



# Field Safety Operation Planner



**California State University Maritime Academy**  
200 Maritime Academy Drive  
Vallejo, CA 94590

*For use with multi-day  
off campus field trips, academic  
research projects and/or athletic or  
outdoor activities.*

# Cal Maritime Field Safety Operation Planner

## Introduction

Academic courses often involve field trips away from the campus. An efficient, effective and safe field trip often requires that class members be driven in vans to the remote site where the instruction will take place. Other field trips involve participating class members driving their own vehicles or voluntarily joining together in carpools. These guidelines are directed to van drivers, but the safe practices are transferrable to privately owned vehicle operators as well. The purpose of this guideline for safe driving is to assist the driver, the navigator and the passengers to prepare for a safe and enjoyable trip to the remote site and back. The safety of the driver, passengers and others on the road is far more important than any other field trip consideration.

## Definitions

- **Driver:** The person designated by the department to drive the van on field trips. The driver must be qualified and prepared as described below to operate the passenger vehicle.
- **Navigator:** The person who sits in the front passenger seat, is responsible to read the map and assist driver to anticipate turns and navigate the route, remaining alert while in route to assist driver as necessary.

## Responsibilities

The academic department and faculty member in charge of the field trip are responsible for ensuring that policies and procedures are followed, that van drivers and navigators read and sign these instructions, and that all other reasonable measures are taken (including the final go/no-go decision) for the safety of the field trip participants. The department/faculty member shall select only mature drivers with good driving records (self-nominating until the records check is complete) and at least some experience operating larger passenger vehicles (see below). The department shall also obtain a photocopy of the student's driver's license and ensure the license is current.

The department shall have the student complete the following forms:

- Volunteer Identification Form with copy of driver's license
- Application for Vehicle Operation Authorization

The department shall send a copy of the driver's license, a copy of the Volunteer Identification Form and a copy of the Vehicle Operation Authorization to Risk Management. The above process shall be completed as soon as possible in each semester so that the driver's credentials and record can be verified.

Risk Management shall arrange for DMV to do a records check, the result of which is anticipated to verify that the designated driver has a driving record that meets the qualifications described herein. If the DMV report negatively differs from the driver's self-declared driving record, the department will be notified. The DMV generally takes several weeks to complete the records check, so the student may end up driving before RM has received the results of the records check.

## Driver Qualifications

It is anticipated that in many cases, students will be selected to drive the vans on the field trips. By submitting the volunteer employee data form, the student's status changes to volunteer employee of the University. The following requirements and characteristics apply to the selection of van drivers.

Van drivers shall self-certify the following:

- Possess a current California driver's license
- Be mature individuals with at least seven years of driving experience

- Have experience operating vehicles of the size or type to be used, such as vans, full-size pick-up trucks or larger vehicles
- Have a good driving record: no more than two moving violations in the prior three years, no more than one at-fault accident in the previous three years, and zero driving-under-the-influence (DUI) or felony traffic convictions ever, nor have more than three current DMV points. This item can be appealed by the department or faculty member in charge to the Risk Manager if a driver believes him/herself to be capable despite the current driving record.

## Driver Responsibilities

The driver has an obligation to personally prepare to drive the van safely. The following constitutes the minimum preparation for field trip driving.

- Sufficient sleep during the prior night
- Absolutely no alcohol or drugs in system, especially the prior evening
- Driver's license in vehicle
- Corrective lenses worn if required
- Sun glasses ready to use
- No headphones in use while driving
- The driver shall check the following items on the vehicle before driving away from assembly point
  - Rear-view mirrors in place and adjusted for driver
  - Tires in good condition and properly inflated (visual inspection only)
  - Turn signals
  - Windshield clean
  - Windshield wipers and washer
  - Horn
  - Back up lights and/or signal
  - Brakes
  - Parking brake
  - Gas tank full

Notify instructor or department if vehicle is inoperable, deficient or unsafe. Do not drive an unsafe vehicle. Driver should focus on the performance characteristics (the feel) of the vehicle for the first several miles, while getting used to stopping distances, rate of acceleration, etc.

## Navigator is to assist the driver as follows

- Sufficient sleep during prior night to be able to remain awake at all times while van is in motion
- Map and directions on hand, and knowledge of where the group is going
- Remain in communication with driver to assist as necessary with directions

## Getting there

- No caravanning
- Every vehicle has map and directions
- Leave on time to avoid speeding

## General

- If a passenger van or bus is used for a field trip, the field trip should begin and end on campus.

