

# Field Research Safety Plan

## Form A: Field Research Safety Plan

The Field Research Safety Plan is intended to help you maximize your fieldwork objectives and minimize mishaps through careful consideration of the dynamics at play on the ground and within your group. While preparing your field research safety plans, take advantage of the [EHS Field Research Safety](#) webpage, [MIT EHS Office](#) webpage, and your EHS Coordinator. If you have questions or would like your plan reviewed, please contact the [EHS Field Safety Team](#).

| Field Research Summary   |  |
|--|--|
| <i>Basic trip logistics and goals</i>  |  |
| <i>Field Research Project:</i>   |  |
| <i>Principle Investigator:</i>   | <i>Department:</i>                                       |
| <i>Phone Number:</i>   | <i>E-mail Address:</i>                                   |
| <b>Summary of research goal:</b> (E.g., Scuba diving in the Gulf of Mexico for 2 weeks to check predicted destinations for pirate treasure and collect sunken ship debris)         |  |
| <b>Summary of activities:</b> (E.g., hiking, siemens meters, using heavy machinery, cave/scuba diving, metal detectors, oxygen tanks, picnic, ship cranes, nets, spear guns, etc.) |  |
| Will undergraduates be attending this trip?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you notified your EHS Coordinator about your upcoming field visit?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Communication  |  |  |  |
|--|--|--|--|
| <i>Understand the possible communication barriers</i>  |  |  |  |
| <i>Field Destination(s):</i>   |  |  |  |
| <i>Primary Language:</i>   |  |  |  |
| <i>Secondary Language:</i>   |  |  |  |
| Visit <a href="#">Globe Smart</a> to learn about cultural realities where you are traveling. |  |  |  |


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| Import/Export: Samples and Supplies  |  |                             |
|--|--|-----------------------------|
| <i>Identify research and equipment shipment processes</i>  |  |                             |
| Will you be shipping anything to the field location?   | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| <i>Items or Samples:</i>   | <i>Specific Hazards:<br/>(i.e., Radiation, Biologic, Chemical)</i> |                             |
|  |  |                             |
|  |  |                             |
|  |  |                             |
| Will you need to ship anything back to MIT from the field?   | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| <i>Items or Samples:</i>   | <i>Specific Hazards:<br/>(i.e., Radiation, Biologic, Chemical)</i> |                             |
|  |  |                             |
|  |  |                             |
|  |  |                             |
| <p><u>Ask these questions when shipping equipment and samples:</u></p> <ol style="list-style-type: none"> <li>1. <i>Have chemicals/samples been adequately enclosed in secondary containment for transport? Especially if inside a personal item such as a backpack.</i></li> <li>2. <i>Could my items need special accommodations (physical form, hazard etc.)?</i></li> <li>3. <i>Am I permitted to send items or samples from destination as necessary?</i></li> <li>4. <i>Will the destination allow the items or samples to be received?</i></li> </ol> <p><i>As you consider these questions, utilize <a href="#">MIT Export Control</a>.</i></p> <p><i>When flying, note that all research materials, checked or carried-on, are subject to <a href="#">TSA regulation</a>.</i></p>   |  |                             |
| <p>Resources to organize shipments:</p> <p>MIT Shipping Resources:</p> <p style="padding-left: 20px;"><a href="#">MIT Mailing and more</a></p> <p style="padding-left: 20px;"><a href="#">MIT International Shipping</a></p> <p style="padding-left: 20px;"><a href="#">MIT EHS – Hazardous Materials Shipping</a></p> <p>Major Carriers:</p> <p style="padding-left: 20px;"><a href="#">UPS</a>, <a href="#">FedEx</a>, <a href="#">USPS</a>, <a href="#">World Courier</a></p> <p>Transportation Regulatory Organizations:</p> <p style="padding-left: 20px;"><a href="#">MassDOT</a></p> <p style="padding-left: 20px;"><a href="#">IATA</a></p> <p style="padding-left: 20px;"><a href="#">US DOT</a></p> <p style="text-align: center;">All items being shipped need to be labeled properly.<br/>Reach out to <a href="#">MIT EHS Office</a> if further assistance is needed.</p> |  |                             |

