

FIELD TRIP HAZARD ASSESSMENT FORM



This form is used to assess the hazards and provide information regarding the controls associated with field trip activities. Please contact Risk Management & Regulatory Compliance Services if assistance is required in identifying, controlling, or mitigating hazards associated with this trip.

| TRIP INFORMATION | | | | |
|-------------------------------------|--|-----------------|--|--|
| Location: | | | | |
| Date of Departure: | | Date of Return: | | |
| FIELD TRIP ACTIVITIES AND ITINERARY | | | | |

| COMMUNICATIONS PLAN | |
|--------------------------------------|--|
| University Emergency Contact Name: | |
| Means of Communicating in the Field: | |
| Number: | |
| | |

| HAZARD IDENTIFICATION | | | |
|-----------------------------|--|----------------------------|--|
| ✓ | Activity (check all that apply) | Summary of Activity | Safety Measures (PPE, Procedures, Controls, etc.) |
| | Physical Activity (walking, hiking, etc.) | | |
| | Use of mechanical equipment | | |
| | Driving | | |
| | Driving off-road | | |
| | Use of chemicals | | |
| | Noise exposure | | |
| | Other | | |
| | Field Site Hazard | Summary of Activity | Safety Measures (PPE, Procedures, Controls, etc.) |
| | Working around uneven terrain | | |
| | Personal or property security | | |
| | Travel distance | | |
| | Limited access to potable drinking water | | |
| | Limited access to appropriate food storage | | |
| | Animal encounters | | |
| | Poisonous Plant encounters | | |
| | Camping Outdoors | | |
| | Working near roads | | |
| | Use of fire | | |
| | Limited access to reliable communication | | |
| | Crossing, or entering a body of water | | |
| | Working near a body of water | | |
| | Other: | | |
| | Weather Hazard | Summary of Activity | Safety Measures (PPE, Procedures, Controls, etc.) |
| | Sun/UV exposure | | |
| | Extreme Heat | | |
| | Extreme Cold | | |
| | Being outside during a storm | | |
| | Other: | | |
| | Health Hazard | Summary of Activity | Safety Measures (PPE, Procedures, Controls, etc.) |
| | Potential to exacerbate pre-existing health conditions | | |
| | Potential for allergic reaction | | |
| | Dehydration | | |
| | Other | | |
| Situation | | Response | |
| Vehicle Accident/Break down | | | |
| First Aid | | | |
| Medical Emergency | | | |
| Missing Person | | | |
| Rescue | | | |
| Natural Disaster | | | |
| Other | | | |

ADDITIONAL INFORMATION

Prepared by Syracuse University Risk Management and Regulatory Compliance Services Representative:

Name:

Date:

Title: