

# FIELD TRIP HAZARD ASSESSMENT FORM



AUBURN UNIVERSITY

This form is used to assess the hazards and provide information regarding the controls associated with field trip activities. Please contact Risk Management & Safety 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:	

<b>Hazard Identification</b>			
<input checked="" type="checkbox"/>	<b>Activity (check all that apply)</b>	<b>Summary of Activity</b>	<b>Safety Measures (PPE, Procedures, Controls, etc.)</b>
	Physical Activity (walking, hiking, etc.)		
	Use of mechanical equipment		
	Driving		
	Driving off-road		
	Use of chemicals		
	Noise exposure		
	Other		
<b>Field Site Hazard</b>		<b>Summary of Activity</b>	<b>Safety Measures (PPE, Procedures, Controls, etc.)</b>
	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:		
<b>Weather Hazard</b>		<b>Summary of Activity</b>	<b>Safety Measures (PPE, Procedures, Controls, etc.)</b>
	Sun/UV exposure		
	Extreme Heat		
	Extreme Cold		
	Being outside during a storm		
	Other:		
<b>Health Hazard</b>		<b>Summary of Activity</b>	<b>Safety Measures (PPE, Procedures, Controls, etc.)</b>
	Potential to exacerbate pre-existing health conditions		
	Potential for allergic reaction		
	Dehydration		
	Other		
<b>Situation</b>		<b>Response</b>	
	Vehicle Accident/Break down		
	First Aid		
	Medical Emergency		
	Missing Person		
	Rescue		
	Natural Disaster		
	Other		

**Any Additional Information:**

**Prepared by Auburn University Risk Management and Safety Representative:**

Name:		Date:	
Title:			