FIELD SAFETY EMERGENCY PLAN

Use this form if traveling to a location of any university-related activities, including course or research activities, that occur beyond the UAF campus not including sporting events, meetings, conferences, training, sponsored dinners, or events that occur at another institution, or facility.

To complete this form:

1. At least 30 days before departure, complete this form in as much detail as possible. If there are portions of the form that do not apply (i.e. international travel), leave them blank and move on to the next section.
2. Submit it to your designated Department Safety Officer or Operations Manager with any attachments.
3. Once approved by the designated Department Safety Officer or Operations Manager, route the form to the activity's Principal Investigator or Team Lead and Department or Institute Dean or Director for approval in that order.
4. If the field activity includes use of non-conventional modes of travel, minor participants, firearms, explosives, or if deemed necessary by any of the previous approvers as noted in the remarks section: route to EHSRM for review through Becca Whitman at rwhitman@alaska.edu.
5. Once all reviews and approvals are completed, review the plan with all participants and gather participant signatures in the Field Party Review section on the master copy.
6. Additional copies must be furnished to the supervisor and/or department contact, **and** anyone listed as a "Person to be Contacted".
7. 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.

1. Administrative information:

Project Name:	
Department:	
Trip Leader/PI Name:	**Phone #:**
Anticipated departure date:	
Anticipated return date:	
Primary Contact:	**Phone Number:**
Program Manager Contact:	
Field Work Location (general):	
Field Work Description (general):	
Does the field work require public notification?	

Participants:

Note: If volunteers are participating in the trip, a Volunteer Qualification Checklist (available under "Volunteers" at https://www.uaf.edu/safety/risk-management.php) must be completed for each volunteer. If a participant is a minor, other training and approval will be necessary.

Participant name	Phone Number & Email Address	Status[1]
		Select One
		Select one
		Select One
		Select One
		Select One
		Select One
		Select One
		Select One
		Select One
		Select One

2. Location & Route

a. Location of Field Site(s) – Use GPS coordinates, attach maps with camp locations:

Site name	Location

b. Travel Route: describe, in as much detail as possible, the route you plan to use. This can be especially important in search and rescue situations.

[1] The status of an individual is in the context of work performed on this field activity. Although the participant may have more than one status within our organization, their affiliation with the field activity takes precedence.

c. Method(s) of Travel – check below and provide dates in table. **Please note** that training **is required** for non-conventional modes of travel (almost any mode other than chartered means or passenger vehicles) and you **must** complete the required process for use of privately owned water or aircraft; more information can be found on the UAF Risk Management website under "Driving" (https://www.uaf.edu/safety/risk-management.php).

Modes of Travel include:

1=UAF Passenger Vehicle
2=Personal Passenger Vehicle
3=ATV
4=Snow Machine
5=Commercial Flight
6=Chartered Flight
7=Helicopter
8=Chartered Boat
9=Skis
10=Snowshoe
11=By Foot
12=Personal Aircraft or Boat
13=Other—Please describe in the table below

Date(s) of Travel	Mode 1-13	Vehicle Description (year/make/model/color & other identifiable details	Distance (time /miles, etc.)

NOTE: If using a charter company or local guide/outfitter, include the name and contact for the company.

d. Training – it is the responsibility of the supervisor to ensure that training is appropriate and up to date. Report the date of most recent training session (mo/yr).

Participant Name	UAF Driver Safety	First Aid	CPR	Wilderness 1st Aid	Bear Awareness	Fire-arms Safety	Boat Safety	Intro ATV/ snow mach	Hand/ Power Tool Safety

3. Communication Plan

a. Daily communication is required for remote travel:

Please identify in the table below the time of day or triggering occurrence, who will be contacted, and how communication will occur.

Date or communication trigger	Time range (i.e. 10AM-2PM)	Person to be Contacted[1]	Method of Contact Number or email (cell, sat phone, email)	Action or When to Initiate Missing Person Search [2]
Daily				

[1] *At least one contact must be a UAF employee*

[2] *Detail action to be taken or How many hours after being overdue will the 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 describe your plan to replace the ability to communicate; provide an alternate safety measure:

b. Participant Emergency Contacts - Each participant must have at least one emergency contact. List here or attach list of names, addresses and emergency contact phone numbers

Participant Name	Participant's Emergency Contact Name	Emergency Contact Phone

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

Type	Numbers/Frequency/Channel

4. Equipment Information

NOTE: If planning to take a firearm to the field, an approved Field Firearms Application is required. More information can be found at https://www.uaf.edu/safety/occupational-safety.php. You may attach and submit applications with this plan for necessary approvals.

If you need to ship Hazardous materials to or from a field location (i.e. batteries, fuel, oil, biological specimens, or chemicals) you must contact your department's HAZMAT shipper or EHSRM (HAZMAT Lead or Industrial Hygienist).

Emergency Equipment – fill in the table below with equipment type and amount to be CARRIED.

#	Equipment	#	Equipment	#	Equipment
	First Aid Kit		Harness / Fall Protection		Handgun
	Water Bottles		Helmet		Rifle / Shotgun
	Winter Survival Gear		Camping/Overnight Gear		GPS
	Additional Medication		Extra Food		Extra Clothing
	Two-way Radio		Satellite Phone		Cell Phone
	Life Jacket		Emergency Locator		Flares
	Safety Glasses / Goggles		Leather Gloves		Extra Fuel

Other Emergency Equipment – list below

Quantity	Type of Equipment

Participants Equipment – for rescue purposes:

Participant Name	Tent Color	Backpack Color	Jacket Color

5. Emergency Evacuation Plan

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.

