**Work Plan for Safe and Inclusive Research Environment:**

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| **Sam Houston State University****Fieldwork Safety Plan** |
| This form shall be used by the Principal Investigator (PI), or Field Team Leader to develop a plan for a Safe and Inclusive Research Environment. **The completed Plan must be shared with all the members of the fieldwork team, submitted to the ORSP, and kept on file in your respective department.**  |
| **A. Principal Investigator/Lead Instructor/Clinical Coordinator Contact Information:** |
| Name: |
| Department: |
| Phone Number: |
| Email Address: |
| **B. Dates of and Location(s) of Travel:** (*List multiple dates if more than one trip is planned*.) |
| **C. Describe how you will address abuse to any person** *(including, but not limited to, harassment, stalking, bullying, or hazing of any kind, whether the behavior is carried out verbally, physically, electronically, or in written form).* |
| **D. Describe how you will address conduct that is unwelcome, offensive, indecent, obscene, or disorderly.**  |
| **E. Identify steps that the PI will take to nurture an inclusive off-campus or off-site working environment.** |
| **F. Describe how the PI will consider communication within the team & minimize single points within the communications pathway.** (*e.g., a single person overseeing access to a single satellite phone*). |
| **G. Address how special circumstances (such as the involvement of multiple organizations or the presence of third parties) in the working environment will be considered.** |
| **H. Describe your process for making incident reports** (*including how reports received will be resolved*). |
| **G. Field Team Membership: (**Include names and signature of each participant.) **Name Signature Date****1.****2.****3.****4.****5.****6.****7.****8.****9.****10.****11.**  |
| **PI Signature** |  **Printed Name** |  **Date** |
| **Director/Chair Signature**  |  **Printed Name** |  **Date** |
| **Dean Signature**  |  **Printed Name** |  **Date** |
| **AVP Signature**  |  **Printed Name** |  **Date** |