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| **Section 1: Activity Overview** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Department** | | | |  | | | | | | | | | | | | | | **Date Initiated** | | | | | |  | | | | |
| **Date Reviewed** | | | | | |  | | | | |
| **Principal Investigator** |  | | | | | | | | | | | | | **Contact Information** | | | | **Phone** | | |  | | | | | | | |
| **Email** | | |  | | | | | | | |
| **DESCRIPTION OF PROPOSED ACTIVITY /ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date(s) of Activity** | | |  | | | | | | | | | **Location(s)** | | | | |  | | | | | | | | | | | |
| **Emergency Response Plan Developed** | | | | | Yes | No | | | | **Qualified 1st Aid Participating** | | | | | | Yes | | | No | | | **Safety Briefing Developed** | | | | Yes | | No |
| **Type Transportation to Location** | | University Owned | | | | | | | | Public | | | | | | Contracted | | | | | | | Personal ***(Enter License Plate)***: | | | | | |
| **Participants** | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | |
| **Level of Inherent Risk for this Activity** | | | | | | | | Low | | | | | | | | Medium | | | | Significant | | | | | | | High | |
| **RELEVANT RISKS ASSOCIATED WITH THIS ACTIVITY / ACTIVITIES *(check all that apply)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Travel to Location(s) | | | | | | | Biological Hazard(s) | | | | | | | | | | | | | | | Hazardous Terrain | | | | | | |
| Adverse Weather Conditions | | | | | | | Communications | | | | | | | | | | | | | | | Environmental Hazards | | | | | | |
| Slips, Trips, and Falls | | | | | | | Working On or Over Water | | | | | | | | | | | | | | | Hiking | | | | | | |
| Wildfires | | | | | | | Legal Compliance | | | | | | | | | | | | | | | Food and Water | | | | | | |
| Handling of Activity Tools and Equipment | | | | | | | Chemicals or Other Hazardous Materials | | | | | | | | | | | | | | | Other ***(explain)*** | | | | | | |
| **ASSOCIATED SAFE WORKING PROCEDURES FOR THIS ACTIVITY / ACTIVITIES *(list all applicable)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Required or Recommended Safety Equipment / Tools** (including emergency equipment): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMPLIANCE CONSIDERATIONS IN DETERMINING CONTROL MEASURES**  ***(list applicable legislation, regulations, standards, practices or guidance materials)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DECLARATION: The risk control measures identified above will be implemented before fieldwork begins.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRINCIPAL INVESTIGATOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | |
| **BIOSAFETY OFFICER (OEHS) APPROVAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | Signature: | | | | | | | | | | | | | | | | Date: | | | |

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| **Section 2: Risk Controls** | | | | | |
| **The following generic risk controls cover most activities associated with low risk fieldwork. Enter a checkmark for those relevant to your fieldwork. If these controls are insufficient for the proposed activity, additional risk controls must be documented in Section 3.** | | | | | |
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| **TRAVEL TO LOCATION(S)**  Drivers are appropriately licensed and experienced with driving conditions.  Community standards for fatigue management will be applied to driving.  Vehicles are serviced and maintained per manufacturer recommendations.  Vehicle distractions (cell phones and other mobile electronic devices) are limited to those permitted by applicable local and state regulations.  Only reputable contract providers are permitted to be used. | | **BIOLOGICAL HAZARD CONTROL**  Respectful behavior demonstrated around animals and plants.  Clothing and repellents appropriate to fieldwork location are to be worn.  Situational awareness of hazardous flora / fauna is practiced and participants keep to paths.  First aid to be applied in the event of a bite or sting; hospitalization as required.  Tetanus vaccinations verified where/ when appropriate.  Rabies pre-exposure vaccinations where/when appropriate | | | |
| **HAZARDOUS TERRAIN**  Appropriate behavior exhibited (no horse play tolerated).  No climbing trees, rock faces or structures without adequate gear and training specific to the gear used.  Participants to maintain high level of awareness in hazardous conditions.  Alternative routes to be utilized where possible. | | **WEATHER / EXPOSURE**  Clothes, shoes, hats and sun protection appropriate to location.  Sufficient drinking water carried at all times.  Prevailing / forecasted weather conditions and tide reports are monitored; fieldwork modified accordingly.  Navigation tools, food, and illumination are carried if being stranded is a risk. | | | |
| **COMMUNICATIONS**  Communication equipment checked for proper function in the fieldwork location(s).  Operators of radios, phones, etc. are trained in their use. | | **WILDFIRES**  Fieldwork in locations under any type of Fire Ban is to be avoided.  No fires to be left unattended.  Smoking in the field is to be avoided if there is a fire risk. | | | |
| **FOOD AND WATER**  Personnel preparing food shall be trained on food hygiene.  Sufficient meals and water will be provided to sustain/hydrate field work staff. | | **CHEMICALS AND OTHER HAZARDOUS MATERIALS**  Hazardous materials will be labeled, stored, transported, and used according to Regulatory requirements and VCU guidelines.  Hazardous waste will be safely disposed of appropriately. | | | |
| **ENVIRONMENTAL HAZARD CONTROL**  Participants briefed on appropriate behavior for the field location(s).  Litter to be collected and carried out of fieldwork location(s).  Toilet wastes to be buried 20cm in soil, at least 100m from water courses.  Sampling done in a manner that minimizes environmental disturbance.  Environmental damage will be reported to the relevant regulatory authority. | | **WORKING ON OR OVER WATER**  No one may conduct fieldwork in or on seas, lakes, or rivers alone or unmonitored.  Site / task hazards will be assessed and communicated before starting fieldwork.  Personnel who cannot swim will not enter the water without wearing an approved Personal Floatation Device (life jacket).  Personal Protective Equipment must be used as designed and required.  Personnel operating boats must be licensed and ensure safety regulations are followed. | | | |
| **MANUAL HANDLING**  Field gear must be packed to minimize the risk of injury and to distribute weight evenly.  Heavy equipment will be moved either mechanically or by team lifting. | | **EQUIPMENT USE**  Equipment to be maintained in safe working condition and fit for purpose.  Personal Protective Equipment (e.g. safety vest, hard hats, safety glasses, gloves, respiratory protection) to be worn if required.  Electrical appliances tested annually by a qualified electrician. | | | |
| **EMERGENCY**  PIs will ensure that appropriate medical/first aid supplies are provided for the duration of fieldwork.  First Aid kit available.  At least one member of the team is First Aid qualified.  Designated Emergency Contact has immediate access to approved Fieldwork Safety Plan. | | **LEGAL COMPLIANCE**  Any necessary permits to conduct fieldwork to be obtained by responsible official prior to activity.  The designated team “person in charge” will ensure that all relevant regulations and guidelines are complied with.  Alcohol and Other Drugs are not permitted. | | | |
| Are the Section 2 Risk Control measures appropriate for the fieldwork? | | | YES | | NO  ***(If NO – complete Section 3)*** |

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| **Section 3: Additional Risk Controls** | | |
| **Risk Controls Needed** | **Responsible Person** | **Implemented (Yes or No)** |
| 1) |  |  |
| 2) |  |  |
| 3) |  |  |
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