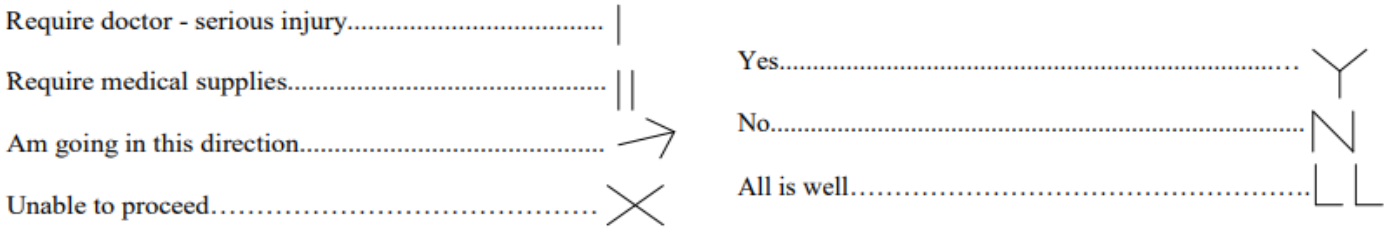
NOTE: UAF DISPATCH MUST BE CONTACTED AT 474-7721 IN THE EVENT OF ANY EVACUATION

Air - Contact:	**Contact #:**
Ground - Contact:	**Contact #:**
Water - Contact:	**Contact #:**
Department Contact:	**Work #:** **Cell #:**
UAF Dispatch:	**Contact #: 907-474-7721**
List other emergency contacts/procedures needed:	

VISUAL SIGNALS BETWEEN GROUND AND AIRCRAFT

Standard ground to air signals: See codes below. Signals may be tramped in the snow, made of branches, cloth, or stone, trenches dug in the tundra, or patterns cut in vegetation. Try to make as big a color contrast as possible between your symbol(s) and the surrounding terrain. The symbol(s) should be 8 to 10 feet long and 3 feet wide for spotting by plane. The surfaces of your airplane or vehicles, which will generally be in sharp contrast to the surrounding area, are also a signal that can be seen from the air. In addition, you should use any means possible to try and attract an aircraft's attention: radio, flames, smoke, flares etc.

VISUAL SIGNALS BETWEEN GROUND AND AIRCRAFT



6. International Field Work (skip if not applicable)

a. If traveling internationally, check to see if there are any travel advisories in effect for your destination(s): https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/

Country	State Dept. Travel Advisory Level	Reasons for advisory level (level 3 or 4 only)

b. Check the U.S. Center for Disease Control and Prevention for travel health notices, concerns, or recommendations, including recommended vaccines, for your destination(s): https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html

NOTE: If you require a consultation with UAF Occupational Health for travel related concerns, like updating vaccines, obtaining prescriptions for anti-malarials or antibiotics, or obtaining a travel physical, please contact Emily Reiter at e.reiter@alaska.edu**.**

c. **Emergency contact information for destination(s): NOTE: Please leave blank if not applicable**

Office/Contact:	Telephone Number and/or Address
Country's 911 equivalent:	
Consulate/Embassy:	
Local Government/Visa office	
Closest Police Station	
Fire Department	
Hospital	
Red Cross	
24-Hr Assist/Insurance Hotline	
UAF 24-Hr Emergency	**1-907-474-7721**

7. Infectious Disease Mitigation (i.e., respiratory, food-borne, zoonotic, etc.)

a. **Please detail any relevant considerations for rural or remote communities:**
For example: community name, requirements for advance communication or entry measures, status of local infectious outbreaks, etc.

b. **Please detail any infectious disease mitigation measures that will be taken before, during, and/or after the trip:**
For example, vaccinations, face coverings, quarantine or self-isolation prior to travel, COVID-19 testing, sanitization practices in field camps, etc. Please include any local entry requirements that you will need to adhere to related to public health directives in the area.

c. **Detailed plan for transportation to a medical treatment facility if treatment is required for any communicable illness:**
Please include where the nearest medical treatment is located, what will trigger transport, and how an individual will be transported to care.

Approval

Submitted by (printed name) : **Date:**

#	Attachments	#	Attachments. If "Other," please describe
	Maps		Infectious Disease Mitigation
	JHAs		Other:
	Application for Firearm Use		Other:

Comments:

FIELD SAFETY EMERGENCY PLAN

1. **Approved by relevant Department Safety Officer or Operations Manager:**

Name (print): **Title:**

Signature: **Date:**

Remarks:

2. **Approved by Project Principal Investigator or Team Lead:**

Name (print): **Title:**

Signature: **Date:**

Remarks:

3. **Approved by Dean or Institute Director**

Name (print): **Title:**

Signature: **Date:**

Remarks:

EHSRM review required if: taking non-conventional modes of travel, minors, firearms, or explosives to the field or if deemed necessary by any of the previous approvers as noted in the remarks section.

Reviewed by UAF Environmental Health, Safety, and Risk Management:

Name (print): **Title:**

Signature: **Date:**

Remarks/recommendation:

Field Party Review

Participants Signature – The above has been reviewed and discussed with the trip leader / Principal Investigator. I understand that if I perceive an activity to be unsafe, I have the right to refrain from participating in the activity, and a responsibility to voice my concerns to the team.

Participant Name	Participant's Signature	Date Signed