



OFFSITE FIELD RESEARCH HAZARD ASSESSMENT TOOL

PI/FACULTY: _____ Date: _____ Course: _____

Field Project / Activity:		
Site / Location:		
Supervisor:		
Division:		Start Date:
Completed By:		On (Date):
CHECK THE BOX FOR EACH POTENTIAL HAZARD(S) THAT MAY BE PRESENT ON THE FIELD TRIP		NOTES AND SPECIFICS OF HAZARDS
WEATHER / SEASONAL HAZARDS	<input type="checkbox"/> Cold Stress <input type="checkbox"/> Heat Exposure <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Wind <input type="checkbox"/> Other Source: National Oceanic and Atmospheric Administration	
PHYSICAL HAZARDS ASSOCIATED WITH LOCATION OF TRAVEL	<input type="checkbox"/> Desert areas <input type="checkbox"/> Forested areas <input type="checkbox"/> Mountainous terrain <input type="checkbox"/> Rugged travel conditions <input type="checkbox"/> Travel by water: <input type="checkbox"/> Small craft <input type="checkbox"/> Cruise expedition <input type="checkbox"/> Other	
PHYSICAL HAZARDS ASSOCIATED WITH PLANNED ACTIVITY	<input type="checkbox"/> Breaking rocks <input type="checkbox"/> Cave exploration <input type="checkbox"/> Coring for samples: <input type="checkbox"/> Ice <input type="checkbox"/> Stone <input type="checkbox"/> Digging soil <input type="checkbox"/> Diving <input type="checkbox"/> Drilling through rock <input type="checkbox"/> Filtering water <input type="checkbox"/> Other	
ENDEMIC/LOCAL BIOLOGICAL HAZARDS	<input type="checkbox"/> Local diseases, i.e.- Hanta virus, Valley Fever, West Nile <input type="checkbox"/> Insects of interest, i.e.- bed bugs, bees, chiggers, mosquitos, snails/larvae <input type="checkbox"/> Animals of interest, i.e.- bats, bears, snakes Source: Travelers' Health CDC + State site	

ADDITIONAL CONSIDERATIONS, POSSIBLE HAZARDS TO DISCUSS	<input type="checkbox"/> Individuals with specific conditions <ul style="list-style-type: none"> <input type="checkbox"/> Medication <input type="checkbox"/> Allergies (food/vegetation) <input type="checkbox"/> Traffic incidents <ul style="list-style-type: none"> <input type="checkbox"/> Vehicle failures <input type="checkbox"/> Traffic collisions <input type="checkbox"/> Missing or lost vehicle <input type="checkbox"/> Flash flooding <ul style="list-style-type: none"> <input type="checkbox"/> Illness <input type="checkbox"/> Minor / Major injury <input type="checkbox"/> Wild fires Wildfire Safety Tips (ca.gov) <input type="checkbox"/> Working alone
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- PI/Faculty will determine the appropriate use of PPE for identified hazards.**
 - Respiratory Protection:** All employees required to wear a respirator, including N95 masks, must be medically cleared and fitted to wear a respirator. For the use of N95 type respirators, please follow the provide guidance and mandates in the **RESPIRATORY FIT TESTING PROCESS**.
- Emergency Procedures / Field First Aid**

POST TRIP EVALUATION

What went well?
Did the Assessment process perform as expected?
Did anything unexpected occur?
Did a hazard manifest itself that was not previously identified?
Were there any close-calls or near misses that indicate areas of needed improvement?
Did something go exceptionally well that others could learn from?
I plan to evolve future field hazard assessments by...

Post Field Trip Risk Assessment is Complete

Form Completed By:	
Signature:	Date:
PI / Supervisor Signature:	

Need help? Contact Safety!

Phone: (626) 395-6727

Email: safety@caltech.edu

Website: www.safety.caltech.edu