

**INE Field Travel Plan**

Submit to the INE Business office and to the Primary Contact, Secondary Contact and ALL participants before departure.

A separate Job Hazard Analysis (JHA) is to support this document.

Campus: Department/Institute: Submission date: Trip Leader Name:

Start Date: End Date: Blanket - TA?

*\*\*Blanket TA (Travel Authorization) is for field work tasks and site visits that are repeated over one field season*.

**Primary Contact\***

Primary Contact Name: Primary Contact Phone number:

Secondary Contact Name: Secondary Contact Phone number:

*\* The Primary (and Secondary) contact is the person who regularly communicates with the field party and who knows what to do if the party overstays their “Out date/time” (above). The contact person also keep the Department/Institute Director informed as soon as possible (the INE Director is William Schnabel, Cell: 907-699-2431, Office: 907-474-7789).*

**Field work location\***

***\*Include coordinates or addresses of sites to be visited.***

**Field work description\***

***\* Extended descriptions (maps or Google Earth files etc.) as attachments are encouraged.***

**Does the field work require public notification?**

**1. Methods of travel\*** (to, from, and in the field)

|  |  |  |  |
| --- | --- | --- | --- |
|  | UAF vehicle |  | Snow machine |
|  | Personal vehicle |  | Ski |
|  | ATV |  | Snow shoe |
|  | Hiking |  | Dog or reindeer sled |
|  | UAF/Project boat |  | Bike |
|  | Chartered boat |  | Raft or canoe |
|  | Commercial flight |  | Helicopter |
|  | Chartered fixed wing (non-commercial) |  | Other: |
| *Comments:* | | | |

***\*Include details of car or boat used or contracting Flight Company etc. in comment section.***

**2. Participants & Personal Contacts\***

**\*\*\* You may also type in “See Below” in the first block and then paste in a list of contact information on the last page of this document. There are 3 spaces for pictures and extra information.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant name & affiliation** | **Phone of participant** | **Name of Personal Contact** | **Phone of Personal Contact** |
|  |  |  |  |
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|  |  |  |  |

*\*List here names and phone numbers of each participant’s Personal Contact(s), which is a family member or close friend (if not the Primary or Secondary Contact). The Personal Contacts are people who each participant would like to be informed in case of rescue/hospitalization or delays and* ***must include one person******who can provide medical information for each traveler****. The designated Primary Contact would notify the Personal Contacts in case of rescue/hospitalization or delays.*

**3. Communication Device(s)**

|  |  |  |
| --- | --- | --- |
| Y/N | Contact device | Contact information (number, web link, email etc.) |
|  | Cell phone |  |
|  | Satellite phone |  |
|  | SPOT |  |
|  | InReach |  |
|  | Other: |  |
| *Comments:* | | |

# Communication Protocol\*

Enter the date(s) and time(s) you are going out

Out\* Date/Time:

Enter the procedure you will follow to communicate with the Primary Contact: (ie: what type of communication is going to be initiated, who is making the contact, what is the frequency of contact, when will emergency procedures be initiated, etc)

# *\*With what device(s) and how often will the field party communicate with the Primary Contact.*

# Local Rescue Operators\* *-------- If it is a medical emergency, then call 911 ---------------*

# 

# *\*This could be the contact information to the pilot who flew the field party to the field site or other companies with similar capabilities.*

# Participants’ Equipment\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Name** | **Tent Color** | **Backpack color** | **Jacket color** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

*\*For rescue purposes.*

# Job Hazard Analysis (JHA) Form(s)\*

# 

# *\*Name and date of submitted JHA Form (this name is to briefly describe the task, for example “Break-up discharge, Sag River, DD-MM-YY”)*

# Other Comments\*

*\*This could cover what type of survival gear that people carry.*

**Submitted by**: D**ate**:

The above has been reviewed and discussed with the field leader/Principal Investigator. I understand that if I perceive a field research activity to be unsafe, I have a right to refrain from participating in the activity, and a responsibility to voice my concerns to the field team.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

As Principal Investigator, I have reviewed and discussed the above information with the field team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by Institute Director or designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_



**Employee Accident/Incident Reporting**

* Accident/Incident that results in injury or illness requiring **only First Aid or No Treatment**:

1. Contact emergency personnel as necessary (ie: police for car accident, as required by law)
2. Employee must notify their supervisor/PI as soon as reasonably possible.
3. Must complete an online Incident Report (<http://www.uaf.edu/safety/>) as soon as possible, but **within 8 hours** of accident/incident

* Accident/Incident that results in an injury or illness **requiring** medical treatment or if **unconsciousness, fatality or an overnight hospitalization**:

1. **Contact emergency personnel immediately - 911**
2. Immediately contact EHSRM
   1. Normal business hours (8am-5pm, M-F): (907) 474-5413
   2. After Hours (weekends, holidays, etc): (907) 474-7721 (UAF campus police)

– **Must speak with a person – DO NOT LEAVE A MESSAGE**

1. Must complete an online Incident Report (<http://www.uaf.edu/safety/>) as soon as possible, but **within 8 hours** of accident/incident
2. Employee must notify their supervisor/PI as soon as reasonably possible.

* Also notify Bill Schnabel, Director - C: (907) 699-2431 O: (907) 474-7789

**Of note:** The supervisor or other department representative may complete the incident report on behalf of the affected employee

***First Aid*** – Any care for injuries that does not require medical treatment

***Medical Treatment*** – Services or prescription medication provided through a physician or other health care professional for the treatment of illness or injury