- Keep music low. Regular conversation must be possible at all times.
- No stunts or horseplay while driving
- Know whom you will call (instructors, other drivers, etc.) if problems arise.
- Each rider shall have and wear a seatbelt when the vehicle is in motion.

**Chancellor's Office policy:**

- No Alcoholic beverage or chemical substance (drugs) shall be transported in a State/University vehicle at any time, nor shall they be transported in a private vehicle that is being used in support of a University-sponsored academic or athletic related activity (FSR 84-15, see also Title 5 CCR)
- Being under the influence of Drugs or Alcohol while driving, or consuming them and then driving is not permissible. Use of Drugs or Alcohol on Campus, Field Trips, or at University related activities is prohibited by the CSU and State law. (Title 5, California Code of Regulations, Student Conduct)

**Accident Incident Management:**

- A copy of the University Vehicle Accident Reporting packet must be in with every vehicle. The packet consists of two forms:
  - STD Form 269 Accident Identification Card <http://www.documents.dgs.ca.gov/osp/pdf/std269.pdf> and
  - STD Form 270 Vehicle Accident Report <http://www.documents.dgs.ca.gov/osp/pdf/std270.pdf>

**Extra equipment**

When operating a vehicle that is fully loaded, exercise caution and be aware of your reduced rear or side visibility and extended stopping distance.

- Do not load more weight into the vehicle than it is designed for.
- If equipment is carried on top of the vehicle, it shall be properly secured on a rack and tied down.
- No loads are to extend out the sides of the vehicle at any time.

**References**

- California State University Use of University and Private Vehicles Policy Guidelines: CSU guidelines for employee who drive, or who authorize others to drive, on university business. [[http://www.calstate.edu/risk\\_management/documents/VehicleUseGuideBook.pdf](http://www.calstate.edu/risk_management/documents/VehicleUseGuideBook.pdf)]
- State of California Office of Risk and Insurance Management: Website for State's Office of Risk and Insurance Management. [<http://www.dgs.ca.gov/orim/Home.aspx>]

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***Note: Must be submitted at least 30-days in advance for domestic and 90-days for international of trip.***

This document was developed to support compliance with the CSU Executive Order #106 and Cal Maritime University Field Trip & Off Campus Activities Policy AF 09-002.

Asterisks (\*) indicate required fields

<b>Trip Title*</b>			
<b>○ Responsible Party</b>			
First Name*		Last Name*	
Email*		Phone*	
<b>○ Plan Creator</b>			
If the person completing the Field Operational Planner (Creator) is not the Responsible Party, complete the fields below to identify the Plan Creator.			
First and Last Name			
Email			
Phone			
<b>○ Project Description</b>			
Briefly describe the activity to be covered by this Field Operational Planner*			
List a few keywords for this trip (such as location, fields of science, etc.)*			
<b>○ Primary Trip Purpose(s)*</b>			
<input type="checkbox"/> Research <input type="checkbox"/> Academic instruction <input type="checkbox"/> Training <input type="checkbox"/> Public service <input type="checkbox"/> Clinical service <input type="checkbox"/> Organized recreation (outdoor adventures) <input type="checkbox"/> Other			
If academic instruction, enter course catalog number:			
<b>○ Project Dates and Duration</b>			
Start date*		End date*	
▶ For travel that exceeds 15 days, contact the Department of Safety & Risk Management for insurance guidance: 707-654-1076.			
For intermittent trips between start and stop dates.			
<input type="checkbox"/> Irregular intervals <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Other			
<b>○ Leave of Absence Approval</b>			
Have faculty members obtained official leave of absence approval?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>○ Primary Cal Maritime Contact</b>			
Name*		Phone*	Email*
<b>○ Alternate Cal Maritime Contact</b>			
Name*		Phone*	Email*
<b>○ Accident-Incident Notification</b>			

