

# UCSD Field Operational Planner

**Note: Must be submitted one month in advance of trip!**

## COVID-19 Alert

Use the [COVID-19 Field Protocol Worksite Planning Checklist](#) in addition to your Field Operational Planner If travel approval is granted. This checklist provides travel guidance on topics such as training, continuity planning, transportation, emergency procedures and more. In addition, register travel via UC Away and keep a lookout for updated campus guidance on the COVID-19 pandemic.

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*Asterisks (\*) indicate required fields*

**Trip Title\*** \_\_\_\_\_

### Responsible Party

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Email\* \_\_\_\_\_ Phone\* \_\_\_\_\_

### Plan Creator

If the person completing the Field Operational Planner (Creator) is not the Responsible Party, complete the fields below to identify the Plan Creator.

First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

### Project Description

Briefly describe the activity to be covered by this Field Operational Planner\*

\_\_\_\_\_  
List a few keywords for this trip (such as location, fields of science, etc.)\*

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**○ Primary Trip Purpose(s)\***

- Research
- Academic instruction
- Training
- Public service
- Clinical service
- Organized recreation (outdoor adventures)
- Other

If academic instruction, enter course catalog number: \_\_\_\_\_

**○ Project Dates and Duration**

Start date\* \_\_\_\_\_ End date\* \_\_\_\_\_

► For travel that exceeds 60 days, contact the UCSD Risk Manager for insurance guidance:  
[ehsrisk@ucsd.edu](mailto:ehsrisk@ucsd.edu), (858) 534-2454 or 534-0994

For intermittent trips between start and stop dates.

- Irregular intervals
- Daily
- Weekly
- Monthly
- Quarterly
- Semiannually
- Other

**○ Leave of Absence Approval**

Have faculty members obtained official leave of absence approval?\*

Yes  No

**○ Primary UC Contact**

Name\* \_\_\_\_\_ Phone\* \_\_\_\_\_ Email\* \_\_\_\_\_

**○ Alternate UC Contact**

Name\* \_\_\_\_\_ Phone\* \_\_\_\_\_ Email\* \_\_\_\_\_

How will you report injuries? (Include campus and department specific websites and phone numbers to report serious injuries.)

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How often and on what occasions will you communicate with your UC Contact?

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What actions should be taken if you do not check-in and your contact person cannot reach you?

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Check all that apply:

- Are you traveling outside the United States?
- Will you be in an area where regular common (cell phones, landline phones) may not be available?
- Are you traveling with others?
- Are you transporting/handling hazardous biological, chemical, or radiological materials, animals, or fireworks?
- Are you traveling in an area of increased health and safety risks? (Physical hazards, remote locations, endemic diseases, animal attacks, human attacks, etc.)
- Will transportation be entirely limited to regularly scheduled commercial carriers?
- Will you conduct activities with special hazards or in a hazardous area (for example, confined space, working from heights, etc.)?

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## Locations and Local Contacts

Start date\* \_\_\_\_\_  
 End date\* \_\_\_\_\_  
 Country\* \_\_\_\_\_  
 Nearest large city\* \_\_\_\_\_  
 Final destination\* \_\_\_\_\_

### Lodging information (where you will be staying)

Type of lodging \_\_\_\_\_  
 Name of where you will stay \_\_\_\_\_  
 Phone number \_\_\_\_\_  
 Location/address \_\_\_\_\_

### Nearest emergency medical facility

Name \_\_\_\_\_  
 Address/City \_\_\_\_\_  
 Phone \_\_\_\_\_

### If foreign, nearest US Consulate Office

Address \_\_\_\_\_  
 Phone \_\_\_\_\_

### Local contact

Name \_\_\_\_\_  
 Address/City \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Alternate local contact

Name \_\_\_\_\_  
 Address/City \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Do you have a group medical / first aid kit?\*

Yes       No

Is there at least one currently certified, first aid practitioner aware of the risks and of the availability of medical assistance?\*

Yes       No

First Aid Practitioner

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Non-US citizen students, faculty, and staff: It is recommended you carry proper immigration documentation if you are participating in any activity taking place off campus, including personal travel. Students with immigration related questions can contact Undocumented Student Services (<http://undoc.ucsd.edu>) at [undoc@ucsd.edu](mailto:undoc@ucsd.edu) or 858-822-6916 or the International Students & Programs Office (<http://ispo.ucsd.edu>) at [istudents@ucsd.edu](mailto:istudents@ucsd.edu) or 858-534-3730. Faculty and Staff can contact the International Faculty & Scholars Office (<http://ifso.ucsd.edu>) at [ischolars@ucsd.edu](mailto:ischolars@ucsd.edu) or 858-246-1448.

