UNIVERSITY OF ALASKA MUSEUM OF THE NORTH FIELD TRAVEL EMERGENCY PLAN

Before departure, complete and submit this form to the Museum Director and the Head of Operations for review and provide a copy (with the approved TA) to the PI/Supervisor and department contact listed in Section 4. Ensure that a completed copy is carried in the field by the trip leader and is available with the emergency contact phone or other communications device (section 3). Note: These are minimum requirements. Additional emergency provisions may be added as necessary.

| Museum Depart | ment: | | Date: | |
|----------------------------------|-----------------------------|------------------------------------|------------------------|--|
| Trip Leader/PI N | | | | |
| Departure Date : | · | Return Da | te: | |
| Destination From | | To | | |
| Comments: If variou document: | s destinations will be part | of this trip, they can be listed I | here or on an attached | |
| | | | | |
| Trip Purpose: | | | | |
| - - | | | | |
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1. Participants (list here or attach list of names and emergency contact phone numbers)

| Participant Name | Participant's Emergency Contact Name | Emergency Contact Phone |
|------------------|--------------------------------------|-------------------------|
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| 2. Location of field trave | • • • | vide GPS coordinates a | and attach maps with o | camp locations and |
|---------------------------------------|---|--|-----------------------------|---------------------------------------|
| | | | | |
| 3. Commu n | ication Equipment - | - list the equipment typ | • | |
| | Туре | | Numbers/Frequenc | y/Channel |
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| Please id | | low the time of day, where the control of day and the time of day are the person to be | - . | |
| or specific dates) | (i.e. 10AM-2PM) | Contacted ¹ | (cell, sat phone, email) | Missing Person Search ² |
| | | | | |
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| team repo | rts to the agency, prov | e following exception; if ride a copy of the agency njured, extracted, lost, et | plan and ensure that a l | • |
| · · · · · · · · · · · · · · · · · · · | | rdue will trip leader (or t en the individual(s) was o | | rty? You must define |
| • | nication is not possible provide an alternative | e, please describe what y e safety measure: | our plan is to replace the | e ability to |
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5. **Emergency Plan for Evacuation** - communication and travel:

In the event any individual(s) or team requires emergency evacuation for medical treatment or other emergency circumstances, contact the agency below to initiate evacuation.

UAF DISPATCH MUST BE CONTACTED AT 474-7721 IN THE EVENT OF ANY EVACUATION

| Air - Contact: | Contact Number: | |
|--|-----------------|---|
| Ground - Contact: | Contact Number: | |
| Water - Contact: | Contact Number: | |
| Title IX – Contact (if Applicable): | Contact Number: | |
| Comments (list other specific procedures): | | |
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| | | _ |
| Submitted By: | Date: | |
| (Name) | (Title) | |
| | | |
| Reviewed By: | | |
| | | |
| Head of Operations | Date | |
| | | |
| Museum Director | Date | |