

UC Merced Field Safety Plan

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Email a copy of your completed plan to campus [Risk Services](#) for review and recommendations for organizing a safe and productive trip.

Asterisks () indicate required fields*

1. Trip Title, Description and UCM Contacts

a. Trip Title* _____

b. Responsible Party

First Name* _____ Last Name* _____

Email* _____ Phone* _____

c. Plan Creator

If the person completing the field safety plan (Creator) is not the Responsible Party, please complete the fields below to identify the Field Safety Plan Creator

Name _____

Email _____ Phone _____

d. Project Description

Briefly describe the activity to be covered by this Field Safety Plan* _____

e. Primary Trip Purpose(s)*

- Research
- Academic Instruction
- Training
- Public Service
- Clinical Service
- Organized Recreation (outdoor adventures)
- Other

If academic instruction, enter course catalog number _____

f. Project Dates and Duration

Start date* _____ End date* _____

For intermittent trips, state the interval between start and stop dates:

- Irregular Intervals
- Daily
- Weekly
- Monthly
- Quarterly
- Semiannually
- Other

► For travel that exceeds 60 days, contact the UCM Risk Manager for insurance guidance:
Ccastillo22@ucmerced.edu or 228-4763

g. Primary UCM Contact

Name* _____ Phone* _____ Email* _____

h. Alternate UCM Contact

Name* _____ Phone* _____ Email* _____

i. How will you report injuries? (Include department specific websites and phone numbers to report serious injuries). _____

j. How often and on what occasions will you communicate with your UC Contact? _____

k. What actions should be taken if you do not check-in and your contact person cannot reach you? _____

l. Check all that apply

- I am traveling outside the United States (lower 48).
- I will be in an area where regular communication (cell phones, landline phones) may not be available.
- I am traveling with others.
- I am transporting/handling hazardous chemical, radiological, biological materials, animals, or fireworks.
- I am traveling in an area which poses increased health and safety risk (physical hazards, remote locations, endemic diseases, animal attacks, crime etc.).
- Transportation will be limited entirely to regularly scheduled commercial carriers (bus, airline, train, etc.).
- I will be engaged in activities with special hazards or in a hazardous area (confined space, heights, etc.).

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2. Locations and Local Contacts

Start Date* _____

End Date* _____

Country* _____

Nearest Large City* _____

Final Destination* _____

a. Lodging Information (Where you will be staying)

Type of lodging _____

Name of where you will
stay _____

Phone Number _____

Location / Address _____

b. Nearest emergency medical facility

Name _____

Address/City _____

Phone _____

c. If foreign location, nearest US Consular Office

Address _____

Phone _____

d. Local Contact

Name _____

Address/City _____

Phone _____

Email _____

e. Alternate Local Contact

Name _____

Address/City _____

Phone _____

Email _____

f. Do you have a group Medical / First Aid Kit?*

Yes

No

g. Is there at least one currently certified, first aid practitioner aware of the risks and of the availability of medical assistance?*

Yes

No

First Aid Practitioner Name _____

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3. Communications

a. Is there a formal written Communications Plan?*

- Yes No

If yes, attach the Plan to the document.

If no, what is your primary means of communication?

- By Radio
- In Person
- By Cell Phone
- By Satellite Phone
- By Email
- Other

If Other, what? _____

b. What is the back-up means of communication?*

- By Radio
- In Person
- By Cell Phone
- By Satellite Phone
- By Email
- Other

If Other, what? _____

c. It is recommended that you work in pairs when doing hazardous work or working at remote locations. If you are not going to, what will you do to ensure individual safety?

d. How will you communicate with others during an emergency?*

e. I understand and will provide the local contact persons with local travel plans. (If yes, ignore the next three questions)*

- Yes No No Local Contact

f. Have you specified the expected time and date of arrival at a destination and your return to base location?

Yes

No

g. What actions should be taken if you do not arrive or return when expected?

i. How will you communicate your arrivals and departures?

