|  |  |
| --- | --- |
| Brief Description of Fieldwork: | |
| Date/Time of Departure: | Date/Time of Return |
| Location: Provide route of travel, GPS coordinates, or attach a map: | |

FIELDWORK PLANNING ASSESSMENT

FIELDWORK DETAILS  
FIELDWORK COORDINATION

|  |
| --- |
| Fieldwork Supervisor: |
| Fieldwork Leader: |
| Safety Contact: |
| Home/Other Important numbers: |
| Name of qualified first aid provider(s): |
| Contact information of accommodation provider: |
| Contact information of nearest hospital: |

VEHICLE DETAILS (automobile, ATV, boat, etc)

|  |  |  |
| --- | --- | --- |
| Make | Model | License Plate/Registration # |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

COMMUNICATIONS (two different forms MUST be used)

|  |
| --- |
| Mobile Phone |
| Satellite Phone |
| UHF Radio |
| Other |

EMERGENCY EQUIPMENT

|  |
| --- |
| First Aid Kit |
| Survival Kit |
| Wildlife Repellant |
| Other |

|  |
| --- |
|  |

ADDITIONAL EMERGENCY PROCEDURES

NAMES AND CONTACT NUMBER(S) OF FIELDWORK PARTICIPANTS

|  |  |
| --- | --- |
| Name | Contact # |
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SUPERVISOR APPROVAL

This must be read and signed by your supervisor. Note to supervisors – please ensure all details listed above are completed, correct, and match the trip details.

Name

Signature

Date