

Research Specific Training for Field Work

The principal investigator has reviewed the **Field Hazard Assessment** with the employee/student and provided a copy.

The principal investigator has reviewed **Emergency Response Plan** with the employee/student and provided a copy.

The principal investigator has reviewed the nature and scope of field work with the employee/student.

Indicate recommended medical evaluations and/or immunizations:

|  |
| --- |
|  |

The employee/student has received instruction on specific procedures to be performed in the field.

The employee/student has demonstrated competency.

The principal investigator has reviewed and provided copies of all Standard Operating Procedures and applicable manuals to the employee/student.

The principal investigator has identified that the following additional training is required:

Standard First Aid/CPR

Wilderness First Aid

Bloodborne Pathogens

Scientific Diving

Respiratory Protection

Animal User Training

Other (Indicate)

|  |
| --- |
|  |

The principal investigator has provided the employee/student appropriate Personal Protective Equipment and instructed on appropriate use.

Indicate required PPE:

|  |
| --- |
|  |

Covered decontamination, removal, and disposal procedures.

The principal investigator has reviewed any restrictions regarding permitting and site access with the employee/student.

The principal investigator has provided the employee/student with training on maintenance and care of mechanical equipment and other required gear.

The principal investigator has reviewed the disposal plan for waste generated in the field with the employee/student.

The principal investigator has provided instruction on use of emergency safety equipment and supplies.

The principal investigator has reviewed incident reporting procedures with the employee/student.

The principal investigator has defined circumstances when, and how, the itinerary can be changed due to safety concerns.

Employee/Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Principal Investigator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_