

College of Forestry
REMOTE FIELDWORK SAFETY PLAN TEMPLATE

Pursuant to the [EH&S Fieldwork Safety Guide](#), this form (or equivalent) must be completed by the Supervisor (Principal Investigator (PI), field coordinator, or manager, etc.) and submitted to the Departmental Safety Manager prior to departure for remote fieldwork.

Remote Areas: (defined in terms of accessibility, as any location more than approximately one hour's travel time from definitive medical treatment)

The EH&S Fieldwork Safety Guide requires the Supervisor to manage the development and implementation of the operational unit's Remote Fieldwork Safety Plan. At a minimum, the plan shall include:

- A risk assessment:
Certain populations face increased risk when conducting fieldwork especially if they are entering unfamiliar communities and ecosystems. Supervisors will identify and adhere to practices to minimize risk for these individuals while conducting fieldwork. The best practices will be discussed with members of the field crew and included in the field safety plan. Please read more in the [College Safety Manual](#), Section 400
- An action plan describing how risks will be managed
- A 'check-in/check-out' procedure to ensure that fieldworkers are accounted for while at the remote site
- An emergency response plan
- Identification of risk-appropriate training

NOTE: If a Supervisor performs fieldwork under the oversight of a more rigorous entity which requires fieldwork planning and risk assessment, said entity's fieldwork program may serve in place of OSU's College of Forestry's Remote Fieldwork Safety Plan. In the case that an alternate entity's fieldwork safety plan is used, documentation must still be submitted prior to initiation of remote fieldwork.

Plan prepared by: Ariel Cowan Position/Title: Regional Fire Specialist
Phone number(s): 541-316-0366 Email address: ariel.cowan@oregonstate.edu

Description of Fieldwork: _____
Public information officer work for TREC prescribed fire training exchange in Central Oregon with The Nature Conservancy, USFS, BLM, CTWS, OLWF, ODF and other agencies around Sisters, OR. Chaperoning observers on perimeter of prescribed burn unit, explaining how burns are conducted and understanding fire behavior/effects.

University Contact (PI or designated person on campus, name, office and cell phone #, email):
Holly Ober, Forest & Natural Resource Extension, 541-737-8089, holly.ober@oregonstate.edu

Local (Field) Contact (Crew lead, name, office and cell phone #, email):

Thomas Stokely, 541-699-6651, thomas.stokely@tnc.org

Where will participants reside while conducting fieldwork?

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Personal residence | <input type="checkbox"/> Commercial lodging | <input type="checkbox"/> Bunk/field house |
| <input type="checkbox"/> Remote field camp | <input type="checkbox"/> Tent camp | <input type="checkbox"/> Research station |

How will participants travel to the field location?

- | | | |
|---|--|---|
| <input type="checkbox"/> Personal vehicle | <input checked="" type="checkbox"/> OSU motor pool vehicle | <input type="checkbox"/> Rental/charter vehicle |
| <input type="checkbox"/> Air charter | <input type="checkbox"/> Guide service | <input type="checkbox"/> Other |

Describe: _____

Hazard Identification:

Hazard identification is critical to ensuring the Fieldwork Team's safety. The following checklist provides a guide to identifying common hazards. The Supervisor should review all aspects of the fieldwork to ensure comprehensive hazard identification has been completed.

Physical Demands:

What physical demands will the fieldwork entail?

- | | | |
|--|--|---|
| <input type="checkbox"/> Climbing | <input checked="" type="checkbox"/> Extreme Heat | <input type="checkbox"/> Manual lifting, carrying or handling heavy loads (≥50 lbs) |
| <input type="checkbox"/> High Altitude | <input type="checkbox"/> Extreme Cold | <input type="checkbox"/> Working on, near, or over water |
| <input checked="" type="checkbox"/> Hiking | <input checked="" type="checkbox"/> Sun Exposure | <input type="checkbox"/> Other: _____ |

