

Class Field Trip Safety Form

Activity Purpose:		Date:	
Activity Description:			
Trip Leader:			
Secondary Leader:			
Number of Vehicles:			
Drivers:	All drivers of official vehicles are over 21 ☐ All drivers have completed driving waivers ☐		
Trip Type:	☐ Urban (less than 50 mi / <1 hour by road from a 24hr hospital) ☐ Rural (50 – 180mi or 1-2 hours by road from a 24hr hospital) ☐ Remote (greater than 180km / >2 hours by road from a 24hr hospital)		
Pre-Trip Safety Briefing	☐ yes, all participants will be made aware of the information provided on this form prior to departure		

Vehicle Safety Equipment			
Tire changing tools ☐ yes ☐ no	First aid kits ☐ yes ☐ no	Drinking water ☐ yes ☐ no	Battery pack and phone charging cord ☐ yes ☐ no
Locator Beacon ☐ yes ☐ no			
General Proposed Trip Location			
Departing	Returning	Location	Approximate GPS coordinates
Site Information			
Environmental Hazards			
Expected Weather			
Drinking Water Availability		☐ Plumbed water available ☐ Water in containers provided ☐ Bottled water provided ☐ Natural source and treatment methods (e.g., filtration, boiling, chemical disinfection)	
Access to Shade/Shelter		For extreme heat (> 90°), shade must be available in case heat disorders develop ☐ Building structures ☐ Trees ☐ Temporary Canopy/Tarp ☐ Vehicle with A/C ☐ Other	
High Heat Procedures Temperatures > 95°F		☐ NA ☐ Heat illness warning signs and prevention discussed in safety briefing	
Emergency Services and Contact Information			
University Contact U. contact Not on trip. Provide copy of this plan.	Name:	Frequency of check ins:	
	Number:		
Nearest Emergency Department (ED)			
Primary Contact	Name:	Number:	Emergency beacon carried? ☐ yes ☐ no
Nearby Facilities			
Location of Waivers			
Participant Information			
Safety	Is anyone expected to be working alone? ☐ no ☐ yes If yes, develop a communications plan with check-in procedures & if needed, carry a satellite communication device or personal locator beacon. Participant(s) indicated they have a potentially life-threatening condition/allergy? ☐ no ☐ yes If yes, list here and develop emergency procedures (e.g., participant X has epipen in backpack)		
Contact Information	Trip leaders have phone numbers to reach someone in each vehicle ☐ yes ☐ no		
Emergency contacts for trip leader and secondary leader	Leader:		
	Secondary:		

Other:

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A field safety plan serves as a tool to document your hazard assessment, communication plan, and emergency procedures. This plan should identify hazards, as well as precautions and actions taken to address and mitigate those hazards. Hold a pre-trip meeting with your group prior to departure to review your field safety plan, travel logistics, pack list (including first aid kit), personal safety and security concerns, and any remaining training needs.

This form must be filed with the department prior to the trip, and a copy must be taken into the field.

Attach route/location maps to field site(s) and emergency services here: