

**UNIVERSITY OF ALASKA FAIRBANKS  
FIELD EMERGENCY PLAN**

Before departure, complete and submit this form to the designated Department/Institute Director for review/approval and provide a copy (with the approved TA) to the supervisor and/or department contact listed in Section 4. Ensure that a completed copy is carried by the trip leader and is available with the emergency contact phone or other device. **Note:** These are minimum requirements. Additional emergency provisions may be added as necessary.

Campus: \_\_\_\_\_ Department \_\_\_\_\_ Date: \_\_\_\_\_

Trip Leader/PI Name: \_\_\_\_\_ Trip Leader/PI Phone: \_\_\_\_\_

1<sup>st</sup> Departure **Date:** \_\_\_\_\_ Return Date: \_\_\_\_\_

1<sup>st</sup> **Destination(s)** From: \_\_\_\_\_ To: \_\_\_\_\_

*Comments: If additional destinations will be part of this trip, they can be listed here:*

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Will a firearm be present on this trip?      No      Yes, if so complete the required Application  
for Firearms use at the end of this document

*Method(s) of Travel beyond commercial flights, if any complete appropriate from(s) at the end of this document*

- |  |                                     |
|--|-------------------------------------|
| <i>UAF Vehicle</i>                       | <i>Skis</i>                         |
| <i>Personal Vehicle</i>                  | <i>Snow shoe</i>                    |
| <i>ATV</i>                               | <i>By foot</i>                      |
| <i>Chartered flight (non-commercial)</i> | <i>Snow machine</i>                 |
| <i>Charter boat</i>                      | <i>Raft/canoe/other water craft</i> |
| <i>Helicopter</i>                        | <i>Bike</i>                         |
| <i>Jet ski</i>                           | <i>Dog Sled</i>                     |

Trip Purpose: \_\_\_\_\_  
 \_\_\_\_\_

1. **Participants** (list here or attach list of names, addresses and emergency contact phone numbers)

Participant Name	Participant's Emergency Contact Name	Emergency Contact Phone

2. **Location of Field Site(s)** – consider GPS coordinates, attach maps with camp locations, etc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. **Communication Equipment** – list the equipment type, number/frequency or channel, etc.

Type	Numbers/Frequency/Channel

4. **Communication Schedule - Daily communication is required** for remote travel. Please identify in the table below the time of day, who will be contacted, and how communication will occur.

Date (daily; or specific dates)	Time range (i.e. 10AM-2PM)	Person to be Contacted <sup>1</sup>	Method of Contact (cell, sat phone, email)	When to Initiate Missing Person Search <sup>2</sup>

- 1. Must be a UAF employee
- 2. How many hours after being overdue will trip leader (or team) initiate a search. **You must define what "overdue" is based on when the individual(s) were due, last seen, etc.**

If daily communication is not possible, please explain below and what your plan is to replace the ability to communicate; provide an alternative safety measure:

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5. **Emergency Plan for Evacuation** - communication and travel: In the event any individual(s) or team requires emergency evacuation for medical treatment or other emergency circumstances, contact the agency below to initiate evacuation. **ALWAYS contact UAF Emergency Dispatch (474-7721) in the event you initiate rescue or evacuation and provide the reason (illness, significant injury, fatality, etc.)**

Air - Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Ground - Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Water - Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Comments (list other specific procedures):

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Submitted by (printed name) : \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed/Approved by Department/Institute Director

Name (signature): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# Application for Firearm Use

**1. Applicant Information** (*Applicant is person who will have custody and control of the firearm*)

Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Department: \_\_\_\_\_  
Start/End Dates of Use: \_\_\_\_\_

**2. Details of Request** (*Attach additional information if needed*)

Justification for Firearm Use: \_\_\_\_\_  
\_\_\_\_\_

Location of Fieldwork (i.e. Brooks Range, Nome, etc.): \_\_\_\_\_  
\_\_\_\_\_

Procedures for securing/storing firearms when not in use: \_\_\_\_\_  
\_\_\_\_\_