Do you have a group medical / first aid kit?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there at least one currently certified, first aid practitioner aware of the risks and of the availability of medical assistance?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Aid Practitioner		
First Aid Practitioner		
How will you report injuries? (Include campus and department specific websites and phone numbers to report serious injuries.)		
How often and on what occasions will you communicate with your Cal Maritime Contact?		
What actions should be taken if you do not check-in and your contact person cannot reach you?		
<p>Check all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are you traveling outside the United States?</li> <li><input type="checkbox"/> Will you be in an area where regular common (cell phones, landline phones) may not be available?</li> <li><input type="checkbox"/> Are you traveling with others?</li> <li><input type="checkbox"/> Are you transporting/handling hazardous biological, chemical, or radiological materials, animals, or fireworks?</li> <li><input type="checkbox"/> Are you traveling in an area of increased health and safety risks? (Physical hazards, remote locations, endemic diseases, animal attacks, human attacks, etc.)</li> <li><input type="checkbox"/> Will transportation be entirely limited to regularly schedule commercial carriers?</li> <li><input type="checkbox"/> Will you conduct activities with special hazards or in a hazardous area (for example, confined space, working from heights, etc.)?</li> </ul>		

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## Locations and Local Contacts

Start date*	
End date*	
Country*	
Nearest large city*	
Final destination*	
<b>○ Lodging information (where you will be staying)</b>	
Type of lodging	
Name of where you will stay	
Phone number	
Location/address	
Type of lodging	
Name of where you will stay	
Phone number	
Location/address	
Type of lodging	
Name of where you will stay	

Phone number	
Location/address	
<b>○ Nearest emergency medical facility</b>	
Name	
Address/City	
Phone	
Name	
Address/City	
Phone	
<b>○ If foreign, nearest US Consulate Office</b>	
Address	
Phone	
Address	
Phone	
Address	
Phone	
<b>○ Local contact</b>	
Name	
Address/City	
Phone	
Email	
<b>○ Alternate local contact</b>	
Name	
Address/City	
Phone	
Email	

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## Communications

Is there a written Communications Plan?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▶ If there is a written Communications Plan, attach it to this document.			
What is the back-up means of communication?*			
<input type="checkbox"/> In person <input type="checkbox"/> By radio <input type="checkbox"/> By cell phone <input type="checkbox"/> By satellite phone <input type="checkbox"/> By email <input type="checkbox"/> Other			
If Other, what:			
It is recommended that you work in pairs when conducting hazardous work or working at remote locations. If you are not going to, what will you do to ensure individual safety?			
How will you communicate with others during an emergency:*			
How will you report injuries? (Include campus and department specific websites and phone numbers to report serious injuries.)			
I understand and will provide the local contact people with local travel plans. (If yes, ignore the next 3 questions)*	<input type="checkbox"/> No local contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you specified the expected time and date of arrival at a destination and your return to <b>base</b> location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What actions should be taken if you do not arrive or return when expected?			
How will you communicate your arrivals and departures?			

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## Medical Considerations

Is there increased risk associated with illness (including insect-borne illness, such as malaria) in the area(s) you will visit?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe the current illness hazard and measures to secure treatment		
Is there increased risk associated with the proximity and competency of medical care in the area(s) you will visit?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe the hazards and measures to secure treatment		
Is there increased risk associated with extreme climate in the area(s) you will visit?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe the extreme climate situation and measures to mitigate the hazards		
Is there increased risk associated with sanitation levels in the area(s) you will visit?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe the situation and steps that will be taken to provide adequate sanitation (including water purification)		
Does your trip involve international travel/going outside of the country?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there increased risk associated with wilderness travel?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe measures to prepare for wilderness travel		
Will all participants undergo a medical check-up, including vaccine recommendations, prior to being allowed to go on this trip?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Note:</b> Trip participants with known life threatening allergies should wear medical ID bracelets, etc., prevent further harm by first aid providers		

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## Security Considerations

### ○ Permits for Personnel

Have you obtained all relevant permits for your personnel?  Yes  No  N/A

**Note:** All personnel, especially in foreign countries, must hold relevant permits. Without permits in hand, participants can be detained, expelled from study sites, have their Cal Maritime and personal equipment confiscated, their samples destroyed, and their insurance canceled as if what they were doing was illegal.

### ○ Import/Export Permits

Have import/export permits been obtained?  Yes  No  N/A

**Note:** Import and export permits may be required to get equipment, data, and samples into and out of a foreign country and/or back into the US.

### ○ Data Security

Are provisions made for data backup?  Yes  No  N/A

**Note:** Laptop computers are subject to search and possible confiscation by US Homeland Security, both going and coming. You should backup copies of all documents, data, and contact information necessary for the trip on external devices.

