



# Off-Site Experiential Learning Safety Plan(Clery-Aligned)

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(LU, LIT, LSCO, LSCPA)

Purpose: This form is used for off-site experiential learning activities (e.g., field experience, service learning, practica, internships, applied research) to identify risks, plan for emergencies, and ensure compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act).

## 1. Program Information

Program / Course / Activity Title: \_\_\_\_\_

Department: \_\_\_\_\_

Faculty / Staff Supervisor (Field Leader): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dates of Travel / Activity: \_\_\_\_\_

## 2. Location Details

Country: \_\_\_\_\_

State / Region: \_\_\_\_\_

Primary Site / Facility Name: \_\_\_\_\_

Physical Address (if available): \_\_\_\_\_

Nearest City (distance from site): \_\_\_\_\_

Nearest Hospital or Medical Clinic (name, address, distance):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. Description of Experiential Learning Activity

Provide a brief description of the experiential learning activities, including purpose, duration, daily schedule, and student responsibilities.

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### 4. Emergency Contacts and Communication

University / College Emergency Contact (24/7 if available): \_\_\_\_\_

Phone: \_\_\_\_\_

On-Site / Local Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Communication Plan:

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### 5. Emergency Procedures

Describe procedures for medical emergencies, fire or evacuation, severe weather, missing participants, and criminal activity or personal safety threats.

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### 6. Health, Safety, and Training

First Aid / CPR:

Name of Person: \_\_\_\_\_

Type Certification: \_\_\_\_\_

Expiration of Training Certification: \_\_\_\_\_

Physical Demands of the Activity (check all that apply):

Extended walking/standing

Lifting/manual labor

Water activities

Climbing/uneven terrain

Extreme heat or cold

High altitude

Other \_\_\_\_\_

## 7. Risk Assessment and Mitigation

Identify foreseeable risks associated with the activity or environment and list steps taken to reduce those risks.

Identified Risk	Risk Mitigation / Control Measures

## 8. Clery Act–Related Safety Considerations

Faculty, staff, or supervisors accompanying students may serve as Campus Security Authorities (CSAs). CSAs must promptly report Clery-reportable crimes to the appropriate campus police department or designated Clery Coordinator for LU, LIT, LSCO, or LSCPA, regardless of whether the victim elects to report to law enforcement.

CSA Acknowledgment: I acknowledge my CSA reporting obligations.

Reporting Criminal Incidents:

- Local law enforcement
- Lamar Police Department (LPD) or other designated Campus Security Authority

Emergency Notifications Provided:

Yes  No

## 9. Medical Considerations

Required immunizations or medical clearances (if any):  Yes  No

Describe:

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## 10. Field Team and Participants

Name	Role (Student/Staff/Faculty)	Emergency Contact on File

## 11. Additional Information

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## 12. Certification

I certify that the information provided is accurate and that reasonable steps have been taken to identify and mitigate risks associated with this activity.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_