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| **Biology Field Experience and Travel Safety Plan** | | |
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| Principal Investigator: | Department: | |
| Phone Number: | E-mail Address: | |
| **Dates of Travel:** *(List multiple dates if more than one trip is planned)* | | |
| **Location of Field Experience and/or Travel Destination:**  Country: Geographical Site: Nearest City:  *(Name, Distance from Site)*  Nearest Hospital or Medical Clinic:  *(Location, Distance from Site)* | | |
| **Field Experience and/or Travel:** (Please include a brief description of the experience). | | |
| University Emergency Contact:  Phone:  Email: | | Local Emergency Contact:  Phone:  Email: |
| **Emergency Procedures:** (Please include detailed plans for field location including evacuation and emergency communication; *Include* a *separate sheet if necessary).* | | |
| **For Field Safety, Indicate First Aid and/or CPR Training:** (Please list any team members who are first aid or CPR trained and the type and date of training they have). | | |
| **Field Safety Physical Demands:** (Please list any physical demands required for this field research, e.g., Diving, Climbing, Temperature Extremes, High Altitude). | | |
| **Field Safety Risk Assessment:** Please list identified risks associated with the activity or the physical environment (e.g., extreme heat or cold, wild animals, endemic diseases, firearms, explosives, violence). List appropriate measures to be taken to reduce the risks; *Include* a *separate sheet if necessary.* | | |

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| *Identified Risk* | *Control* of *Risk* |
| 1. |  |
| 2. |  |
| 3. |  |
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| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |
| **Medical Considerations** (Please list required immunizations or examinations for travel) | |
| **Field and/or Travel Team Membership** (Please list the names of all members of the field and/or travel team, and identify the Field Team Leader.) | |
| **Travel and Meeting/Conference Attendance** (Please provide the name(s) and contact information (phone and email) for all overnight accommodations). | |
| **Additional Comments** | |

Once completed, please send an electronic copy of this form to all team members, the Biology Office ([ellisb@gvsu.edu](mailto:ellisb@gvsu.edu)), Department Chair ([vignaj@gvsu.edu](mailto:vignaj@gvsu.edu)), and the Graduate Program Coordinator ([snydeeri@gvsu.edu](mailto:snydeeri@gvsu.edu)).