



## FIELD SAFETY EMERGENCY PLAN

### Participants:

Note: If volunteers are participating in the trip, a Volunteer Qualification Checklist



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### 3. Communication Plan

a. Daily communication is required for remote travel:

Please identify in the table below the time of day or triggering occurrence, who will be contacted, and how communication will occur.

Date or communication trigger	Time range
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c. Communication Equipment—list the equipment type, number/frequency or channel, etc.

Type	Numbers/Frequency/Channel

#### 4. Equipment Information

**NOTE** If planning to take a firearm to the field, an approved Field Firearms Application is required. More information can be found at <https://www.uaf.edu/safety/occupational-safety.php>. You may attach and submit applications with this plan for necessary approvals.

If you need to ship Hazardous materials to or from a field location (i.e. batteries, fuel, oil, biological specimens, or chemicals) you mucontact your department's HAZMAT shipper or EHSRM (HAZMAT Lead or Industrial Hygienist).

Emergency Equipment fill in the table below with equipment type and amount to be CARRIED.

#	Equipment	#	Equipment	#	Equipment
	First Aid Kit		Harness / Fall Protection		Handgun
	Water Bottles		Helmet		Rifle / Shotgun
	Winter Survival Gear		Camping/Overnight Gear		GPS
	Additional Medication		Extra Food		Extra Clothing
	Two-way Radio		Satellite Phone		Cell Phone
	Life Jacket		Emergency Locator		Flares
	Safety Glasses / Goggles		Leather Gloves		Extra Fuel

Other Emergency Equipment list below

Quantity	Type of Equipment

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Participants Equipment for rescue purposes:

Participant Name	Tent Color	Backpack Color	Jacket Color

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## VISUAL SIGNALS BETWEEN GROUND AND AIRCRAFT

### 6. International Field Work(skip if not applicable)

- a. If traveling internationally, check to see if there are any travel advisories in effect for your destination(s): <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>

Country	State Dept. Travel Advisory Level	Reason for advisory level (level 3 or 4 only)

- b. Check the U.S. Center for Disease Control and Prevention for travel health notices, concerns, or recommendations, including recommended vaccines, for destination(s): <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

NOTE: If you require a consultation with UAF Occupational Health for travel related concerns, like updating vaccines, obtaining prescriptions for antimalarials or antibiotics, or obtaining a travel physical, please contact Emily Reiter at [e.reiter@alaska.edu](mailto:e.reiter@alaska.edu)

- c. Emergency contact information for destination(s): NCI Please leave blank if not applicable

Office/Contact:	Telephone Number and/or Address
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### 7. Infectious Disease Mitigation (i.e., respiratory, food-borne, zoonotic, etc.)

a. Please detail any relevant considerations for rural or remote communities:

For example: community name, requirements for advance communication or entry measures, status of local infectious outbreaks, etc.

b. Please detail any infectious disease mitigation measures that will be taken before, during, and/or after the trip:

For example, vaccinations, face coverings, quarantine or self-isolation prior to travel, COVID-19 testing, is Treatment facility if treatment is required for any

communicable illness:



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1. Approved by relevant Department Safety Officer or Operations Manager:

Name (print): Title:  
Signature: Date:  
Remarks:

2. Approved by Project Principal Investigator or Team Lead:

Name (print): Title:  
Signature: Date:  
Remarks:

3. Approved by Dean or Institute Director

Name (print): Title:  
Signature: Date:  
Remarks:

EHSRM review required if

