



Field Safety Operation Planner

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Asterisks (*) indicate required fields

Trip Title	
*	

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Do you have a group medical / first aid kit?	%o Yes	%o No
Is there at least one currently certified, first aid practitioner aware of the risks and of the availability of medical assistance?	%o Yes	%o No
First Aid Practitioner		
First Aid Practitioner		
How will you report injuries? (Include campus and department specific websites and phone numbers to report serious injuries.)		
How often and on what occasions will you communicate with your Cal Maritime Contact?		
What actions should be taken if you do not check-in and your contact person cannot reach you?		
<p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are you traveling outside the United States? <input type="checkbox"/> Will you be in an area where regular common (cell phones, landline phones) may not be available? <input type="checkbox"/> Are you traveling with others? <input type="checkbox"/> Are you transporting/handling hazardous biological, chemical, or radiological materials, animals, or fireworks? <input type="checkbox"/> Are you traveling in an area of increased health and safety risks? (Physical hazards, remote locations, endemic diseases, animal attacks, human attacks, etc.) <input type="checkbox"/> Will transportation be entirely limited to regularly schedule commercial carriers? <input type="checkbox"/> Will you conduct activities with special hazards or in a hazardous area (for example, confined space, working from heights, etc.)? 		

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Locations and Local Contacts

Start date	
End date	
Country	
Nearest large city	
Final destination	
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Medical Considerations

Is there increased risk associated with illness (including insect-borne illness, such as malaria) in the area(s) you will visit?	% Yes	% No
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Security Considerations

- Permits for Personnel

Have you obtained all relevant permits for your personnel? %

Transportation of People

What form of travel will you be using to get to the field site?
Other (private car, etc.)
Details

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Where will the vessel be operated?		
<input type="checkbox"/> US waters <input type="checkbox"/> Foreign waters <input type="checkbox"/> International waters		
Who is the vessel owner?		
<input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Cal Maritime-owned <input type="checkbox"/> US Gov. (MARAD) owned <input type="checkbox"/> Charter (Contact Procurements/Contracts) <input type="checkbox"/> Other		
Who will be operating the vessel?		
<input type="checkbox"/> PI and/or Cal Maritime student/staff <input type="checkbox"/> Vessel owner <input type="checkbox"/> Third party		
Check all that apply:		
<input type="checkbox"/> Vessel operator USCG Licensed <input type="checkbox"/> Vessel operator insured <input type="checkbox"/> Have adequate insurance		
Is all Cal Maritime, State, and USCG safety and communication equipment onboard	%o Yes	%o No
List the other forms of water transportation you will use		
Will you be scuba diving?	%o Yes	%o No
• Air (Use of aircraft for transportation, teaching, or research purposes)		
What type of air transportation will you be using? Check all that apply:		
<input type="checkbox"/> Large airplane (> 6 passengers) <input type="checkbox"/> Small airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Other mode (ex: light parachute, hang-glide, etc.)		
What other types of air transportation will you be using?		
Who owns/operates the aircraft?		
<input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> CSU-owned <input type="checkbox"/> CSU-leased <input type="checkbox"/> Charter (Contact BFS Procurements/Contracts at <input type="checkbox"/> Other		
What category of personnel will be onboard? Check all that apply:		
<input type="checkbox"/> Non-university personnel <input type="checkbox"/> Employees <input type="checkbox"/> Students		
Check all that are true:		
<input type="checkbox"/> The flight is a routine flight, such as transportation or aerial photography <input type="checkbox"/> The operator/vendor approved as a Part 121 or Part 135 operation as defined by the Federal Aviation Administration <input type="checkbox"/> The operator has Wyvern or ARG/US approval <input type="checkbox"/> The pilot has an Airline Transport Rating (ATP) <input type="checkbox"/> The operator carries adequate liability insurance <input type="checkbox"/> Hazardous materials will be taken onboard		

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‰ Have adequate insurance

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Operational Hazards

Will work involve using or producing hazardous materials? Check all that apply:

- Corrosive, toxic, flammable or explosive chemicals
- Compressed gases and non-inert hazards
- Biological (bloodborne pathogens, medical waste)
- Radioactive materials and machines (isotopes, sources and x-rays)
- Hazardous waste
- Controlled substances
- Pesticides

What steps will you take to provide training, prevent spills, exposures, injuries, etc.? (List any relevant compliance documents such as chemical hygiene plan, biohazard or radioactive use authorizations, etc.)

Will you use specialized equipment? Check all that apply:

- ATVs, tractors or other motorized vehicles
- Chainsaws
- Rigging, climbing, fall protection
- Shoring/trenching; digging/excavations; caves; other egress/access limitations
- Hand held power tools, mechanical blades, bits and pinch points
- Other hazardous energy (lock-out/block-out)
- Explosives and fire arms
- Lasers
- High pressure vacuum
- Portable welding/soldering devices
- Industrial/research specific
- Confined spaces
- Other hazardous equipment or tools

What steps will you take to provide training and prevent injuries?

How might field conditions and operations change the nature and degree of the hazard?

If planned contact with animals, specify species

What steps will you take to prevent transmission of zoonotic diseases, large animal mauling, snakebites, or other identified risks?

Will you perform specialized work or procedures with local people? Check all that apply:

- Medical evaluations and/or treatment
- Specimen collection, screening
- Surveys/Interviews
- Home Visits
- Other

Note: The Cal Maritime Human Research Protections Program must approve research involving human subjects.

What steps will you take to prevent transmission of endemic diseases, bloodborne pathogens, to address security or other identified risks?

Will there be hazardous work conditions? If so, check all that apply:

- High altitude
- Underwater (e.g. diving)

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Participants and Personal Emergency Contacts List

	Activity of Course Name			Course #	
	Year	†Winter	†Spring	†Summer	†Fall
Destination/Country		City/Town & Region			
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PRE TRIP SAFETY PLAN WORKSHEET

Insert Trip Name

(insert trip route map)

College
Trip Coordinator

Department

Course #