Accommodations and Policy:

| Y | N | NA | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have arrangements been made to provide participants with: <input checked="" type="checkbox"/> Potable water <input type="checkbox"/> Personal washing/hygiene <input type="checkbox"/> Toilet facilities or procedures |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have participants been informed of suitable clothing, footwear, and personal supplies required (e.g. boots, hat, raingear, sunglasses, sunscreen, insect repellent)? List required personal supplies below. Participants inappropriately attired or without the correct PPE will not be allowed to participate in the Fieldwork. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have arrangements been made to provide participants with, and train them in the safe use of, appropriate personal protective equipment such as: <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Respiratory Protection <input type="checkbox"/> Coveralls <input checked="" type="checkbox"/> Protective Footwear <input checked="" type="checkbox"/> Protective Headwear <input type="checkbox"/> Hearing Protection <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Face Shield <input type="checkbox"/> Waders (Hip, Chest) <input type="checkbox"/> Knee/shin Guards <input checked="" type="checkbox"/> Flame Retardant Clothing <input type="checkbox"/> Personal Flotation Device <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have participants been made aware of potential vegetation hazards and the identification of toxic plants such as Poison Oak/Poison Ivy? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have participants been made familiar with Oregon State University's policy on the use of alcohol and drugs? https://hr.oregonstate.edu/employees/current-employees/health-wellness-and-safety/drug-free-workplace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have participants been made familiar with Oregon State University's policies such as, Health and Safety Policy / Respectful Workplace and Learning Environment Policy / Violence Prevention Policy? https://fa.oregonstate.edu/saf-manual https://www.forestry.oregonstate.edu/safety-committee https://hr.oregonstate.edu/manual/civility-workplace https://studenthealth.oregonstate.edu/violence-prevention |

Required personal supplies:

Other Hazards/Protective Measures/Comments:

Communication Systems

What communication systems will be employed?

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Cell Phones | <input type="checkbox"/> Leaving Itinerary at Base Camp | <input type="checkbox"/> Whistles/Air Horns |
| <input checked="" type="checkbox"/> Radio or Walkie-Talkies | <input type="checkbox"/> Scheduled contacts | <input type="checkbox"/> Satellite Communication (Spot, InReach) |
| <input type="checkbox"/> Satellite Phone | | |

Other: _____

How will participants remain orientated to their location?

- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> Maps (paper) | <input type="checkbox"/> Compass | <input type="checkbox"/> Identification of safest routes |
| <input checked="" type="checkbox"/> GPS (spare batteries) | <input type="checkbox"/> Local guides | <input type="checkbox"/> Area familiarization trips |
| <input checked="" type="checkbox"/> Aerial photo | <input type="checkbox"/> Other: _____ | |
| <input checked="" type="checkbox"/> Electronic map software | | |

What procedures have been established in the case of emergency (eg, participant(s) become lost, wildfire, no check-in, motor vehicle problems)?

| Y | N | n/a | |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Participant training on remaining at location, use of emergency signals, use of emergency survival gear |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provision of survival gear |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Procedure for organized search |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Precautions against fire |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Precautions in the event of extreme weather conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other Hazards/Protective Measures/Comments: |

First-Aid Kits

First-aid kits are required for all off-campus operations. It is the **Supervisor's responsibility** to provide the kit. It is the **crew's responsibility** to ensure that the kit is maintained. Prior to the departure for fieldwork, the Supervisor is responsible to document the presence of a first-aid kit for the trip and any other required first-aid supplies. The crew leader is responsible for informing the supervisor of needed replacement of first aid supplies.

First Aid and Emergency Response

| Y | N | NA | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is first aid kit complete? (ensure all contents have not expired) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have all participants been made familiar with the location of first aid kit and its contents? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will itinerary be left with responsible person at the University? |

First Aid and Emergency Response - Cont'd

| Y | N | NA | |
|-------------------------------------|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will itinerary be left with responsible local authority? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are emergency contact numbers for local emergency assistance provided, and will be located in a readily available location available to all crew members? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has nearest medical facility been identified? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Each participant created their profile on the website https://fieldplan.forestry.oregonstate.edu |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have individual personnel medical needs been considered and addressed? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is there means to summon assistance in case of emergency, i.e., cell or satellite coverage been identified? Describe: call 911 or radio dispatch |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have all participants been made familiar with the Oregon State University Incident Reporting Process? (See website http://risk.oregonstate.edu/workerscomp/forms) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Are additional first aid supplies required for this project or an individual? List: |

Other Hazards/Protective Measures/Comments:

Clothing

Fieldwork participants should be informed of the appropriate field clothing to be worn while conducting their work. If additional specialized clothing is needed, the project will provide it. When extreme weather conditions are anticipated, appropriate clothing must be taken.

Appropriate personal protective equipment (PPE) to be used while conducting fieldwork should be identified and, if necessary, provided to field workers. If PPE is required for work i.e. hardhats, safety goggles, high-viz vests, ear plugs, OSHA requires the employer to provide employees with the appropriate PPE. Required PPE must be used, and training must be provided in the proper use and maintenance of the PPE.