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## Communications

Is there a written Communications Plan?\*

Yes       No

► If there is a written Communications Plan, attach it to this document.

If not, what is your primary means of communication?\*

- In person
- By radio
- By cell phone
- By satellite phone
- By email
- Other

If Other, what: \_\_\_\_\_

What is the back-up means of communication?\*

- In person
- By radio
- By cell phone
- By satellite phone
- By email
- Other

If Other, what: \_\_\_\_\_

It is recommended that you work in pairs when conducting hazardous work or working at remote locations. If you are not going to, what will you do to ensure individual safety?

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How will you communicate with others during an emergency:\*

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How will you report injuries? (Include campus and department specific websites and phone numbers to report serious injuries.)

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I understand and will provide the local contact people with local travel plans. (If yes, ignore the next 3 questions)\*

Yes       No       No local contact

Have you specified the expected time and date of arrival at a destination and your return to **base** location?

Yes       No

What actions should be taken if you do not arrive or return when expected?

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How will you communicate your arrivals and departures?

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## Medical Considerations

Is there increased risk associated with illness (including insect-borne illness, such as malaria) in the area(s) you will visit?\*

Yes       No

Describe the current illness hazard and measures to secure treatment

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Is there increased risk associated with the proximity and competency of medical care in the area(s) you will visit?\*

Yes       No

Describe the hazards and measures to secure treatment

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Is there increased risk associated with extreme climate in the area(s) you will visit?\*

Yes       No

Describe the extreme climate situation and measures to mitigate the hazards

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Is there increased risk associated with sanitation levels in the area(s) you will visit?\*

Yes  No

Describe the situation and steps that will be taken to provide adequate sanitation (including water purification)

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Is there increased risk associated with wilderness travel?\*

Yes  No

Describe measures to prepare for wilderness travel

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Does your trip involve international travel/going outside of the country?\*

Yes  No

Will all participants undergo a medical check-up, including vaccine recommendations, prior to being allowed to go on this trip?\*

Yes  No

**Note:** Trip participants with known life threatening allergies should wear medical ID bracelets, etc., prevent further harm by first aid providers.

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## Security Considerations

### Permits for Personnel

Have you obtained all relevant permits for your personnel?

Yes  No

**Note:** All personnel, especially in foreign countries, must hold relevant permits. Without permits in hand, participants can be detained, expelled from study sites, have their UC and personal equipment confiscated, their samples destroyed, and their insurance canceled as if what they were doing was illegal.

### Import/Export Permits

Have import/export permits been obtained?\*

Yes  No

**Note:** Import and export permits may be required to get equipment, data, and samples into and out of a foreign country and/or back into the US.

### Data Security

Are provisions made for data backup?\*

Yes  No

**Note:** Laptop computers are subject to search and possible confiscation by US Homeland Security, both going and coming. You should backup copies of all documents, data, and contact information necessary for the trip on external devices.

## ○ Vulnerabilities

Check all applicable vulnerabilities for personal and property security concerns.\*

- Data
- Regular equipment
- Specialized instruments and equipment
- Particularly expensive stuff
- Computer equipment
- People
- Supplies
- Vehicles
- Samples

Add any special or additional vulnerabilities that you will consider

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Describe how these will be secured (get advice from UCSD Police, the campus Risk Manager, etc., and consider references by the Department of Homeland Security [http://www.dhs.gov/xlibrary/assets/ice\\_border\\_search\\_electronic\\_devices.pdf](http://www.dhs.gov/xlibrary/assets/ice_border_search_electronic_devices.pdf))

