This field safety checklist serves as a tool to document your hazard assessment, communication plan, and emergency procedures. DDW staff should identify hazards, as well as precautions and actions taken to address and mitigate those hazards. Completed forms should be saved in the respective water systems Site Visits- Field Safety folder in edocs.

|  |
| --- |
| **Site Information** |
| **DDW Inspection Staff:** | *Names of DDW completing inspection* |
| **District Engineer and/or County Health Department** | *List contact information of District Engineer and County Health Department whenever applicable.* |
| **Date(s) of Travel:** | *Start date, duration, expected return to DDW* |
| **Site Information** | *PWS number inspected, Facility ID number, and/or site description as applicable* |
| **Purpose of Inspection:** | *Type, length, and purpose of activity (e.g. Sanitary Survey, 4 hours, hiking)*  |
| **Site Access** | *Are there any particular restrictions or challenges to accessing site?*  |
| **Environmental** **Hazards** | *Describe any dangerous wildlife, insects, endemic diseases, poisonous plants, etc. that participants may encounter. Note intended mitigation measures* |
| **“NO GO” Scenario****(See page 9 of the Field Safety manual)** | *Was the water system alerted to our policy on “NO GO” Policy? DDW staff should be familiar with alternative methods to verify required data, see “NO GO” Policy chapter of this Field Safety Manual for details regarding the level of information expected.* |
| **Expected Weather** | *Note extreme conditions that could impact the trip or require additional planning, (e.g. high heat, wind, rain, snow, approaching storm).*  |
| **Emergency Services and Contact Information** |
| **Local Contact** | *Name, address & phone #, may be a local operator, USFS office, etc*.  |
| **Emergency Medical Services** | *Procedures for contacting emergency medical services if 911 isn’t available.*  |
| **Equipment and Activities – Consult with EH&S for specific training and requirements.** |
| **Field****Transportation** | *Check Tire Pressure* |[ ]
|  | *Check Fuel Level* |[ ]
|  | *Is a Window Scraper in the vehicle?* |[ ]
|  | *Is a vehicle jack in the vehicle?* |[ ]
|  | *Other concerns (please detail)* |  |
| **Inspection Tools** | *Have you completed the appropriate site visit safety and equipment checklist? Yes/ No* |
| **Personal Protective Equipment** | Required—e.g. boots, safety glasses, hardhats, etc. Recommended – e.g. walking sticks, gloves, long pants, hats, insect repellant, sunscreen |