



# Field Trip Site Pre-Assessment.

Good for 1 semester.

1. Complete this form **BEFORE** the fieldtrip takes place.
2. Form must be signed and dated by instructor and the department chair (again, *before* the field trip).
3. After the field trip or end of the semester (whichever is more appropriate) submit this form with all other field trip forms (Instructional Plan, Registration, Liability, Incident). **Include additional pre-assessment forms if more locations were visited** in same course. If an auto accident happens (involving a university-approved driver/auto) include the appropriate accident report. This bundle of forms should be submitted to the department office.
4. The department office must keep the paper forms or electronic scans for one year. For minors, the documents are to be retained for one year after the minor reaches the age of majority. Please attach a list of names and birth dates of any students who are under 18.
5. In addition, the department office will submit an electronic copy/scan to their college office for 5-year archival storage.

<b>Course (prefix &amp; Number)</b> _____		<b>Academic Term</b> Fall      Spring      Year: _____	
<b>FIELD SITE # 1 &amp; date of trip:</b> _____			
<b>Pre-assessed by one of the following:</b>			
<b>Visit to location</b> Date: _____	<b>Phone/email</b> Date: _____ Name of contact: _____	<b>Website Information</b> Date: _____  (Attach copy of information)	<b>Other:</b> _____ Date: _____
<b>Activities:</b>			
<b>Possible Hazards:</b>			
<b>Mitigation:</b>			
<b>FIELD SITE # 2 &amp; date of trip:</b> _____			
<b>Pre-assessed by one of the following:</b>			
<b>Visit to location</b> Date: _____	<b>Phone/email</b> Date: _____ Name of contact: _____	<b>Website Information</b> Date: _____  (Attach copy of information)	<b>Other:</b> _____ Date: _____
<b>Activities:</b>			
<b>Possible Hazards:</b>			
<b>Mitigation:</b>			
<b>FIELD SITE # 3 &amp; date of trip:</b> _____			
<b>Pre-assessed by one of the following:</b>			
<b>Visit to location</b> Date: _____	<b>Phone/email</b> Date: _____ Name of contact: _____	<b>Website Information</b> Date: _____  (Attach copy of information)	<b>Other:</b> _____ Date: _____
<b>Activities:</b>			
<b>Possible Hazards:</b>			
<b>Mitigation:</b>			
Instructor Name: _____		Chair Name: _____	
Signature _____	Date _____	Signature _____	Date _____