### ○ Vulnerabilities

Check all applicable vulnerabilities for personal and property security concerns.\*

- |  |   |
|--|---|
| <input type="checkbox"/> Data                                  | <input type="checkbox"/> Computer equipment |
| <input type="checkbox"/> Regular equipment                     | <input type="checkbox"/> People             |
| <input type="checkbox"/> Specialized instruments and equipment | <input type="checkbox"/> Supplies           |
| <input type="checkbox"/> Particularly expensive stuff          | <input type="checkbox"/> Vehicles           |
|  | <input type="checkbox"/> Samples            |

Add any special or additional vulnerabilities that you will consider

Describe how these will be secured (get advice from Cal Maritime Police, the campus Risk Management, etc., and consider references by the Department of Homeland Security [http://www.dhs.gov/xlibrary/assets/ice\\_border\\_search\\_electronic\\_devices.pdf](http://www.dhs.gov/xlibrary/assets/ice_border_search_electronic_devices.pdf))

Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> A travel warning has been issued for the destination country   | <input type="checkbox"/> I plan to travel by air  |
| <input type="checkbox"/> You are planning to stay longer than 6 months; there is civil unrest or a natural disaster in the country you are visiting | <input type="checkbox"/> I plan to stay in a hotel  |
| <input type="checkbox"/> I have prepared a Security/Safety Preplan list (including identified threats and how you will eliminate/reduce them)       | <input type="checkbox"/> I plan to drive an automobile  |
|   | <input type="checkbox"/> I plan to frequent restaurants/shopping centers                          |
|   | <input type="checkbox"/> Bomb threats possible  |
|   | <input type="checkbox"/> Have registered for business travel insurance for employees and students |

Is there a formal written Pre Trip Safety Plan?  Yes  No

► If there is a written Security/Safety Plan, attach it to this document.

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## Transportation of People

What form of travel will you be using to get to the field site?\*

Other (private car, etc.)\*

Details

What forms of transportation will you be using? Check all that apply:

### **Ground**

What type of ground transportation will you be using? Check all that apply:

- Automobile/truck
- TV/tractor
- Train
- Bus
- Public transit
- Other ground mode

If "Other ground mode" is selected, describe:

Check all that apply:

- You have all the required insurance coverage
- The vehicle is a rental (see Renting a Car for CSU Business Travel)
- All drivers have had Driver Safety training on a regular basis
- Special licenses are required
- You are familiar with local driving conditions, regulations, and signage

Who will be driving?

- Staff
- Student
- Local hire (host country driver)

List the names, date of Driver Safety courses and any special licenses for your designated drivers.

	Name	DDT Date	Special License
1			
2			
3			
4			
5			

### **Water**

Yes     No     N/A

What type of water transportation will you be using? Check all that apply:

- Boat (Including submersibles)
- Personal watercraft (e.g. Jet Ski)
- Other water mode

Does this trip involve an ocean-going research vessel?

Yes     No

Describe the vessel type in detail (ex: power driven 42 ft. research vessel)

Number of employee passengers

Number of student passengers

Number of non-university personnel

Where will the vessel be operated?		
<input type="checkbox"/> US waters <input type="checkbox"/> Foreign waters <input type="checkbox"/> International waters		
Who is the vessel owner?		
<input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Cal Maritime-owned <input type="checkbox"/> US Gov. (MARAD) owned <input type="checkbox"/> Charter (Contact Procurements/Contracts) <input type="checkbox"/> Other		
Who will be operating the vessel?		
<input type="checkbox"/> PI and/or Cal Maritime student/staff <input type="checkbox"/> Vessel owner <input type="checkbox"/> Third party		
Check all that apply:		
<input type="checkbox"/> Vessel operator USCG Licensed <input type="checkbox"/> Vessel operator insured <input type="checkbox"/> Have adequate insurance		
Is all Cal Maritime, State, and USCG safety and communication equipment onboard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List the other forms of water transportation you will use		
Will you be scuba diving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>○ Air (Use of aircraft for transportation, teaching, or research purposes)</b>		
What type of air transportation will you be using? Check all that apply:		
<input type="checkbox"/> Large airplane (> 6 passengers) <input type="checkbox"/> Small airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Other mode (ex: light parachute, hang-glide, etc.)		
What other types of air transportation will you be using?		
Who owns/operates the aircraft?		
<input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> CSU-owned <input type="checkbox"/> CSU-leased <input type="checkbox"/> Charter (Contact BFS Procurements/Contracts at <input type="checkbox"/> Other		
What category of personnel will be onboard? Check all that apply:		
<input type="checkbox"/> Non-university personnel <input type="checkbox"/> Employees <input type="checkbox"/> Students		
Check all that are true:		
<input type="checkbox"/> The flight is a routine flight, such as transportation or aerial photography <input type="checkbox"/> The operator/vendor approved as a Part 121 or Part 135 operation as defined by the Federal Aviation Administration <input type="checkbox"/> The operator has Wyvern or ARG/US approval <input type="checkbox"/> The pilot has an Airline Transport Rating (ATP) <input type="checkbox"/> The operator carries adequate liability insurance <input type="checkbox"/> Hazardous materials will be taken onboard		

