

/ D P D U University 211 6 L W H Experiential Learning Safety Plan

Principal Investigator:	Department:
Phone Number:	E-mail Address:
Dates of Travel: (List multiple dates if more than one trip is planned)	
Location of Field Experience :	
Country: _____ Geographical Site: _____	
Nearest City: _____ (Name, Distance from Site)	
Nearest Hospital or Medical Clinic: _____ (Location, Distance from Site)	
Field Experience : (Please include a brief description of the field work).	
University Contact:	Local (Field) Contact:
Phone	Phone
Emergency Procedures: (Please include detailed plans for field location including evacuation and emergency communication; Include a separate sheet if necessary).	
First Aid Training: (Please list any team members who are first aid trained and the type of training they have).	
Physical Demands: (Please list any physical demands required for this field research, e.g., Diving, Climbing, Temperature Extremes, High Altitude).	
Risk Assessment: Please list identified risks associated with the activity or the physical environment (e.g., extreme heat or cold, wild animals, endemic diseases, firearms, explosives, violence). List appropriate measures to be taken to reduce the risks; Include a separate sheet if necessary.	

Identified Risk	Control of Risk
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
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