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Check all that apply:

- A travel warning has been issued for the destination country
- You are planning to stay longer than 6 months; there is civil unrest or a natural disaster in the country you are visiting
- I have prepared a Security/Safety Preplan list (including identified threats and how you will eliminate/reduce them)
- I plan to travel by air
- I plan to stay in a hotel
- I plan to drive an automobile
- I plan to frequent restaurants/shopping centers
- Bomb threats possible
- Have registered for [business travel insurance](#) for employees and students

## Security/Safety Preplan

Is there a formal written Security/Safety Preplan?\*

- Yes       No

► If there is a written Security/Safety Plan, attach it to this document.

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## Participants and Personal Emergency Contacts List

### Participant 1:

Group Leader or  
Plan Creator \_\_\_\_\_

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First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Emergency Contact for Participant 1**

First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Participant 2:**

Group Leader or  
Plan Creator \_\_\_\_\_

First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Emergency Contact for Participant 2**

First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Participant 3:**

Group Leader or  
Plan Creator \_\_\_\_\_

First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Emergency Contact for Participant 3**

First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Participant 4:**

Group Leader or  
Plan Creator \_\_\_\_\_

First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Emergency Contact for Participant 4**

First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_



(Attach more participant sheets as needed.)

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## Transportation of People

What form of travel will you be using to get to the field site?\*

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Other (private car, etc.)\*

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Details

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What forms of transportation will you be using? Check all that apply:

### Ground

What type of ground transportation will you be using? Check all that apply:

- Automobile/truck
- TV/tractor
- Train
- Bus
- Public transit
- Other ground mode

If "Other ground mode" is selected, describe:

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Check all that apply:

- You have all the required insurance coverage
- The vehicle is a rental (see [Renting a Car for UCSD Business Travel](#))
- All drivers have had Driver Safety training on a regular basis
- Special licenses are required
- You are familiar with local driving conditions, regulations, and signage

Vehicle(s) insurance policy number(s)

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List the dates and names of Driver Safety courses your drivers have completed

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Special licenses

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Who will be driving?

- Staff
- Student
- Local hire (host country driver)

○ **Water**

What type of water transportation will you be using? Check all that apply:

- Boat (Including submersibles)
- Personal watercraft (e.g. Jet Ski)
- Other water mode

Does this trip involve an ocean-going research vessel?

- Yes                       No

Describe the vessel type in detail (ex: power driven 42 ft. research vessel)

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Number of employee passengers

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Number of student passengers

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Number of non-university personnel

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Where will the vessel be operated?

- US waters
- Foreign waters
- International waters

Who is the vessel owner?

- Commercial
- Private
- UC-owned
- UC-leased
- Charter (Contact BFS Procurements/Contracts at <http://blink.ucsd.edu/sponsor/BFS/divisions/ipps/procurement-contracts/contacts.html> )
- Other

Who will be operating the vessel?

- PI and/or UC student/staff
- Vessel owner
- Third party

Check all that apply:

- Vessel operator USCG Licensed
- Vessel operator insured
- Have adequate insurance (see <http://blink.ucsd.edu/safety/risk/insurance/about/byrequest/marine.html> )

Is all UC, State, and USCG safety and communication equipment onboard?

- Yes  No

List the other forms of water transportation you will use

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Will you be scuba diving?

- Yes  No

**○ Air** (Use of aircraft for transportation, teaching, or research purposes)

What type of air transportation will you be using? Check all that apply:

- Large airplane (> 6 passengers)
- Small airplane
- Helicopter
- Other mode (ex: light parachute, hang-glide, etc.)

What other types of air transportation will you be using?

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Who owns/operates the aircraft?

