

Field Safety Protocol

Fill in **before** departure



| | | | |
|---------------------------|--|-----------------------|--|
| Protocol author (name): | | | |
| Protocol author (email): | | | |
| Date (protocol creation): | | Lab/Unit (of author): | |

| | | | |
|-----------------|--|--------------------------|--|
| Departure date: | | Expected departure time: | |
| Return date: | | Expected return time: | |

Reference person (contact person of lab for present field trip - **NOT** going to the field):
(this person receives the protocol and is in charge of confirming safe return of the team).

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|-------------------|--|--|--|
| Name: | | | |
| Mobile # / Email: | | | |

Participants - including EPFL-external people (first person in list is team leader):

Name/Mobile #: (**at least 1** mobile phone # must be provided); **all** participants must be listed

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Field site location / destination, Route (give description with relevant details):

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Transportation / Vehicle (check and specify if necessary):

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|--------------------------|----------------------------|--|
| <input type="checkbox"/> | EPFL vehicle (which?) | |
| <input type="checkbox"/> | Mobility car (which?) | |
| <input type="checkbox"/> | Private car (which/owner?) | |
| <input type="checkbox"/> | Other (specify) | |
| <input type="checkbox"/> | Public transport (specify) | |

Weather forecast for field day/s:

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Expected possible risks and dangers:

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Chosen safety equipment for the trip:

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