

**Instructions**

It is necessary to understand how the individuals involved with the Sponsored Function (such as field trip/field work/research etc.) might receive a potential exposure to COVID-19 to accurately estimate the risk. Based on the risk estimate, the sponsoring faculty and staff shall implement steps through engineering controls, administrative procedures, processes, and personal protective equipment to assist in the prevention and mitigation of the identified hazards. Fill this form out completely. The Academic Affairs Director of Laboratory Safety shall provide technical assistance. This form along with Excusing Students for School Sponsored Function form shall be submitted to the Associate Provost of Operations for review and Provost Approval. Retain a copy of this form along with the Excusing Students for School Sponsored Functions for your files. If there are, questions that do not apply answer these questions with a N/A. If you have any questions, contact Academic Affairs Director of Laboratory Safety Anne Hawkins at [annehawkins@ferris.edu](mailto:annehawkins@ferris.edu)

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**Faculty/Staff Information**

Faculty/Staff:

Department:

Phone Number:

Email:

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**Dates of School Sponsored Function:**

**Location of School Sponsored Function:**

Country:

Site:

Nearest City:

Nearest Hospital or Medical Clinic:

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**Field Team Membership**

Please list the names of all students traveling.

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**Hazard Assessment**

Identify the potential COVID-19 hazards with the activity and the physical environments associated with the field trip/field work/research. Describe the processes that will be used to control or reduce all the recognized hazards with Sponsored Function. (If additional room is needed to describe the recognized hazards and controls expand the table or add pages.)

<b>Recognized Hazard</b>	<b>Processes to be used to control or reduce Recognized Hazards</b>
Example: Students traveling together to the school sponsored function.	Example: Instruct students to travel separately or no more than driver and passenger in car with both wearing face covering
Example: Engaging in the activity within 6 feet of each other.	Example: Arrange activities so there is more than 6 feet, or require use of face covering and face shield or use face covering and face shield and limit exposure within 6 feet to less than 15 minutes
Building environment-describe.	
Outdoor environment.	
Length of time associated with the event.	

List examples of the activities in which students will be engaged.

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**Trip Checklist**

For the faculty or staff accompanying the students to obtain if necessary

- Required** approvals from College for field/work
  - Notify** Risk Management of the field/work
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**Signatures:**

**Faculty/Staff Accompanying Students Signature**

*I affirm that any student choosing not to participate in this activity out of concern for their own health/safety shall be allowed to do so without penalty. I also affirm that I will notify the Dean in writing of any variance made to this written plan. At that time, the Dean may either withdraw approval or approve the changes in writing.*

Signature:

Date:

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**Academic Affairs Director of Laboratory Safety's Signature**

*I affirm that all documentation that has been provided meets the requirements set forth, (instructions/procedures, etc.), and that a complete hazard assessment has been completed.*

Signature:

Date:

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**Dean, Department Head/Chair or Supervisor's Signature**

*As supervisor, I have been informed as to this activity and have no objections.*

Signature:

Date:

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