**NSF Safe and Inclusive Working Environment**

**Plan for Off-Campus or Off-Site Research**

**PROJECT SPECIFIC INFORMATION**

|  |  |
| --- | --- |
| Plan Date or Version *(enter date the plan was prepared or updated, or a version number). Preparer name may also be entered.* |  |
| NSF Grant Number: |  |
| Principal Investigator Name  (plus Cell Phone and Email) |  |
| Off-Campus Location |  |
| Description of off-campus research activity (fieldwork, research activities on vessels or aircraft, work in an off-campus location, etc) |  |
| Estimated Departure and Return Dates *(begin and end dates of off-campus research)* |  |
| Will participants have regular internet or cell service available? *(If no, what alternate arrangements are in place for participants to report suspected misconduct?)* |  |
| Will participants from other entities (governmental, company, sponsor, educational institutions, subrecipients) be involved? *If yes, are there any special arrangements needed to make sure any misconduct is reported involving these individuals?* |  |
| Recommended contact for any suspected misbehavior *(note: participants remain free to use this contact or any other contact they prefer to report misconduct; more than one contact may be listed)* |  |
| Any special circumstances that necessitate special plans (*e.g., participants are at sea or other remote locations without ability to make contact with University reporting offices; only a single satellite phone is available for the group; there are physical or other barriers that may require special attention to ensure full participation; no local transportation to a safe space is likely to be available; variance in cultural norms might necessitate advance awareness training*). If yes, what arrangements are in place to manage these special circumstances? |  |
| Other Comments or Information that participants may find useful. |  |