic disease, poisonous plants, etc. that may be encountered. Note intended mitigation measures.</i></p> <p><input type="checkbox"/> N/A</p>
Weather and Climate Details	<p><i>Consider potential weather hazards including flash floods, heat, cold, lightning, etc. Describe:</i></p> <p><input type="checkbox"/> N/A</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>
Shipping of Materials Required?	<p><input type="checkbox"/> No <input type="checkbox"/> Yes – Describe:</p> <p>Note: A permit may be required for shipping certain materials (hazardous).</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>

## HAZARD CONTROL

### Training

*Check relevant training needs below. EHRS shall review and may assign training as well.  
Online training can be completed within Workday.  
Contact EHRS to coordinate instructor lead training.*

### Health and Safety Training Checklist

- ☐ 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 noises)
- ☐ 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:

### PPE

*Consider and check personal protective equipment required below.*  
☐ N/A

### 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: <i>Note type</i>                   |   |
| <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 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           |

### HAZARD CONTROL

<b>Communication</b> (Satellite Phone/Device)	Device carried? <input type="checkbox"/> Yes <input type="checkbox"/> No Type/number:
<b>Temperature Relief</b>	<i>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:</i> <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 Describe:

### WELLNESS

<b>Emergency Care</b>	<i>Contact information and procedures for contacting emergency services (law enforcement and medical).</i> <input type="checkbox"/> 911 Available <input type="checkbox"/> 911 Not Available – Describe:
	<i>Nearest Emergency Dept:</i> <i>Evacuation plan and transportation options (include estimated transport time, contact information, and driving directions from the site to closest medical care). Attach map with specific directions.</i>
<b>First Aid</b>	<i>EHRs recommends at least one trained person (with current certification in CPR and First Aid) for work at remote sites.</i> <i>Request to sign out an AED for the trip? Yes <input type="checkbox"/> No <input type="checkbox"/></i> <i>List team members trained in CPR/first aid and the type of training received.</i> <input type="checkbox"/> N/A <i>Location and description of group medical/first aid kit: Who is carrying it, where is it stored. Brief description of contents.</i> <input type="checkbox"/> N/A
<b>Immunizations</b>	<i>List required immunizations/prophylaxis or required medical clearance, if applicable.</i> <i>For information on required or recommended immunizations/prophylaxis or medical clearance related to the trip contact Penn Occupational Medicine at (215) 316-5151 or Student Health for Students (215) 746-9355.</i> <input type="checkbox"/> N/A

## WELLNESS

<b>Personal Security &amp; Safety</b>	Personal safety risks during free time should be considered and discussed in advance, e.g., alcohol or drug use, leaving the group, situational awareness, or local crime/security concerns. Review expectations and set the tone for a safe, successful trip.
<b>Interpersonal Violence and Harassment</b>	If you think you or someone you know may have experienced sexual violence (including rape or sexual assault), relationship violence, stalking, or sexual harassment, there are confidential resources you can speak with at the University of Pennsylvania, regardless of where you are in the world, <a href="#">Click here to access a list of resources and reporting options</a> .
<b>Mental Demands</b>	<i>List any unique mental demands required for this trip, e.g. long travel days, high stress environments, different cultural norms, customs, etc.</i> <input type="checkbox"/> N/A
<b>GI Illness</b>	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.
<b>Code of Conduct</b>	Penn's <a href="#">Student Code of Conduct</a> has been shared with each participant. Group leader has communicated the requirement for participants to abide by the code. <b>Completed</b> <input type="checkbox"/>

## RESOURCES

<b>EHRS</b>	(215) 898-4453 (monitored 24/7), <a href="http://www.ehrs.upenn.edu">www.ehrs.upenn.edu</a> or contact <a href="mailto:ehrs@ehrs.upenn.edu">ehrs@ehrs.upenn.edu</a>
<b>Penn Global</b>	Check with <a href="#">Penn Global</a> for support regarding international travel. Check the <a href="#">U.S. State Department</a> travel site for current travel alerts.
<b>Clinical Services</b>	Please follow up with Occupational Medicine after an injury to ensure appropriate follow-up and Workers' Compensation coverage. <a href="https://www.pennmedicine.org/practices/occupational-medicine?fadf=pennmedicine">https://www.pennmedicine.org/practices/occupational-medicine?fadf=pennmedicine</a> 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
<b>Public Safety</b>	Call <a href="tel:215-573-3333">215-573-3333</a> or 511 from a Penn campus phone. <a href="http://www.publicsafety.upenn.edu">www.publicsafety.upenn.edu</a>
<b>Risk Management &amp; Insurance</b>	(215) 898-4327, <a href="http://www.finance.upenn.edu/about/risk-management-insurance/">www.finance.upenn.edu/about/risk-management-insurance/</a>
<b>Reporting: Injuries, Incidents &amp; Close Calls</b>	Complete the University of Pennsylvania's <a href="#">Incident Reporting Form</a> .

**ATTESTATION**

**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

**EHRF FEEDBACK/ACTIONS:**

**EHRF REVIEWER:**

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

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