



Texas A&M University-Corpus Christi

Fieldwork Safety Plan

This form should be used by the Fieldwork Leader (e.g. PI) to assist with the development of a Fieldwork Safety Plan. This completed Safety Plan, or one of equal content, shall be filed with the Department Head (or equivalent) prior to any fieldwork travel. Multiple trips to the same location can be covered by a single Safety Plan. The Safety Plan should be revised when there is a change in the location, scope of the fieldwork or change in personnel.

Department:	Fieldwork Leader (e.g. PI):
Phone Number:	E-mail Address:
Date of Departure:	Date of Return:
Location of Fieldwork	
Country: _____	
Geographical Site: _____	
Nearest Community: _____ (Name, Distance from Geographical Site)	
Nearest Emergency Services: _____ (Location, Distance from Geographical Site)	
Description of Fieldwork:	
Emergency Contacts	
Fieldwork Leader:	University Contact:
Name: _____ Phone: _____	Name: _____ Phone: _____
Alternate Fieldwork Leader:	University Contact:
Name: _____ Phone: _____	Name: _____ Phone: _____



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Emergency Procedures: Emergency procedures are plans written in advance with reference to emergency and evacuation information for the fieldwork location. Communication is vital in an emergency situation and an essential component of an emergency and evacuation plan. *Include a separate sheet if necessary.*

First Aid / CPR Training: (List all individuals who are trained in First Aid and CPR including the type of training and expiration of training.)

Name	Type of Training	Expiration

Physical Demands:

- | | | |
|--|---|---|
| ☐ Diving | ☐ Extreme Heat | ☐ Walking for long periods |
| ☐ Climbing | ☐ Extreme Cold | ☐ Work at night |
| ☐ High Altitude | ☐ Manual Lifting | ☐ Other (please specify) |



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Risk Assessment:

Identify risks associated with fieldwork activities or the environment surrounding fieldwork activities (e.g. violence, water, extreme heat or cold, wild animals, endemic disease, firearms, explosives, high altitudes, climbing, etc). Also list appropriate measures to be taken to reduce the risks.

Risk	Preventative Measure
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Travel Immunizations: (Please list required immunizations / prophylaxis according to physician recommendations).

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Acknowledgement of Fieldwork Members:

a) I have been fully informed of the risks of the fieldwork and I accept them; b) I have reviewed and will comply with the established emergency procedures; c) I have received all the prescribed immunizations; and d) I am in a satisfactory health to participate in the fieldwork.

Name	UIN	Signature	Date

Signature of Fieldwork Leader (PI)

I acknowledge that this Fieldwork Safety Plan was prepared in keeping with the minimum requirements of the Texas A&M University-Corpus Christi Fieldwork Safety Guidelines:

Name (print)	Signature	Date
Name (print)	Signature	Date
Signature of Department Head		
Name (print)	Signature	Date