- Commercial
- Private
- UC-owned
- UC-leased
- Charter (Contact BFS Procurements/Contracts at <http://blink.ucsd.edu/sponsor/BFS/divisions/ipps/procurement-contracts/contracts.html> )
- Other

What category of personnel will be onboard? Check all that apply:

- Non-university personnel
- Employees
- Students

Check all that are true:

- The flight is a routine flight, such as transportation or aerial photography
- The operator/vendor approved as a Part 121 or Part 135 operation as defined by the Federal Aviation Administration
- The operator has Wyvern or ARG/US approval
- The pilot has an Airline Transport Rating (ATP)
- The operator carries adequate liability insurance
- Hazardous materials will be taken onboard
- Have adequate insurance (see <http://blink.ucsd.edu/travel/before/insurance.html> )

FAA Certificate Number

If the operator is not an FAA approved operator, explain why they are not:

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Wyvern or ARS/US approval number

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Airline Transport Rating

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○ **Other Transportation**

What other types of transportation will you be using?

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▶ If you have a digital copy of an Insurance Certificate, attach it to this document.

How will you meet all provisions of 49 CFR DOT requirements? (Consider the materials in trade provisions.)

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If there is potential for harm or exposure to crew or passengers, how will you mitigate the hazards?

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# Hazardous Material Transport

Will you be shipping any hazardous materials to or from your offsite location, or transporting (e.g. driving) hazardous materials to or from your offsite location?

- Yes       No

Type(s) of hazardous materials shipped. Check all that apply\*:

- Chemicals
- Biological materials
- Radioactive materials
- Reagents
- Samples
- None

Check all that apply:

- Members of your group are International Air Transportation Association (IATA), International Civil Aviation Organization (ICAO) trained to ship hazardous materials via air transportation on domestic and international flights
- Members of your group are International Maritime Dangerous Goods (IMDG) trained to ship hazardous materials via sea transportation on domestic and international shipments

List the names of the IATA trained personnel

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List the names of the IMDG trained personnel

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Type(s) of hazardous materials transported. Check all that apply\*:

- Chemicals
- Biological agents
- Radioactive materials
- Reagents
- Samples
- Select Agents
- None

Check all that apply:

- Members of your group are DOT trained to package the materials and placard the vehicle (when necessary) for hazardous materials

List the names of the DOT trained personnel

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## Operational Hazards

Will work involve using or producing hazardous materials? Check all that apply:

- Corrosive, toxic, flammable or explosive chemicals
- Compressed gases and non-inert hazards
- Biological (bloodborne pathogens, medical waste)
- Radioactive materials and machines (isotopes, sources and x-rays)
- Hazardous waste
- Controlled substances
- Pesticides

What steps will you take to provide training, prevent spills, exposures, injuries, etc.? (List any relevant compliance documents such as chemical hygiene plan, biohazard or radioactive use authorizations, etc.)

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Will you use specialized equipment? Check all that apply:

- ATVs, tractors or other motorized vehicles
- Chainsaws
- Rigging, climbing, fall protection
- Shoring/trenching; digging/excavations; caves; other egress/access limitations
- Hand held power tools, mechanical blades, bits and pinch points
- Other hazardous energy (lock-out/block-out)
- Explosives and fire arms
- Lasers
- High pressure vacuum
- Portable welding/soldering devices
- Industrial/research specific
- Confined spaces
- Other hazardous equipment or tools

What steps will you take to provide training and prevent injuries?

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How might field conditions and operations change the nature and degree of the hazard?

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If planned contact with animals, specify species

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What steps will you take to prevent transmission of zoonotic diseases, large animal mauling, snakebites, or other identified risks?

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Will you perform specialized work or procedures with local people? Check all that apply:

- Medical evaluations and/or treatment
- Specimen collection, screening
- Surveys/Interviews
- Home Visits
- Other

**Note:** The UCSD Human Research Protections Program must approve research involving human subjects.

What steps will you take to prevent transmission of endemic diseases, bloodborne pathogens, to address security or other identified risks?

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Will there be hazardous work conditions? If so, check all that apply:

- High altitude
- Underwater (e.g. diving)
- Extreme conditions (cold, heat, extreme weather, natural disasters)
- Remote, primitive, or hostile environments
- Construction sites
- Noisy environments (> 85 decibels)
- Special events or seasons
- Poisonous Plants
- Hazardous terrain (e.g. crossing rivers, strenuous trails, high tides, etc.)

What steps will you take to provide training, prepare or acclimate, and prevent illness or injury in these environments?

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