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4. Medical Considerations

a. Is there increased risk associated with illness (including insect-borne illness, such as Malaria) in the areas that you are planning to travel?*

Yes No

If yes, describe the current illness hazard and measures taken to secure treatment

b. Is there increased risk associated with the proximity and competency of medical care in the areas that you are planning to visit?*

Yes No

If yes, describe the hazards and measures taken to secure treatment

c. Is there increased risk associated with extreme climate situation in the area you are planning to visit?*

Yes No

If yes, describe the extreme climate situation and what measures will be necessary to mitigate the hazards

d. Is there increased risk associated with sanitation levels in the areas you are planning to visit?*

Yes No

If yes, describe the situation and what measures will be used to provide adequate sanitation (including water purification)

e. Is there increased risk associated with wilderness travel?*

Yes No

If yes, describe measures to prepare for wilderness travel

f. Does your trip involve international travel/going outside of the country?*

Yes No

g. Will all participants have undergone a medical check-up (including vaccine recommendations) for this trip prior to being allowed to participate?*

Yes No

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5. Security Considerations

a. Check all applicable vulnerabilities for personal and property security concerns.*

- Data
- Regular equipment
- Specialized instruments and equipment
- Particularly expensive stuff
- Computer equipment
- People
- Supplies
- Vehicles
- Samples

b. Add any special or additional vulnerabilities that you will consider.

c. Describe how these will be secured (get advice from UCM Police, the campus Risk Manager, etc., and consider references on the U.S. Travel.State.Gov web site.

[\(https://travelregistration.state.gov/ibrs/ui/\)*](https://travelregistration.state.gov/ibrs/ui/)

d. Check all that apply

- A travel warning has been issued for the destination country.
- I am planning to stay longer than six months; there is civil unrest or a natural disaster in the country I am visiting.
- I have prepared a Security/safety preplan list (including identified threats and how I will eliminate/reduce them).
- I plan to travel by air.
- I plan to stay in a hotel.
- I plan to drive an automobile.
- I plan to frequent restaurants/shopping centers.
- Bomb threats possible.

e. Security/Safety Preplan

Is there a formal written Security/safety Plan?*

- Yes No

If yes, attach Plan to this document.

f. Travel Insurance

Have travel arrangements for all travelers have been made through [UC Connexus](#)?

Yes No

If no, have you ensured that all UC travelers (employees and students) are registered for [business travel insurance](#).

Yes No

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6. Participants and Personal Emergency Contacts List (Add more sheets as needed)

a. Participant (1):

Group Leader or Plan Creator? Yes No

First and Last Name _____
Email _____
Phone _____

b. Emergency Contact for Participant (1)

First and Last Name _____
Email _____
Phone _____

c. Participant (2):

Group Leader or Plan Creator? Yes No

First and Last Name _____
Email _____
Phone _____

d. Emergency Contact for Participant (2)

First and Last Name _____
Email _____
Phone _____

e. Participant (3):

Group Leader or Plan Creator? Yes No

First and Last Name _____
Email _____
Phone _____

f. Emergency Contact for Participant (3)

First and Last Name _____
Email _____
Phone _____

g. Participant (4):

Group Leader or Plan Creator? Yes No

First and Last Name _____
Email _____
Phone _____

h. Emergency Contact for Participant (4)

First and Last Name _____
Email _____
Phone _____

7. Transportation of People

a. What form of travel will you be using to get to the field site?*

Details

b. What forms of transportation will you be using? Check all that apply.

Ground

i. What type of ground transportation will you be using? Check all that apply.

- ATV/Tractor
- Automobile/Truck
- Train
- Bus
- Public Transit
- Other Ground Mode

If Other Ground Mode is selected, describe:

ii. Check all that apply:

- I have all the required insurance coverage
- The vehicle is a rental
- All drivers have had Driver Safety Training on a regular basis
- Special Licenses are required
- I am familiar with local driving conditions, regulations and signage

Vehicle(s) Insurance Policy Number(s)

List the dates and names of the courses your drivers have completed

Special licenses

iii. Who will be driving?

- Staff
- Student
- Local hire (host country driver)

Water

i. What type of water transportation will you be using? Check all that apply.

- Boat (Including submersibles)
- Personal Watercraft (e.g. Jet Ski)
- Other Water Mode

ii. Does this trip involve an ocean-going research vessel?

- Yes No

iii. Describe the vessel type in detail (e.g. power driven 42 ft. research vessel)

iv. Number of employee passengers

v. Number of student passengers

vi. Number of non-university personnel

vii. Where will the vessel be operated?

