**FIELD EMERGENCY PLAN**

Before departure, complete and submit this form for review/approval with a copy of the approved TA to the department chair, associate dean and/or dean. Ensure that a completed copy is carried by the trip leader and is available with the emergency contact phone.

***These are minimum requirements. Additional emergency provisions may be added as necessary.***

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| **Department:** |  | **Date:** |  |
| **Trip Leader/PI:** |  | **Trip Leader/PI Phone:** |  |
| **Departure Date:** |  | **Destination From:** |  |
| **Return Date:** |  | **Destination To:** |  |
| **Trip Purpose:** |  |

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| **Participants (list here or attach list of names, addresses and emergency contact phone numbers)** |
| **Participant Name** | **Emergency Contact Name** | **Emergency Contact Phone** |
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| **Location of field sites (use GPS Coordinates, attach maps with camp locations)** |
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| **Communication Equipment (list the equipment type, number/frequency/channel, etc.…)** |
| **Equipment Type** | **Number/Frequency/Channel/Other** |
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| **Communication Schedule (list the time of day, who will be contacted and how communication will occur) *Daily communication is required for remote travel*** |
| **Date** | **Time Range** | **Person to be contacted1** | **Contact phone, email, other** | **When to initiate missing person search2** |
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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.**

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| **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. ***UAF DISPATCH MUST BE CONTACTED AT 474-7721 IN THE EVENT OF ANY EVACUATION*** |
|  | **Contact Name** | **Contact Phone Number** |
| **UAF Dispatch** |  | **907-474-7721** |
| Air |  |  |
| Ground |  |  |
| Water |  |  |
| Department Contact |  |  |
| Other (specify): |  |  |
| Other (specify): |  |  |
| Other (specify): |  |  |

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| **Other Emergency Procedures Needed:** |
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Trip Leader/PI Printed Name­­­­­­­­­­­­­­­­­: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip Leader/PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Reviewed by Department Chair/Associate Dean/Dean**

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