

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