|  |  |
| --- | --- |
| **Michigan Technological University**  **Safe and Inclusive Fieldwork / Off-Campus Research Project Plan** | |
| **Principal Investigator:** | **Department** |
| **Cell Phone Number:** | **E-mail Address:** |
| **Dates of Travel:** | |
| **Location of Field Research (fill out additional forms for additional locations):**  Location Name:  Location Phone number (if available):  Address, description of site or coordinates:  City: State: Country: | |
| **Description of Field/Off-Campus Research Activities:** MTU defines "off-campus" as data, information, and/or samples being collected off-campus or off-site, including research activities in urban, rural, or remote settings; at other organizations; or on vessels or aircraft. | |
| **Primary Contact:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Secondary Contact:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Risk Assessment, Personal Harm:** Based upon your expected research team and the research site environment, identify potential risks for harm to members from discrimination, harassment, or assault by other team or non-team members. Describe measures that will be taken to establish shared personal conduct expectations and promote inclusivity, prevent harm, and communicate university reporting mechanisms to every team member. For example, risks for a team with undergraduate students working on a remote site will be different from those of solely faculty members working in an urban downtown. | |
| **Identified Risk** | **Control of Risk** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Risk Assessment, Physical Hazards**: List identified risks associated with the activity or the physical environment (e.g., extreme weather, wild animals, endemic diseases, firearms, chemicals). List appropriate measures that will be taken to control, reduce or eliminate the risks. | |
| **Location of the nearest Hospital:** | |
| **Identified Risk** | **Control of Risk** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Complete the sections below based on your assessment of the risks associated with this work and your plans to mitigate those risks** |
| **Emergency Procedures:** |
| **First Aid Training:** |
| **Required Training: (training on providing a safe and inclusive environment must be a component of required training)** |
| **Physical Demands:** |

|  |
| --- |
| **Field Team Membership:** *Please note that you are expected to train every team member on preventing and responding to personal harm and physical hazard risks, risk prevention, and incident prevention. Ensure that every team member has a copy of this file before going to the off-campus research site(s).*  Leader: phone: e-mail:  Name: phone: e-mail:  Name: phone: e-mail:  Name phone: e-mail:  Name phone: e-mail:  Name phone: e-mail:  Name phone: e-mail:  Name phone: e-mail:  Name phone: e-mail: |