Equipment checklist:

- Specialized Clothing – describe: nomex clothing, boots
 - PPE (respirator, eye/face protection/head protection/footwear/high visibility wear) - describe: _____
- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Communication devices (e.g. whistles, 2-way radios) <input checked="" type="checkbox"/> Maps <input type="checkbox"/> Spot/InReach device or EPIRB <input type="checkbox"/> Licenses (e.g. vehicle/boat/diving equipment) <input type="checkbox"/> Other: _____ | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Emergency supplies <input checked="" type="checkbox"/> Vehicle travel survival kit <input type="checkbox"/> Material Safety Data Sheets <input checked="" type="checkbox"/> Fire tools |
|---|---|

Safe Use of Equipment and Work Processes:

Equipment and activities to which specific training or certification is required include:

Written Standard Operating Procedures (SOP) or Written Instructions (WIs) for common hazardous tasks performed in remote field locations are printed and taken to the field and attached to this form.

All field equipment must be checked by a qualified person to ensure that it is in safe working condition (before removal from campus). Documentation of this pre-trip assessment of equipment is advised by use of a checklist or email to project leader that equipment is in safe working condition. Individuals operating the equipment must be trained in the equipment's proper use. Equipment must be checked by a qualified person periodically and replaced/repared as needed.

- | | |
|---|--|
| <input type="checkbox"/> Chain Saws, tree felling, bucking, cross sectioning | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Compressed Gases | <input type="checkbox"/> Fall Protection above 6 feet |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Hazardous Materials |
| <input type="checkbox"/> Diving (Free, SCUBA, Line, NITROX, Tri Gas) | <input type="checkbox"/> Ladders |
| <input type="checkbox"/> Excavation/Trenching/Tunnelling | <input type="checkbox"/> Lifting Devices and Hoists |
| <input type="checkbox"/> Noise exposure above 85dBA | <input type="checkbox"/> Scaffolds |
| <input type="checkbox"/> Powered saws, grinders & planers | <input type="checkbox"/> Travel Un-Improved Roads |
| <input type="checkbox"/> Firearms | <input type="checkbox"/> ATV |
| <input type="checkbox"/> Chemical immobilization | <input type="checkbox"/> Rocket Nets |
| <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Climbing (tree, rock, tower), Rappelling, Rope work |
| <input type="checkbox"/> Towing a trailer | <input type="checkbox"/> Personal watercraft, other watercraft |
| <input type="checkbox"/> Snowmobiles | <input type="checkbox"/> Electrofishing |
| <input type="checkbox"/> Forest road driving | |
| <input type="checkbox"/> Van driving | |
| <input type="checkbox"/> Powered Mobile Equipment (fork lift, tractor, heavy equipment) | |
| <input type="checkbox"/> Minimum Distances from exposed energized conductors (e.g. power lines) | |
| <input type="checkbox"/> Other: | |

| Y | N | NA | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are/will participants (be) trained to operate the equipment safely and in compliance with regulatory standards? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have/will employees been trained in Standard Operating Procedures? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have/will employees received first aid and CPR training? |

List Hazardous Procedures:

Hazard Identification
Will participants be exposed to zoonotic hazards?

- Yes, fill section below.
 No, continue to next section

Zoonotic Hazards:

| Y | N | NA | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have participants been adequately trained in the handling, capture and restraint of study species? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will participants be administering drugs/anaesthetics or obtaining biological samples? If so, have they been trained in techniques appropriate to the species and in how to manage disposal of waste or surplus materials? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have participants been instructed on techniques to avoid unexpected encounters with potentially dangerous wildlife? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have participants been informed of the modes of contraction of disease from wildlife (zoonoses) in the study area (e.g. Rabies, Plague, Hanta Virus, Tularemia, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have participants been made aware of the signs/symptoms of potential zoonoses that may be present in wildlife in the study area? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have participants been made aware of potential hazards with ticks? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will an EpiPen be on hand for those that need one? |

Other Hazards/Protective Measures/Comments:

Note: Occupational medicine offers rabies vaccinations for high risk work.
Will anybody be working alone?