- US Waters
- Foreign Waters
- International Waters

viii. Who is the vessel owner?

- Commercial
- Private
- UC-owned
- UC-leased
- Charter
- Other

ix. Who will be operating the vessel?

- PI and/or UC student/staff
- Vessel Owner
- Third Party

x. Check all that apply

- Vessel Operator USCG Licensed
- Vessel Operator Insured
- Have adequate insurance (see [BUS-63](#))

xi. Is all UC, State and USCG safety and communication equipment on board?

- Yes No

xii. List the other forms of water transportation you will use

xiii. Will you be scuba diving?

- Yes No

Air (Use of aircraft for transportation, teaching or research purposes)

i. What type of Air Transportation will you be using? Check all that apply.

- Large Airplane (> 6 passengers)
- Small Airplane
- Helicopter
- Other Mode (light parachute, hang-glide, etc.)

If Other Mode selected, what other types of air transportation will you be using?

ii. Who owns/operates the aircraft?

- Commercial
- Private
- UC-owned
- UC-leased
- Charter
- Other

iii. Personnel on-board will be: (Check all that apply)

- Non-university personnel
- Employees
- Students

iv. Check all that apply.

- The flight a routine flight, such as transportation or aerial photography.
- The operator/vendor approved as a Part 121 or Part 135 operation as defined by the Federal Aviation Administration.
- The operator has Wyvern or ARG/US approval.
- The pilot has an Airline Transport Rating (ATP).
- The operator carries adequate liability insurance.
- Hazardous materials be taken on-board.

FAA Certificate Number

If the operator is not an FAA approved operator, explain why not

Wyvern or ARS/US approval number

Airline Transport Rating

Other Transportation

i. What other types of transportation will you be using?

ii. If you have a digital copy of an Insurance Certificate, attach it to this document.

iii. How will you meet all provisions of 49 CFR DOT requirements? (Consider the materials in trade provisions)

iv. If there is any potential for harm or exposure to crew or passengers, how will you mitigate the hazards?

8. Hazardous Material Transport

a. Are you shipping any hazardous materials to or from your offsite location, or transporting (e.g. driving) hazardous materials to or from your offsite location? *

- Yes No

If yes, type(s) of hazardous materials **shipped**. Check all that apply

- Chemicals
- Biological Materials
- Radioactive Materials
- Reagents
- Samples

Check all that apply

- Members of your group are International Air Transportation Association (IATA), International Civil Aviation Organization (ICAO) trained to ship hazardous materials via air transportation on domestic and international flights
- Members of your group are International Maritime Dangerous Goods (IMDG) trained to ship hazardous materials via sea transportation on domestic and international shipments

List the names of the IATA trained personnel

List the names of the IMDG trained personnel

Type(s) of hazardous materials **transported**. Check all that apply*

- Chemicals
- Biological Agents
- Radioactive Materials
- Reagents
- Samples
- Select Agents

Check all that apply

- Members of your group are DOT trained to package the materials and placard the vehicle (when necessary) for hazardous materials

List the names of the DOT trained personnel

9. Operational Hazards

a. Will fieldwork involve using or producing hazardous materials?*

Yes No

If yes, 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 measures will be taken to provide training, prevent spills, exposures, injuries, etc.? List any relevant compliance documents (chemical hygiene plan, biohazard or radioactive use authorizations, etc.)

b. Will you use specialized equipment?*

Yes No

If yes, 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

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

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

e. If planned contact with animals, please specify species:

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

g. 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 UC Institutional Review Board (IRB) must approve research involving human subjects.

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

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

- High altitude
- Underwater (e.g. diving)
- Extreme conditions (cold, heat, extreme weather, natural disasters)
- Remote, primitive, or hostile environments
- Construction sites
- Noisy environments (> 85 decibels)
- Special events or seasons
- Poisonous Plants
- Hazardous terrain (e.g. crossing rivers, strenuous trails, high tides, etc.)

j. What steps will you take to provide training, prepare or acclimate, and prevent illness or injury in these environments?

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Training Documentation

I verify that I have read this Field Operational Planner, understand its contents, and agree to comply with its requirements.

Participant Name	Signature	Date