Name of Project

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fieldwork Safety Plan

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| --- |
| Operational Period:  |

| **ACKNOWLEDGEMENT OF FIELDWORK MEMBERS** | 1. **Project Name**
 | 1. **Date Prepared**
 |
| --- | --- | --- |
| I acknowledge that I have reviewed Midwestern State University’s Fieldwork Safety Procedures and Guidelines and: |
| 1. I have been fully informed of the risks of the fieldwork and I accept them;
2. I have reviewed and will comply with the established emergency procedures;
3. I have received all of the prescribed immunization (if applicable); and
4. I am in a satisfactory health to participate in fieldwork.
5. I have completed all necessary field safety training (if applicable)
 |
| Name | M Number | Signature  | Date | Allergies, Illness, or Special Needs | Emergency Contact Name | Emergency Contact Phone Number |
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| Number of members + leaders |   |

| **Acknowledgement of Fieldwork Leader(s)** | 1. **Project Name**
 | 1. **Date Prepared**
 |
| --- | --- | --- |
| I acknowledge that this fieldwork Safety Plan was prepared in keeping with the minimum requirements of the Midwestern State University Fieldwork Safety Procedures and Guidelines. |
|  |
| Name (*fieldwork leader*) | Signature | Date |
|  |
| Name (*alternate leader*) | Signature | Date |
|  |
| **Signature of Department Chair (local, extended/remote, and international fieldwork)** |
|  |
| Name | Signature | Date |
|  |
| **Signature of College Dean (extended/remote and international fieldwork)** |
|  |
| Name | Signature | Date |
|  |
| **Signature of University President (international fieldwork only)** |
|  |
| Name | Signature | Date |

| **FIELDWORK DESCRIPTION AND SITE CONTACT INFORMATION** | 1. **Project Name**
 | 1. **Date Prepared**
 |
| --- | --- | --- |
| Department: | Fieldwork Leader: |
| Phone ext.: | University Email: |
| Date of Departure: | Date of Return: |
| **Location of Fieldwork** |
| Country, State:  |
| Geographical Site Coordinates (*WGS 1984 datum, DD*):  |
| Nearest Community (*name & dist. from geographic site*):  |
| **Description of Fieldwork** |
|  |
| **Field Site Contacts** |
|  |
| Managerial Role | Name | Phone |
|  |
| Managerial Role | Name | Phone |
|  |
| Managerial Role | Name | Phone |
|  |  |  |
| **Local Contacts** |  |  |
|  |
| Role | Name | Phone |
|  |
| Role | Name | Phone |

| **RISK ASSESSMENT** | 1. **Project Name**
 | 1. **Date Prepared**
 |
| --- | --- | --- |
| Identify risks associated with fieldwork activities and pertinent to the field environment. (e.g., identity-based violence, political instability, water, extreme weather, wild animals, endemic disease, hunting seasons, etc…). Also list appropriate measures to be taken to reduce the risks. |
| Risk | Preventative Measure |
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| Travel Immunizations – list required immunizations/prophylaxis according to physician recommendations. |

| **Emergency Services, Procedures, and Training** | 1. **Project Name**
 | 1. **Date Prepared**
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| --- | --- | --- |
| **Nearest Emergency Services** |
| **Emergency Service** | **Name of Department** | **Location** | **Distance from geographic site** |
| **Police**  |  |  |  |
| **Fire Rescue** |  |  |  |
| **Emergency Medical Services**  |  |  |  |
| **Alternate Emergency Contacts –** site specific emergency contacts (if applicable) |
|  |
| Agency | Contact Information |
|  |
| Agency | Contact Information |
|  |
| Agency | Contact Information |
|  |
| **First Aid Training** |
| Name | Type of Training | Expiration |
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| **MEDICAL PLAN** | 1. **Project Name**
 | 1. **Date Prepared**
 |
|  Fieldwork First Aid Area |
| MEDICAL AID STATIONS | LOCATION | First Aid Certified |
| YES | NO |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TRANSPORTATION |
| AMBULANCE SERVICES |
| NAME | ADDRESS | PHONE | PARAMEDICS |
| YES | NO |
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| HOSPITALS |
| NAME | ADDRESS | TRAVEL TIME | Trauma Level | HELIPAD | BURN CENTER |
| AIR | GRND | I,II,III,IV,V | YES | NO | YES | NO |
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|  MEDICAL EMERGENCY PROCEDURES |
|  |

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| --- | --- | --- |
| **COMMUNICATIONS LIST** | 1. **Project Name**
 | 1. **Date Prepared**
 |
| **Basic Local Communications Information:** |
| Assigned Position | Name (Alphabetized) | Method(s) of Contact (phone, pager, cell, etc.) |
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**RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULT STUDENTS**

To be completed by each student participating in the Activity or Trip

**PARTICIPANT**: (Name and Address) **INSTITUTION:**

Midwestern State University

 3410 Taft Boulevard

Wichita Falls, Texas 76308-2099

DESCRIPTION OF ACTIVITY OR TRIP:

MODE OF TRANSPORTATION:

LOCATION(s) of activity or trip:

DATE(s) of activity or trip: FROM: , 20 TO: , 20\_\_\_

I, the above-named participant, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release Midwestern State University (MSU), its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of MSU, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless MSU and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

Signature of Participant Date Signed

Signature of Witness Date Signed

Printed Name of Witness