<input type="checkbox"/> Have adequate insurance	
FAA Certificate Number	
If the operator is not an FAA approved operator, explain why they are not:	
Airline Transport Rating	
<input type="radio"/> <b>Other Transportation</b>	
What other types of transportation will you be using?	
▶ If you have a digital copy of an Insurance Certificate, attach it to this document.	
How will you meet all provisions of 49 CFR DOT requirements? (Consider the materials in trade provisions.)	
If there is potential for harm or exposure to crew or passengers, how will you mitigate the hazards?	

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## Hazardous Material Transport

Will you be shipping any hazardous materials to or from your offsite location, or transporting (e.g. driving) hazardous materials to or from your offsite location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type(s) of hazardous materials shipped. Check all that apply*: <ul style="list-style-type: none"> <li><input type="checkbox"/> Chemicals</li> <li><input type="checkbox"/> Biological materials</li> <li><input type="checkbox"/> Radioactive materials</li> <li><input type="checkbox"/> Reagents</li> <li><input type="checkbox"/> Samples</li> <li><input type="checkbox"/> None</li> </ul>		
Check all that apply: <ul style="list-style-type: none"> <li><input type="checkbox"/> Members of your group are International Air Transportation Association (IATA), International Civil Aviation Organization (ICAO) trained to ship hazardous materials via air transportation on domestic and international flights</li> <li><input type="checkbox"/> Members of your group are International Maritime Dangerous Goods (IMDG) trained to ship hazardous materials via sea transportation on domestic and international shipments</li> </ul>		
List the names of the IATA trained personnel		
List the names of the IMDG trained personnel		
Type(s) of hazardous materials transported. Check all that apply*: <ul style="list-style-type: none"> <li><input type="checkbox"/> Chemicals</li> <li><input type="checkbox"/> Biological agents</li> <li><input type="checkbox"/> Radioactive materials</li> <li><input type="checkbox"/> Reagents</li> <li><input type="checkbox"/> Samples</li> <li><input type="checkbox"/> Select Agents</li> <li><input type="checkbox"/> None</li> </ul>		
Check all that apply: <ul style="list-style-type: none"> <li><input type="checkbox"/> Members of your group are DOT trained to package the materials and placard the vehicle (when necessary) for hazardous materials</li> </ul>		
List the names of the DOT trained personnel		

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## Operational Hazards

Will work involve using or producing hazardous materials? Check all that apply:

- Corrosive, toxic, flammable or explosive chemicals
- Compressed gases and non-inert hazards
- Biological (bloodborne pathogens, medical waste)
- Radioactive materials and machines (isotopes, sources and x-rays)
- Hazardous waste
- Controlled substances
- Pesticides

What steps will you take to provide training, prevent spills, exposures, injuries, etc.? (List any relevant compliance documents such as chemical hygiene plan, biohazard or radioactive use authorizations, etc.)

Will you use specialized equipment? Check all that apply:

- ATVs, tractors or other motorized vehicles
- Chainsaws
- Rigging, climbing, fall protection
- Shoring/trenching; digging/excavations; caves; other egress/access limitations
- Hand held power tools, mechanical blades, bits and pinch points
- Other hazardous energy (lock-out/block-out)
- Explosives and fire arms
- Lasers
- High pressure vacuum
- Portable welding/soldering devices
- Industrial/research specific
- Confined spaces
- Other hazardous equipment or tools

What steps will you take to provide training and prevent injuries?

How might field conditions and operations change the nature and degree of the hazard?

If planned contact with animals, specify species

What steps will you take to prevent transmission of zoonotic diseases, large animal mauling, snakebites, or other identified risks?