Name of individuals accompanying the applicant: \_\_\_\_\_  
\_\_\_\_\_

**3. Firearms Specifications & Training Dates** (*Attach certificate(s)*)

Make/Model: \_\_\_\_\_ Caliber or Gauge: \_\_\_\_\_

Firearm Course: \_\_\_\_\_ Completion Date(s): \_\_\_\_\_

**4. Applicant Acknowledgement of Issuance Conditions and Responsibility**

I, \_\_\_\_\_ (clearly print name), have read UAF's Field Firearms Policy, 02.09.020, and acknowledge, understand and accept the responsibility of compliance with it and other related state and federal laws and regulations, and Board of Regents Policy and Regulations. I certify that I may legally possess a firearm and that the firearm is in proper working order. Furthermore, I understand that possession of a firearm while impaired by drugs or alcohol is a Class A Misdemeanor under Alaska law (AS 11.61.210(a)(1), and agree that I will not possess a firearm while impaired, and that such possession will be grounds for immediate removal from camp and disciplinary actions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Approval**

a. Supervisor Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

b. Dean or Director Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

c. EHSRM Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**UNIVERSITY OF ALASKA FAIRBANKS  
AUTHORIZATION TO USE NON-CONVENTIONAL MODES OF TRANSPORTATION**

**Board of Regent Policy R05.02.060**, Travel and Relocation, requires the planned use of a boat, snowmobile, all-terrain vehicle (ATV), private aircraft, or other non-conventional modes of transportation to conduct university business be approved by EHSRM. **Note:** Employees disregarding the regulation and not completing the form will be considered to be functioning outside the course and scope of their employment for any loss reimbursement or liability purposes.

Before departure, complete and submit this form to the designated Department/Institute Director for review/approval and to EHSRM for final approval.

Campus: \_\_\_\_\_ Department: \_\_\_\_\_  
 PI/Trip Leader: \_\_\_\_\_ PI/Trip Leader Phone: \_\_\_\_\_  
 Department or Institute Director: \_\_\_\_\_

**1. DETAILS OF TRIP**

Trip Purpose: \_\_\_\_\_  
 \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Destination: From: \_\_\_\_\_ To: \_\_\_\_\_

Comments: *If various destinations will be part of this trip, they can be listed here:*

\_\_\_\_\_  
 \_\_\_\_\_

Traveled to and from destination(s) in the past:  Yes  No Est. Timeframes: \_\_\_\_\_

**2. TRANSPORTATION TO AND FROM** – list or attach names, mode of transportation operating (*boat, plane, ATV, snowmobile, etc.*), training, and years’ experience.

Participant Name	Mode of Transportation	Training/Type	Years’ Experience

**3. SAFETY EQUIPMENT** – list or attach safety equipment you will be using for this mode of travel (*ATV helmets, first aid kits, sat phones, survival kit, etc.*) and quantity taken during travel.

Safety Equipment	Quantity

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**4. RISK ASSESSMENT** - *List or attach potential risks, including the transportation of firearms, and methods to mitigate risks below.*

<b>Location of Risk</b>	<b>Risk Description</b>	<b>Risk Mitigation</b>

**5. FINAL APPROVAL**  
*Reviewed/Approved by Department/Institute Director*

<b>Print name</b>	<b>Signature</b>	<b>Title</b>	<b>Date</b>

*Reviewed/Approved by EHSRM*

<b>Print name</b>	<b>Signature</b>	<b>Title</b>	<b>Date</b>



## Request for Authorization to Utilize Private Watercraft on University of Alaska Business Skipper and Vessel Request and Agreement

### Terms and Conditions:

Utilizing personally owned vessels for University business is not allowed except when specifically approved by the System Office of Risk Services (see university Regulation [\(05.02.060 3.e.\)](#)). Approval is likely to be granted only under special circumstances where UA-owned or leased vessels are unavailable or when research projects require specialized equipment to be installed on watercraft.

Transporting passengers, including other university employees, in employee owned or operated vessel also requires the prior approval of the System Office of Risk Services. Due to liability issues, transporting non-university employees will rarely be allowed.

Employees authorized to utilize watercraft on University business are not authorized to conduct any other business for any other interest during that time frame. This includes the hauling of any supplies or freight for others.

Employee skippers continue to be, at all times, subject to all federal, state and local laws and regulations governing operation of watercraft. The vessel to be used shall not be declared for "Public Use".

Employees must agree that the University shall not be liable for any maintenance, repairs, or hull damage incurred during the use of private watercraft on University business.

