

**Michigan Technological University
Field Research Safety Plan**

Principal Investigator:	Department:
--------------------------------	--------------------

Phone Number:	E-mail Address:
----------------------	------------------------

Dates of Travel:

Location of Field Research:

Name: _____ Phone: _____

Address or coordinates: _____

City: _____ State: _____ Country: _____

Nearest Hospital: _____

Field Research:

Contact 1: Name: _____ Address: _____ _____ Phone: _____ Cell: _____ e-mail: _____	Contact 2: Name: _____ Address: _____ _____ Phone: _____ Cell: _____ e-mail: _____
--	--

Emergency Procedures:

First Aid Training:

Required Training:

Physical Demands:

Risk Assessment: List identified risks associated with the activity or the physical environment (e.g., extreme weather, wild animals, endemic diseases, firearms, chemicals). List appropriate measures to be taken to reduce the risks

Identified Risk	Control of Risk

Field Team Membership:

Leader: _____ phone: _____ e-mail: _____
_____ phone: _____ e-mail: _____
_____ phone: _____ e-mail: _____
_____ phone: _____ e-mail: _____
_____ phone: _____ e-mail: _____