Will you perform specialized work or procedures with local people? Check all that apply:

- Medical evaluations and/or treatment
- Specimen collection, screening
- Surveys/Interviews
- Home Visits
- Other

**Note:** The Cal Maritime Human Research Protections Program must approve research involving human subjects.

What steps will you take to prevent transmission of endemic diseases, bloodborne pathogens, to address security or other identified risks?

Will there be hazardous work conditions? If so, check all that apply:

- High altitude
- Underwater (e.g. diving)



- Extreme conditions (cold, heat, extreme weather, natural disasters)
- Remote, primitive, or hostile environments
- Construction sites
- Noisy environments (> 85 decibels)
- Special events or seasons
- Poisonous Plants
- Hazardous terrain (e.g. crossing rivers, strenuous trails, high tides, etc.)

What steps will you take to provide training, prepare or acclimate, and prevent illness or injury in these environments?

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### Training Documentation

I verify that I have read this Field Operational Planner, understand its contents, and agree to comply with its requirements.

PARTICIPANT NAME	SIGNATURE	DATE

# Participants and Personal Emergency Contacts List



Activity of Course Name			Course #	
Year	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
Destination/Country	City/Town & Region			
Departure Date	Return Date			
Staff/Faculty Name			College/Dept:	
Email Address			Campus Ext.	

GROUP TRAVEL/PARTICIPANTS LIST									Page 1 of	
PARTICIPANT			Age if Under 18	Participants Status*	Student or Employee ID #	Participant Email	Emergency Contact Person	Relationship	Primary Contact #	Secondary Contact #
Last Name	First Name									
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

\*If participant is under 18-years old, please provide age next to their name.

\*Participant Status: Select Faculty, Staff, Student, Guest.

(Attach more participant sheets as needed.)

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# PRE TRIP SAFETY PLAN WORKSHEET

Insert Trip Name

(insert trip route map)	<b>College</b>		<b>Department</b>		<b>Course #</b>	
	<b>Trip Coordinator</b>		<b>email</b>		<b>Phone</b>	
	<b>Alt. Trip Leader</b>		<b>email</b>		<b>Phone</b>	
	<b>Destination(s)</b>					
	<b>Purpose of Trip</b>	<input type="checkbox"/> Teaching	<input type="checkbox"/> Field Research	<input type="checkbox"/> Conference	<input type="checkbox"/> Competition	<input type="checkbox"/> Other
	<b>Trip Duration</b>		<b>Departure Date</b>		<b>Return Date</b>	
	<b>Trip Location &amp; Accommodations</b> <input type="checkbox"/> N/A- not overnight	<input type="checkbox"/> Remote	<input type="checkbox"/> Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> Ocean	
		<input type="checkbox"/> Camping	<input type="checkbox"/> Private Residence	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Ship/Marine	
<b>Physical Fitness Level for Participants</b>	<input type="checkbox"/> Low Impact Level ground	<input type="checkbox"/> Moderate Mixed surface	<input type="checkbox"/> Strenuous w/Elevation	<input type="checkbox"/> Athletic Competition		
	<3 walking	5-10 walking	>10 walking	Event		
<b>Means of Transportation</b>	<input type="checkbox"/> Air	<input type="checkbox"/> Train	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Sea Vessel		
	<input type="checkbox"/> Charter/Hired		<input type="checkbox"/> State Vehicles		<input type="checkbox"/> Rental Vehicle	
	<input type="checkbox"/> Private vehicles with Authorized Driver			<input type="checkbox"/> Student arranges own transportation		

<b>Means of Evaluation</b>	<input type="checkbox"/> Faculty/Staff Familiar	<input type="checkbox"/> Pre-Trip Site Visit	<input type="checkbox"/> On-Line Review	<input type="checkbox"/> Published Information	<input type="checkbox"/> Contacted Site
----------------------------	---	--	---	--	---

