

FIELDWORK PLANNING ASSESSMENT

FIELDWORK DETAILS		
Brief Description of Fieldwork:		
Date/Time of Departure:	Date/Time of Return:	
Fieldwork Location: Provide route of travel, GPS coordinates, or attach a map		
COORDINATION OF FIELDWORK		
Fieldwork Supervisor:		
Fieldwork Leader:		
Safety Contact:		
Home/Other Important numbers:		
Name of qualified first aid provider(s):		
Contact information of accommodation provider:		
Contact information of nearest hospital:		
FIELDWORK VEHICLE(S) DETAILS <small>[Automobile, ATV, Boat, etc]</small>		
Make	Model	License Plate/Registration #
COMMUNICATION TOOLS		Two (2) different forms MUST be taken
Mobile Phone Number:		
Satellite Phone Number:		
UHF Radio Number:		
Other:		
EMERGENCY EQUIPMENT		
First Aid Kit	<input type="checkbox"/>	Yes
Survival Kit	<input type="checkbox"/>	Yes
Wildlife Repellant	<input type="checkbox"/>	Yes
Other	<input type="checkbox"/>	Yes