# Field Research Safety Plan

| Medical Information  |                              |  |
|--|------------------------------|--|
| <i>Understand what your group needs medically prior to departure</i> |                              |  |
| Medical Tests and Vaccines:  | <i>Vaccine/Medical Tests</i> | <i>Administration Time Frames Prior to Departure</i> |
| <a href="#">CDC Travelers' Health</a>                                | 1)                           |  |
| <a href="#">CDC Travelers' Health Notices</a>                        | 2)                           |  |
| <a href="#">MIT Travel Clinic</a>                                    | 3)                           |  |
| <a href="#">MIT Global Support Resources</a>                         | 4)                           |  |
| <a href="#">Travel.State.Gov</a>                                     | 5)                           |  |
|  | 6)                           |  |

|   |   |
|---|---|
| <p>Travel Resources:</p> <p><a href="#">MIT International SOS</a> – (Use the QR code to the right to get the ISOS app)<br/> <b>MIT ISOS Member ID: 11BSGC000066</b></p> <p><i>For international travel one of the most important resources that you have is through International SOS, which provides 24-hour access to medical and security experts.</i></p> <p><i>It is highly recommended that you set up your personal account online, review all of the resources available to you, and download the app to your phone during the trip planning stages.</i></p> <p>Use International SOS to:</p> <ul style="list-style-type: none"> <li>• View location guides and risk summaries</li> <li>• Sign up for alerts</li> <li>• Verify the location of trusted medical facilities</li> <li>• Determine the legality of bringing various prescription and OTC medications</li> </ul> <p><a href="#">United States Embassy</a></p> <p><a href="#">911 Equivalencies</a></p> <p><a href="#">Guidance for International Travel Preparation</a> – Login needed</p> |  <p>Or scan this code to download from your device's App Store</p> |
|---|---|

The following pages are intended to help your research team anticipate hazards in the field and arrive equipped to face them, based on your given activities. The tables include links to informational sections and example products to give you a sense of what could support your work.

# Field Research Safety Plan

## Hazard Identification Checklist

|  |  |
|--|--|
| <b>Destination(s):</b>   |  |
| <i>List your field destinations here and check off each location at the corresponding applicable hazard or supply.</i> |  |
| <b>A</b>   |  |
| <b>B</b>   |  |
| <b>C</b>   |  |

(Resource hyperlinks are present in some of the hazards listed below.)

| Destination Hazards  | A                        | B                        | C                        | Destination Hazards                              | A                        | B                        | C                        |
|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| No Potable Water/ <a href="#">Dehydration</a>                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Endemic Disease/ <a href="#">Lyme Disease</a>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sun Exposure/ <a href="#">Sunburn/Heat Stroke</a>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hunting Season                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wind Exposure  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Travel Through Private Property                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Frostbite/Hypothermia</a>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Violent Crime/ <a href="#">Theft</a>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extreme Weather ( <a href="#">Snow Blindness, Storms &amp; Lightning</a> ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Remote Destination/ <a href="#">Camping</a>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">High Altitudes, Altitude Sickness</a>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Long Distance to Medical Services (≥ 15 minutes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Animal Encounters ( <a href="#">General, Large Predator, Snakes</a> )      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Limited Reliable Communication                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Working Near Water/Drowning</a>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lack of Sanitary Facilities                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Avalanche/Rockslide Potential/Earthquakes</a>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Travel Advisories by State Department            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Snow/ <a href="#">Glaciers</a>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rough/Unusual Terrain  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flash Flooding   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Confined Spaces/ <a href="#">Caves</a>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Health Hazards   | A                        | B                        | C                        | Health Hazards                    | A                        | B                        | C                        |
|--|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <a href="#">Poisonous Plants</a>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exposure to Vector-borne Diseases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Biting Insects</a> (Venomous, Anaphylaxis)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asphyxiation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Industrial Hygiene Concerns (Dust, Noise, Ergonomics, Vibration) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Field Research Safety Plan

