RESEARCH INVOLVING: FIELDWORK SAFETY CLEARANCE

Please complete and submit completed form with your grant proposal to DSRT. Incomplete forms cannot be processed.

Use of this form assists the Principal Investigator with identifying prudent practices, regulatory compliance conditions and University policy associated with the proposed research activity; and in so doing allows for each PI to include budget line items to satisfy these requirements.

<table>
<thead>
<tr>
<th>TITLE OF GRANT PROPOSAL:</th>
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<tbody>
<tr>
<td>NAME OF P.I.:</td>
</tr>
<tr>
<td>P.I.’S TELEPHONE #:</td>
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<tr>
<td>LOCATION (S) OF WORK:</td>
</tr>
<tr>
<td>ANTICIPATED AWARD DATE:</td>
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<tr>
<td>BRIEF DESCRIPTION OF THE WORK INVOLVING FIELDWORK:</td>
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1. Have you evaluated the requirements for personal protective equipment that will be required by you and your assistants to work safely in the field?  
   - Yes  
   - No

2. Check selected PPE:  
   - Gloves  
   - Wading Boots  
   - Goggles  
   - Safety Shoes  
   - Visibility Vests  
   - Other: (specify) _________________

3. Will researcher be provided safety training appropriate to the type of fieldwork?  
   - Yes  
   - No

4. Are all researchers University employees?  
   - Yes  
   - No
   If No, what liability protection is available to the University? __________________________

5. Will researchers be required to drive University vehicles?  
   - Yes  
   - No
   If Yes, will researchers complete the Defensive Driving Training?  
   - Yes  
   - No
   If Yes, will drivers license check be performed by Human Resources?  
   - Yes  
   - No

6. Have you made budget provision for the following:  
   a. Training  
   - Yes  
   - No
   b. Personal Protective Equipment  
   - Yes  
   - No
   c. Drivers License Check  
   - Yes  
   - No
   If No, for any of the above, how do you plan to pay for these services? __________________________

| P.I. Signature: | Date: |

EH&S INTERNAL USE

<table>
<thead>
<tr>
<th>PROPOSAL NO.</th>
<th>DATE RECEIVED BY EH&amp;S</th>
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<tr>
<td>REVIEWED BY:</td>
<td>REVIEWED ON:</td>
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- Accepted as Submitted  
- Accepted Subject to Conditions

EH&S File No: ___________