HAZARD IDENTIFICATION			HAZARD EVALUATION		HAZARD CONTROL METHODS & TIPS	
Travel Condition	Public Health/CDC	Weather/Natural	Use the following categories to assist you in a proper evaluation of all the identified hazards.		Use the following categories to assist you in determining the proper control methods for all identified hazards	
<input type="checkbox"/> Safe <input type="checkbox"/> Alert <input type="checkbox"/> Warning <input type="checkbox"/> High Hazard <input type="checkbox"/> War Risk	<input type="checkbox"/> Infectious Disease <input type="checkbox"/> Water-borne illness <input type="checkbox"/> Mosquito-borne illness <input type="checkbox"/> Other	<input type="checkbox"/> Lightning <input type="checkbox"/> Tornado/Typhoon <input type="checkbox"/> Flood/High Rains <input type="checkbox"/> Earthquake <input type="checkbox"/> Volcano <input type="checkbox"/> Other	<input type="checkbox"/> Struck By <input type="checkbox"/> Struck Against <input type="checkbox"/> Slip/Trip/Fall <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Material Handling <input type="checkbox"/> Other	<input type="checkbox"/> Equipment Operating <input type="checkbox"/> Weather/Nature Conditions <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Air quality/Environmental Condition <input type="checkbox"/> Venomous Insects/Spiders/Snakes <input type="checkbox"/> Political	<input type="checkbox"/> Eliminate <input type="checkbox"/> Substitute <input type="checkbox"/> Isolate <input type="checkbox"/> Ventilate	<input type="checkbox"/> Change trip method/route <input type="checkbox"/> Ensure safe travel and work practices <input type="checkbox"/> Ensure Proper PPE <input type="checkbox"/> Ensure Proper vaccinations <input type="checkbox"/> Attach Trip Application, Itinerary and other support documents.

LIST ALL THE ACTIVITIES/TASK		IDENTIFY ALL SPECIFIC HAZARDS		HOW WILL YOU CONTROL THE HAZARDS	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	

Do you have the <b>Information</b> to complete the Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, What Information do you need?		Do you have the <b>Materials &amp; Equipment</b> to complete the Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, What Materials & Equipment do you need?		Do you have the <b>Safety Equipment</b> to complete the Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, What Safety Equipment do you need?	
1		1		1	
2		2		2	
3		3		3	

EMERGENCY RESPONSE		US EMBASSY/CONSULATE(S)		PRIMARY EVACUATION ASSEMBLY POINT(S)	
1	<input type="checkbox"/> First Aid Kit	1			
2	<input type="checkbox"/> Emergency Phone CMPD- 707-654-1111	2			
3	<input type="checkbox"/> AXIS	3			

USE THE BACK OF THIS FORM OR ATTACHED ADDITIONAL SUPPORT DOCUMENTS TO LIST ANY STEPS AND OTHER INFORMATION

ADDITIONAL INFORMATION/NOTES	COUNTRY CULTURAL AWARENESS	PRE DEPARTURE CHECK LIST
		<input type="checkbox"/> Faculty/Staff Complete Travel Authorization
		<input type="checkbox"/> Complete Participant List, w/Emergency Contact Info
		<input type="checkbox"/> Personal Medication & Doctor Refill Information
		<input type="checkbox"/> <b>Authorized Drivers must be confirmed with SRM</b>
		<b>INTERNATIONAL TRAVELERS</b>
		<input type="checkbox"/> Faculty/Staff Complete Travel Authorization
		<input type="checkbox"/> Enroll in STEP
		<input type="checkbox"/> Complete Participant List, w/Emergency Contact Info
		<input type="checkbox"/> Enroll in Foreign Travel Insurance Program
		<input type="checkbox"/> Personal Medication & Doctor Refill Information
		<input type="checkbox"/> Passport

**GEAR BAG: PREDEPARTURE TRIP SAFETY PLAN**

									
Be Aware of your Surroundings	Communication	Personal Safety	Medical Emergency	Fire Safety	Evacuation	Shelter In Place	Weather	Safe Travel Guide	Code of Conduct

**PRE DEPARTURE PARTICIPANT ACKNOWLEDGMENT**

*You have received a pre-trip travel briefing, understand the scope, hazards and safe guards needed to complete your trip, without incident. You agree to not perform any work that you are not qualified and/or authorized to perform and you will not work/travel unsafely.*

*If an incident occurs, regardless of severity, you will report it IMMEDIATELY to your supervisor and/or the Department of Safety and Risk Management.*

	PRINT NAME	SIGN NAME		PRINT NAME	SIGN NAME		PRINT NAME	SIGN NAME
1			13			25		
2			14			26		
3			15			27		
4			16			28		
5			17			29		
6			18			30		
7			19			31		
8			20			32		
9			21			33		
10			22			34		
11			23			35		
12			24			36		