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Creating a Field Safety/Travel Operations Plan

1. Navigate to https://fop.uctechnology.ucdavis.edu/shib/Shib_Login.jsp
2. Enter you Shibboleth Login information: you will be directed to the FSTOP home page
3. Select the [Click here to create, edit or approve Plans](#) link
4. Select the [Click here to start a new Field Operational Planner](#) link: you will be directed to the **Project Title** page

5. Complete required (*) fields
6. Select the **Save and Continue** button: you will be directed to the **Project Description** page

- Complete required (*) fields
- Select the **Save and Continue** button: you will be directed to the **Project Contacts** page

Resources
[General Trip Insurance Information](#)
[Trip Registration](#)
[Smart Traveler Enrollment Program \(STEP\) - Registration with Embassies](#)
[International Travel Information](#)
[Traveler's Health Information](#)
[Campus Resources](#)

Contacts
[Campus/Medical Center Risk Managers](#)
[Report a serious Injury](#)
[Restart Application](#)

Asterisks (*) indicate required fields

Responsible Party
 First Name* Joan
 Last Name* Burg
 Project Title*

Primary UC Contact Remaining on Campus
 Name* Diana Cox Primary Phone* Email* dicox@ucdavis.edu

Alternate UC Contact
 Name Primary Phone Email
 Name Primary Phone Email

To report serious injuries, please report by internet for both domestic and foreign injuries at ops@europassistance-usa.com or call 1-866-451-7606 (inside USA) or 1-202-828-5896 (outside USA call collect).

How often and on what occasions will you communicate with your UC Contact?

THE SUBMISSION IS NOT FINISHED! Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#) to finish the process.

- Complete required (*) fields
- Select the **Save and Continue** button: you will be directed to the **Trip Details** page

Resources
[General Trip Insurance Information](#)
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[Traveler's Health Information](#)
[Campus Resources](#)

Contacts
[Campus/Medical Center Risk Managers](#)
[Report a serious Injury](#)
[Restart Application](#)

Responsible Party
 First Name* Joan
 Last Name* Burg
 Project Title*

Check all that apply

- I will be traveling outside the United States
- I will be in an area where regular common (cell phones, hard line phones) may not be available
- I will be traveling with others
- I will be transporting/handling hazardous chemical, radiological, biological animals, or fireworks
- I will be traveling in an area which poses increased health and safety risk (physical hazards, remote locations, endemic diseases, animal attacks, violence, etc.)
- Beyond getting to my destination on a commercial carrier, once I am there, I will use other type of transportation, such as renting a vehicle of any kind, chartering a boat, chartering a plane or helicopter, hang gliding, etc.
- I will engage in activities with special hazards or be in a hazardous area (confined space, from heights, etc.)

[Back](#) [Save](#) [Save and Continue](#)

THE SUBMISSION IS NOT FINISHED! Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#) to finish the process.

- Complete required (*) fields
- Select the **Save and Continue** button: you will be directed to the **Project Locations** page

Resources
[General Trip Insurance Information](#)
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[Campus Resources](#)

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[Restart Application](#)

Asterisks (*) indicate required fields

>

Complete each of the required forms below by clicking on the form name
 Click on the confirm submission link at the bottom of the page when you are finished
[Return to questionnaire](#)

Locations	Foreign Considerations	Communications	Medical Considerations	Security	Participants	Transportation of People	Transportation of Hazardous Materials	Special Operational Hazards
Required	Not required	Required	Not required	Not required	Required	Required	Not required	Not required

Locations

Responsible Party
 First Name* Joan
 Last Name* Burg
 Project Title*

Locations

Itinerary 1 Itinerary 2 Itinerary 3 Itinerary 4
 Country * United States of Ame -- Select a Country -- -- Select a Country -- -- Select a Country --

- Complete required (*) fields

14. Select the **Save and Continue** button: you will be directed to the **Cover Sheet** page (Step 2 of 3)

Submission Cover Sheet: Field Operational Planner

Cover Sheet Instructions

Sometimes you may wish to send extra notes regarding the forms being submitted, but can find no place on the forms themselves for such notes. The "Submitter's Comments" field, on this cover sheet, provides a place for such notes. The cover sheet is submitted at the same time as the forms, and is stored together with the archived forms. Additional comments are not required for a submittal. Save your additional comments by clicking on the Save Comments button. **To finish your submittal, click on the Submit button at the bottom of this page.**

I. Attached Comments

Responsible Party Comments

Save Comments and Submit

15. Complete any applicable comments

16. Select the **Save Comments and Submit** button: you will be directed to the **Cover Sheet** page (Step 3 of 3)

Submission Cover Sheet: Field Operational Planner

You're almost done! Review the contents of your submission and click on the **Confirm Submission** button at the bottom of this page. The submission recipient will be notified of your submission via email.

I. Submission Identification

Submission Contents: Field Operational Planner
From: Burg, Joan
To: Administrator
Cover Sheet:

II. Form Contents

Form Name	Number of Forms	Minimum Allowed	Maximum Allowed
Locations	0	1	1
Campus Contacts	0	1	1
Foreign Considerations	0	0	1
Purpose of Trip	0	1	1
Trip Activities	0	1	1
Trip Title and Plan Creator	0	1	1
Communications	0	0	1
Medical Considerations	0	0	1
Security	0	0	1

17. Complete required fields

18. Select the **Confirm Submission** button: you will be directed to a confirmation page

Confirm Submission

Viewing the Status of a Field Safety/Travel Operations Plan

1. Select the [Click here to create, edit or approve Plans](#) link
2. The status of submitted FSTOPs is listed beside the Project Title