- Yes, fill this section
 No, continue to next section

Working Alone

(Solitary field research activities in remote areas are discouraged; when possible, field research involving particularly hazardous locations or activities should be conducted by two or more people. When working alone is necessary, thorough risk analysis specific to solitary field work, establishing a method for regular communication, and check-in planning including steps to follow if a scheduled contact is missed are critically important; see guidelines and requirements for remote fieldwork.)

| Y | N | | |
|--------------------------|--------------------------|--|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Will any participant be working alone? | |
| <input type="checkbox"/> | | Has an effective communication system been established (e.g. radio, walkie-talkies, phones, whistles, air horns, flares, frequent and scheduled contact)? <i>Example: Solo worker will be equipped with an InReach device, and check in that everything is OK hourly with a person with full communication capabilities (phone, internet, etc.)</i> | Description (required) |

Working Alone - Cont'd

Description (required)

| | | | |
|--------------------------|--|---|--|
| <input type="checkbox"/> | | Limitations or prohibitions on certain activities while alone? <i>Example: Solo worker will not use a chainsaw for regular work, and only if needed to open a road to get out. Communication with contact will be established before beginning chainsaw use, with regular (10 minute) updates.</i> | |
| <input type="checkbox"/> | | Establishment of minimum training or experience or other standards of competency before working alone? <i>Example: Solo worker has X years of experience with data collection in this manner, navigating roads, and check in check out procedures.</i> | |

Does this project plan to handle Chemicals or Hazardous Materials?

Yes, fill section below.

No, continue to next section.

Chemicals and Hazardous Materials:

| Y | N | NA | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will hazardous material be transported to and from the site? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is each hazardous material brought to the field properly identified with a label (no abbreviations or formulas)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will there be a hazardous material handling/spill kit taken to the field? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will the hazardous material/spill kit be inspected on a regular basis with used items replaced as used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If hazardous materials are collected in the field is there a SOP for safe handling and transportation of them? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will Safety Data Sheets for each hazardous material used be readily available to participants? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will samples be preserved in hazardous material (ethanol, formalin, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will appropriate materials be available to adequately handle hazardous materials, spills, leaks, or releases? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If applicable, have participants been trained for safe use, transport, and storage of radio isotopes in the field? (see OSU Radiation Safety Policy (https://ehs.oregonstate.edu/rso/rso_forms)) |

Other Hazards/Protective Measures/Comments:

Will this project require Travel Immunization/Prophylaxis Requirements?

Yes, fill section below. No, continue to next section.

Travel Immunization/Prophylaxis Requirements

<http://www.cdc.gov/vaccines/acip/index.html>

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Rabies |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Japanese Encephalitis | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Typhoid |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Yellow Fever |

Other (specify below):

Will there be anybody under the age of 18?


Yes, consult with HR for working with youth. No

RISK ASSESSMENT: List all identified hazards, including but not limited to those identified in the above form. Describe available measures that will be implemented in order to eliminate or reduce risks to acceptable levels.

| RISK | Risk level High, Medium, Low | PRECAUTIONS TO BE IMPLEMENTED |
|-------------------------|---------------------------------|--|
| Fire | Medium | PPE, fire shelter, training on fire hazards and how to avoid |
| Heat | High | Hydration, electrolytes, breaks in the shade |
| Ticks, stinging insects | Medium | Long pants, spray, tick checks, sting relief |
| Hiking in forests | Medium | Hard hat, first aid gear, breaks |
| | | |
| | | |
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| | | |
| | | |
| | | |

I, the undersigned, acknowledge that, in keeping with the OSU's College of Forestry's Remote Fieldwork Safety Plan Instruction:

- (a) I have been fully informed of the risks of this fieldwork as listed in this form and that I accept them;
- (b) I am aware of and will comply with the established safety procedures (SOP's and WP's initialed by participants and attached to this form) and my duties as a participant as set out in the OSU's Travel and College of Forestry's Remote Fieldwork Safety Plan, including my duty to take reasonable care for my health and safety and the health and safety of others who may be affected by my actions;
- (c) I am in a satisfactory state of health to undertake the field activity/research described in this form;
- (d) I have received all of the recommended immunizations listed in this form; and
- (e) I am aware of limitations of insurance coverage.
- (f) For specific requirements reference the OSU's College of Forestry's Remote Fieldwork Safety Plan Safety Instructions, Training requirements, and guidelines.

| ACKNOWLEDGMENT OF PARTICIPANTS: | | |
|---------------------------------|--|------------|
| NAME (print) | SIGNATURE (confirmation) | DATE |
| 1. Ariel Cowan |  | 05/03/2026 |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

Signature of Principal Investigator

I acknowledge that this safety plan has been prepared in keeping with the requirements of the Oregon State University procedures for safety in fieldwork:

Ariel Cowan

5/3/2026

Name (print)

Signature

Date

Signature of Unit Head or Unit Safety Manager (or equivalent)

I acknowledge receipt of this document:

Name (print)

Signature

Date