

University of Central Florida  
**Field Research Safety Planning Record**

This form is to be completed by the faculty Principal Investigator/Academic Supervisor to aid in the development of a safety plan. **The completed form should be shared with all the members of the field research team, submitted to the department/center chair or director, and kept on file in the department/center.** A single Planning Record may be used for multiple trips, provided the location, participants, and activities remain the same.

<b>Principal Investigator/Academic Supervisor:</b>	<b>Department or Center:</b>
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<b>UCF Contact During Travel (a person designated as an emergency contact):</b> Name: Phone:	<b>Local (Field) Contact During Travel (contact information for the field team):</b> Name: Phone:
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**Dates of Travel** (also attach detailed travel itinerary):

**Location of Field Research:**

Country:  
 Geographical Site:  
 Nearest City:  
*(Name, distance from site)*

**Nature of Field Research** (a brief description):

**Emergency Contact Information:**

Nearest Hospital:  
*(Name, distance from site)*  
 U.S. Embassy/Consulate:  
*(Location, phone)*  
 Other phone numbers:

**Emergency Procedures** (include detailed plans including evacuation and emergency communication):

**First Aid Training** (list team members who are trained in first aid and the type of training received):

**Other Specialized Training** (list team members who have received other training needed for this activity and the type of training received; e.g., diving or boating certification):

**Risk Assessment:** List risks associated with the activity or the environment such as diving, boating, high altitude, extreme heat or cold, wild animals, endemic diseases, violence, etc. List appropriate measures to be taken to reduce the risks. Add extra lines as needed.

<i>Identified Risk</i>	<i>Control of Risk</i>
1.	
2.	
3.	
4.	
5.	
6.	

**Travel Immunizations or Prophylaxis Required:**

<input type="checkbox"/> Altitude sickness medication	<input type="checkbox"/> Polio	Other (specify): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Rabies	
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Japanese encephalitis	<input type="checkbox"/> Tuberculosis testing pre- and post-travel	
<input type="checkbox"/> Malaria	<input type="checkbox"/> Typhoid	
<input type="checkbox"/> Measles	<input type="checkbox"/> Yellow fever	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Meningococcal		

**Team Members Contact Information, Acknowledgment, and Consent**

I, the undersigned, acknowledge that:

- (a) I am aware of the known or reasonably foreseeable risks associated with this activity and I consent to assume them;
- (b) I am in a satisfactory state of health to undertake this activity and I have received all of the prescribed immunizations;
- (c) I am aware that I am responsible for obtaining required visas and travel documents for international activities and may need supplementary health insurance;
- (d) I am aware that I have certain responsibilities in this activity and consent to assume them;
- (e) I will comply with safety instructions and other lawful directives from the team leader(s);
- (f) I will act in a safe and responsible manner throughout this activity, taking into account instructions received and the welfare of others.

**Identify one of the following as the team leader.**

Name	Signature	Date	Emergency Contact Information (Name, Address, Phone)
