

Nr.	Hazards	Risk L=Low M=Medium H=High	Protective measures in place?			Remarks or defining of the protective measures	
			Yes	No	Not applicable		
1.	<p>Inadequate organization of health and safety at work for the implementation of field trips</p> <ul style="list-style-type: none"> - Unclear Responsibility - Lack of experience / qualification as a field trip leader - Lack of field trip schedule - Lack of first aid / emergency organization - Lack of safety briefing for participants - Lack of preventive occupational health care - Failure to consider special vulnerable groups of persons (e.g. pregnant women) - Unclear insurance coverage of participants - Lack of required personal protective equipment - Lack of testing of the required work equipment 	<p>L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/></p>	<p>The health and safety measures required to carry out the field trip safely are adequately organized:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>1. _____ 2. _____ 3. _____</p>
			<p>All participants have been instructed about the dangers of the field trip and about the necessary protective measures to prevent / reduce these dangers. The instructions are documented.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<p>Unsafe transport journeys during field exercises</p> <ul style="list-style-type: none"> - Insecure cargo in/on vehicle - Hazardous properties of the cargo (e.g. Propane Gas / Gasoline / OIL / Acids) - Overturning of the vehicle - Dangerous/stressful weather conditions - Impaired ability to drive - Unclear insurance coverage of participants - Driving at night 	<p>L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/></p>	<p>The necessary technical and organizational measures for the safe execution of transport trips during the field trip have been defined and will be implemented.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>1. _____ 2. _____ 3. _____</p>
3.	<p>Incorrect/unsafe working/moving in the field</p> <ul style="list-style-type: none"> - Stumbling/ Falling/ Slipping/ Drowning - Sinking in / breaking in / being buried / being hit by stones - Weather conditions/UV radiation - Inadequate lighting conditions - Reduced oxygen content (e.g. in the mountains, altitude ≥2000m) - Being hit / run over in public traffic areas 	<p>L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/></p>	<p>The necessary technical and organizational measures for safe working and movement in the terrain have been defined and implemented.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>1. _____ 2. _____ 3. _____</p>

Translated and adapted after "GBU „Geländeübung“, Stabsstelle 02.2 Arbeits- und Umweltschutz, Stand: 15.03.2023, by Charalampos Mantziaris (c.mantziaris@uni-koeln.de)

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4.	Incorrect/unsafe sampling <ul style="list-style-type: none"> - Sinking / Drowning / Slipping /Falling - Sharp edges/ Noise - Contact to pathogens in the soil / to hazardous substances etc. - Improper use of tools e.g. scissors 	L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	The necessary technical and organizational measures for safe sampling in the field have been defined and are being implemented.			Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not applicable: <input type="checkbox"/> 1. _____ 2. _____ 3. _____
5.	Exposure to animals, insects, plants or fungi <ul style="list-style-type: none"> - Ticks: TBE or Lyme disease / malaria etc. - Allergic reactions - Rabies / Parasites - Poisonous plants, mushrooms, dangerous animals - Phototoxic plants: hogweed, bergamot, angelica, etc. 	L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	The necessary technical and organizational measures for the safe prevention of diseases caused by pathogens (viruses, bacteria), parasites, allergenic substances, poisonous and phototoxic plants during the field trip have been defined and implemented.			Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not applicable: <input type="checkbox"/> 1. _____ 2. _____ 3. _____
6.	Incorrect/unsafe handling of work equipment (equipment/tools) and hazardous substances <ul style="list-style-type: none"> - Sharp edges / Cutting / Injuring - To be hit - Use of damaged/improper work equipment - Lack of personal protective equipment - Risk of electric shock due to faulty electrical equipment - Risk of fire and explosion due to fuels, oils, flammable gases and paints - Risk of chemical burns due to acids and alkalis 	L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	The necessary technical and organizational measures for the safe handling of work equipment (equipment / tools) and hazardous substances during the field trip have been defined and implemented.			Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not applicable: <input type="checkbox"/> 1. _____ 2. _____ 3. _____

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7.	Incorrect/unsafe lifting, carrying and transport of loads <ul style="list-style-type: none"> - Strain from lifting and carrying heavy loads by hand - Risk of injury due to carrying equipment - Falling of loads 	L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	The necessary technical and organisational measures for lifting, carrying and transporting loads have been defined and implemented.			1. _____ 2. _____ 3. _____
8.	Lack of consideration of weather influences, hygiene etc. when spending the night in the terrain <ul style="list-style-type: none"> - Rain / thunderstorm / snow / storm etc. - Outside temperature too high/too low - Low-light conditions - Poor hygiene / sanitation 	L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	The necessary technical and organisational measures for safe overnight stays in the area have been defined and are being implemented.			1. _____ 2. _____ 3. _____

Were the protective measures effective? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name	Date:	Signature

No.	No protective measure	Justification of omitting the protective measure	Name / Date