| Activity Hazards  | A                        | B                        | C                        | Activity Hazards   | A                        | B                        | C                        |
|---|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| Roadside Work   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical Hazard (Fire/Electrical/Mechanical)                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Animal Work/ <a href="#">Rabies</a>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driving a <a href="#">vehicle</a> off road (ATV/Snow Mobile/Utility) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boating/ <a href="#">Diving Equipment Use</a>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Unmanned Aircraft Systems (UAS) Use</a>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Technical Climbing/ <a href="#">Hiking</a> / Falling Debris | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevated Working  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trenching/Excavating  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Night Work  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Other Hazards   | A                        | B                        | C                        | Other Hazards | A                        | B                        | C                        |
|---|--------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|
| Hazardous Materials/Waste (Use, Transport, Storage)<br><a href="#">Hazardous Materials Shipping</a> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Chemical Hazards</a>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Biological Hazards</a>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Radiological Hazards</a>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Safety Supplies Checklist (Personal Protective Equipment (PPE) and Otherwise)

Based on the Hazards selected above, identify equipment and PPE that may be needed.

| Fundamental Safety Supplies  | A                        | B                        | C                        | Fundamental Safety Supplies  | A                        | B                        | C                        |
|--|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|
| Communication Devices (Phone, <a href="#">Satellite Tracker</a> , <a href="#">2 Way Communicator</a> ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Portable AED</a> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Survival Kit</a> / <a href="#">Emergency Vehicle Kit</a> (Flares, Tools, etc.)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal Medications/EPIPEN  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">ANSI/ISEA Z308.1-2015 First Aid Kit: Class B—Type 4</a>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">GPS Device</a>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| Destination Safety Supplies                            | A                        | B                        | C                        | Destination Safety Supplies                | A                        | B                        | C                        |
|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| Adequate Food/Water<br>(Associated Illnesses)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sand/Rock Salt                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Blaze Orange Clothing</a>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Small Shovel/Toilet Paper</a>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Emergency Flares</a>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Spikes/Hiking Sticks</a>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Generator/Batteries                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sunglasses                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand/Foot Warmers                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sun-Protective Hat                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insect Repellant                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sunscreen                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Matches/Flint  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Traffic Cones                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Mosquito Netting</a>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warm Clothing                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pepper Spray/Mace/Bear Spray (if legal in destination) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foot protection                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Personal Floatation Device</a>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Water Purification Devices</a> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rain/Wind Gear   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Reflective Vest/Clothing</a>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Health Safety Supplies          | A                        | B                        | C                        | Health Safety Supplies                 | A                        | B                        | C                        |
|---------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| Air Monitoring Equipment        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Respiratory Protection</a> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergy Relief (Benadryl, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Dust Mask</a>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Safety Supplies                                | A                        | B                        | C                        | Safety Supplies                                    | A                        | B                        | C                        |
|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| Backpack (Everyday, External Frame)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Oxygen Tanks (Portable, <a href="#">Backpack</a> ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Chemical Resistant Gloves</a>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Over Boots/Water-Tight Boots</a>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Extension Cord with GFCI</a>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Portable Eye Flush</a>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extraction Equipment                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Safe Fuel Storage Containers</a>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Face Shield/Safety Glasses</a>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Safety Rated Sunglasses</a>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Fall Protection Equipment</a>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soap/ Hand Sanitizer                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Extinguisher                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Tyvek Suit</a>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flashlight or Headlamp                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Safe Chemical Containers</a>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Hard Hat/Bump Cap</a>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Waste Containers/Bags                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Hearing Protection</a>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disposable Gloves                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">Leather/Heavy Duty Work Gloves</a> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# Field Research Safety Plan

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Please reach out to the [EHS Field Safety Team](#) if you would like us to review this document or if you have additional concerns/questions.

If you find yourself later making amendments to your original form A, please add a page of your own to this document to include new details.

| Signature                      |       |
|--------------------------------|-------|
| <i>Principle Investigator:</i> | Date: |
| <i>E-Signature:</i>            |       |