**NDSU Field Safety Plan**

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| **Field Site Name/Description:** | | |
| **Plan Created for (PI):** | **PI Contact #:** | **Date of revision:** |

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| **SITE INFORMATION** |
| **Site address:** *911 address* |
| **Local Contact/cooperator:** *name and phone number* |
| **Nearest emergency department:** *name and address* |
| **Nearest emergency department phone number:** *other than 911* |
| **Site access:** *best ways to access sites within the field* |
| **Environmental hazards:** *hazards inherent to site (steep ditches, quicksand, water hazards, etc.)* |
| **Drinking water resources:** *nearest locations of drinkable water* |
| **Shelter resources:** *nearest locations of shade/shelter* |
| **Nearby facilities:** *restrooms, gas, store, etc.* |

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| **Field operations to occur:** *Sampling/data acquisition activities forecast to occur at site.* |
| **Field transportation:** V*ehicles that may be used during field operations.* |
| **Hazardous research tools:** *Hazardous sampling/other equipment to be used at site.* |
| **Other hazardous activities:** *Specifically hazardous activities occurring at site.* |
| **Personal Protective Equipment:** *PPE required/recommended for use at site.* |

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| **CAMPUS CONTACTS** |
| **Campus Police dept.:** (701) 231-8998 |
| **Safety Office:** (701) 231-7759 |
| **Report Injuries:** University Police and Safety Office (701) 231-7759  Claims Specialist: Lois Christianson (701) 231-9587 |

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| **GENERAL SAFETY CONCERNS TO ADDRESS** |
| **No Go Criteria:** *Conditions where field trip is ended or postponed.* |
| **Field Team Participants:** *Is anyone working alone? Plans for safety of individuals working alone.* |
| **Physical demands:** *Specific physical demands of work at site.* |
| **Mental demands:** S*pecific mental demands of work at site.* |
| **First Aid and CPR Training:** T*raining items for unexpected health issues.* |

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| **FIELD SITE SAFE OPERATING PROCEDURES (SOP’S)** |
| **First aid SOP’s specific for site:** *First aid procedures for hazards encountered at site. May be inserted directly in document.* |
| **Field operation SOP’s specific for site:** *SOP’s for activities performed at site. May be written or verbal. May be listed in this section or written SOP’s may be inserted directly in document.* |
| **ACKNOWLEGEMENTS** |

**Signature of PI/Supervisor**

I acknowledge this safety plan has been prepared for field work under my supervision

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| **Name** | **Signature** | **Date** | **Phone Number** |
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**Field Team/Participant Roster – Training Documentation**

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

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| **Name** | **Signature** | **Date** | **Phone Number** |
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