

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. More information about field safety considerations and planning can be found in the [University of Alaska Fairbanks Field Safety Emergency Plan - Guideline and Checklist](#).

To complete this form:

- At least 30 days before departure, use the guidance provided in the [Field Safety Emergency Plan - Guideline and Checklist](#) to 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.
- Submit it to the relevant designated Department Safety Officer or Operations Manager with any attachments.
- 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.
- 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 David Vazquez at jd vazquez2@alaska.edu or Elizabeth Hughes-Hageman at ephugheshageman@alaska.edu.
- 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.
- Additional copies must be furnished to the supervisor and/or department contact, **and** anyone listed as a "Person to be Contacted".
- 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?	

Note: A [Volunteer Qualification Checklist](#) must be completed for each volunteer and if the participant is a minor, [other training and approval](#) is necessary.

Participant name	Phone Number & Email Address	Status ¹
		Select one

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.

		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.

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 [here](#).

Select all applicable	Select all applicable	applicable Select all applicable
Select all applicable Select all applicable	Select all applicable	
Select all applicable	Select all applicable Select all	

Date(s) of Travel	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.

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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/risk-management/firearms.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.

Require doctor - serious injury..... |

Require medical supplies..... ||

Am going in this direction..... →

Unable to proceed..... X

Yes..... Y

No..... N

All is well..... LL

6. International Field Work

a. U.S. Department of State travel advisory level and reason for advisory:

<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>

b. U.S. Center for Disease Control and Prevention travel health notices, concerns, or recommendations, including recommended vaccines, for the destination(s):

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

NOTE: If you require a consultation with UAF Occupational Health for travel related concerns, like updating vaccines 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

<u>Office/Contact:</u>	<u>Telephone Number and/or Address:</u>
Country's 911 equivalent:	
Consulate/Embassy:	
Local Government/Visa office:	
Closest Police Station:	
Fire Department	
Hospital:	
Red Cross:	
24-Hour Assist/Insurance Hotline:	
UAF 24-hour emergency:	+1-907-474-7721

7. Infectious Disease Mitigation

a. Detail any applicable considerations for rural or remote communities:

For example: community name, requirements for advance communication or entry measures, local infectious outbreaks, etc.

b. Please detail overall mitigation measures that will be taken BEFORE the trip:

For example, traveler vaccination status, duration of quarantine or self-isolation prior travel, COVID-19 testing prior etc. Please include any local entry requirements that you will adhere to related to public health.

c. Please detail overall mitigation measures that will be taken DURING the trip:

For example: face covering will be used at all times save for when alone in lodging, all travelers will be fully vaccinated, duration quarantine or self-isolation prior to and post-travel, reporting COVID-19 illness using the UAF illness reporting form, etc.

d. 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 movement, and how an individual will be transported to care.

e. Please detail overall mitigation measures that will be taken AFTER the trip:

For example, duration of quarantine or self-isolation post-travel, COVID-19 testing post-travel etc.

Approval

Submitted by (printed name) :

Date:

Attachments:

Select one, if applicable

Select one, if applicable

Select one, if applicable

Select one, if applicable

Comments:

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

Name (print):

Title:

Signature:

Date:

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