Immediate notification must be given to the System Office of Risk Services of all watercraft accidents or injuries.

Employees disregarding these regulations will be considered to be functioning outside the course and scope of their employment for any loss reimbursement or liability purposes. This means that an employee who incurs a loss or a claimed or actual liability as a result of a violation of these regulations will not be entitled to any loss reimbursement or to defense and/or indemnification by the University of Alaska in any action taken against him/her.

To be considered for approved skipper status, university employees must complete the **Skipper and Vessel Request and Agreement** and submit it to Risk Services.

**PRIVATE VESSEL USE REQUEST AND AGREEMENT**

<b>Information about you</b>				
Application date				
Your name				
Employee of University		UAF <input type="checkbox"/> UAA <input type="checkbox"/> UAS <input type="checkbox"/>		
Department				
Phone(s)				
Email				
Describe planned UA-business related marine activity for next 12 months				
<b>Passengers - <i>allowed only with specific written approval</i></b>				
Requesting approval for passengers		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of passengers		UA Employees <input type="checkbox"/> UA Student Employees <input type="checkbox"/> UA Students <input type="checkbox"/> Other (Please Describe) <input type="checkbox"/>		
Reason for passengers				
<b>University of Alaska (UA) requirements</b>				
Vessel year, make, model				
Length of vessel				
Horsepower of vessel				
<b>Skipper statements</b>			<b>NO</b>	<b>YES</b>
I certify that I comply with state and federal regulations applicable to the vessel described in this Request and Agreement. I understand that I am responsible for keeping current with all regulations while my vessel is approved for university business. This Request and Agreement applies only to the described vessel. If there are changes in the described vessel or my skipper status, I agree to submit a new Request and Agreement to the University of Alaska.				
I certify that I have a marine liability insurance policy (also known as protection and Indemnity) on the vessel described in this Request and Agreement. The limit of liability is at least \$ 1,000,000, and I have named the University of Alaska as an Additional Insured. I certify that I will keep the policy current while utilizing the described vessel on university business. If the policy is cancelled or expired, I understand that permission to use the vessel on university business is revoked. I understand that the University of Alaska shall not be liable for any maintenance, repairs, or hull damage incurred during the use of the described vessel on University business, nor shall the University of Alaska be responsible for any of my personal property.				
The vessel described in this Request & Agreement has a current Certificate of Inspection if required by the U.S. Coast Guard. I understand that I am responsible for keeping my inspections current during any period while my vessel is approved for University business.				
<b>Attachments</b>				
Certificate of insurance with:		<input type="checkbox"/> Attached		
<ul style="list-style-type: none"> <li>• \$ 1,000,000 liability</li> <li>• University of Alaska as an Additional Insured</li> <li>• Waiver of Subrogation in favor of University of Alaska</li> <li>• Confirmation that coverage is provided for business use of the watercraft</li> </ul>				



**PRIVATE VESSEL USE REQUEST AND AGREEMENT**

<b>Signature and acknowledgement</b>	
I acknowledge that I have read and agree to the material contained in this "Request for Authorization to Utilize Private Watercraft on University of Alaska Business," including but not limited to: <ul style="list-style-type: none"> <li>• Terms and Conditions</li> <li>• Passengers</li> <li>• UA requirements</li> </ul> I have included the required attachments.	
UA Employee (Skipper) Signature	(Sign)
(Employee) Date	(Date)
UA Department / Supervisor (Supervisor Print)	(Print)
UA Department / Supervisor (Supervisor Sign)	(Sign)
(Supervisor) Date	(Date)
<b>Approval of Skipper</b>	
You have been approved to utilize watercraft on university business for one year. It is your responsibility to notify this office if any of the information provided on this application changes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
You have not been approved to utilize watercraft for the following reason(s):	
University of Alaska - Chief Risk Officer, Timothy Edwards	(Sign)
Date	(Date)
<b>Approval for Passengers</b>	
You have been approved to carry passengers as described in this application on university business for one year. It is your responsibility to notify this office if any of the information provided on this application changes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
You have not been approved to carry these passengers for the following reasons:	
University of Alaska - Chief Risk Officer, Timothy Edwards	(Sign)
Date	(Date)