

Safety Policy and Medical Release Checklist

You **must** complete each of these steps before departure for field camp.

- Carefully read the Field Safety Policy Release.
- Sign the Field Safety Policy Release indicating that you agree to abide by the terms of the policy.
- Fill out the Pre-field Seminar Safety Questionnaire. This will be kept in a sealed envelope to protect your privacy and used only in case of emergency.
- Fill out the Confidential Emergency Contact Information Form. This will be kept in a sealed envelope to protect your privacy and used only in case of emergency.
- Provide a **photocopy** of your insurance card or other proof of current insurance.

You can hand in these materials at the end of the pre-field-camp meeting or drop them off in the Earth Sciences front office (226 Traphagen).

If you have questions contact Dr. Shaw cashaw@montana.edu or the Earth Sciences front office earth@montana.edu 406.994.3331.

Field Safety Policy Release

Other general comments pertaining to student conduct in the field:

- Absolutely no alcohol drinking in MSU vehicles (and obviously no open containers)
- Absolutely no smoking in the field (fire hazard)
- No personal firearms allowed in the field, in the MSU vehicles or in camp
- No rock rolling
- Don't mess with the snakes – its their home
- NO graffiti on rocks (personal initials, etc)
- Treat the landscape with respect – tread lightly and don't leave trash
- Don't step on cryptobiotic soil in Utah (black bio-crust)
- Be on time at pick up points – wear a watch and plan your daily traverses according
- If a gate is open, leave it open; if it is closed, then be sure to re-close it; be careful crossing fences
- Dig deep holes for “personal disposal” needs
- Assignment turn-in deadlines are hard deadlines
- If you are going to succeed in this course, it is imperative that you work in the evenings on your map, cross sections, explanations, write-ups, etc.; you will certainly not succeed if you procrastinate till the last day on each exercise

I, _____, HAVE READ THE ABOVE SAFETY POLICY FOR THIS COURSE AND AGREE TO ALL CONDITIONS, INSTRUCTIONS, AND TERMS. I ALSO STATE THAT I CURRENTLY HAVE HEALTH INSURANCE TO COVER INJURIES AND MEDICAL NEEDS. I FURTHER ACKNOWLEDGE THAT GEOLOGICAL FIELD WORK IS INHERANTLY DANGEROUS AND I ACCEPT THIS RISK AND TAKE RESPONSIBILITY FOR MY PROPER CONDUCT IN THE FIELD.

(Print name)

(Sign name)

(Student Number)

APPENDIX 2

PRE-FIELD SEMINAR SAFETY QUESTIONNAIRE

(To be filled out by Field Seminar Participant)

Please complete the following and return to the Field Trip Leader prior to the start of the trip. (You may want to leave a sealed copy with your supervisor and/or administrative assistant):

Trip Title: _____

Date: _____

Name: _____

Have you received details concerning field gear? Yes/No

Have you **received** and **read** the Field Trip Safety Guide? Yes/No

Is the Field Trip Safety Guide clearly understood? Yes/No
If no please give details:

Are there any medical conditions for which you are receiving treatment that the staff should be aware of? (e.g., heart condition, asthma, diabetes, etc.)

Are there any medications to which you are allergic? (e.g., penicillin)

Are there any conditions that will make it difficult for you to undertake any aspect of the physical demands of geological fieldwork? (e.g., old injuries, phobias)

Please provide an up-to-date contact name, address and phone numbers(s) for use in emergencies:

Name: _____

Address: _____

Phone Number(s): _____

Name: _____ Signature: _____ Date: _____

Confidential Emergency Information Form**TO BE USED ONLY IN CASE OF EMERGENCY**

Day 1 of trip: Fill out, seal in an envelope and provide one copy to the Field Trip Leader.
Sealed forms will be returned at the conclusion of the field seminar.

Full Name	
University Affiliation	
Date of Birth	
Country of Birth	
Home Address	
Home Telephone	
Nationality	
Passport Number (if not US)	
STRICTLY CONFIDENTIAL: Please list <u>any</u> medical conditions or concerns not previously disclosed on the Pre-Field Seminar Safety Questionnaire	Were you injured and unable to communicate, what should we know?
Known Allergies/ Medical Conditions/ Any Other Information	
Current Medications Used	