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## **Creating a Field Safety/Travel Operations Plan**

- 1. Navigate to <a href="https://fop.uctechnology.ucdavis.edu/shib/Shib\_Login.jsp">https://fop.uctechnology.ucdavis.edu/shib/Shib\_Login.jsp</a>
- 2. Enter you Shibboleth Login information: you will be directed to the FSTOP home page
- 3. Select the <u>Click here to create, edit or approve Plans</u> link
- 4. Select the <u>Click here to start a new Field Operational Planner</u> link: you will be directed to the **Project Title** page

Resources				
General Trip	Asterisks (*) indicate required fields			
Insurance Information				
Trip Registration	Project Title*			
Smart Traveler				
Enrollment Program	Responsible Party			
Registration with	First Last Burg			
Embassies	Name <sup>*</sup> Joan Name*			
International Travel Information	Email* jburg@ucdavis.edu Phone*			
Traveler's Health				
Information	Plan Creator			
Campus Resources	If the person completing the field operational planner (Creator) is not the Responsible Party, please complete			
Contacts	the fields below to identify the Field Operational Planner Creator.			
Campus/Medical	First and Lost Name			
Center Risk	First and Last Name Joan Burg			
Report a serious	Email jburg@ucdavis.edu Phone			
Injury	Save Save and Continue			
Restart Application	THE SUBMISSION IS NOT FINISHED! Go to the <u>Cover Sheet</u> to send extra notes, or <u>confirm your submission</u> to finish the process.			

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

Resources	
General Trip Insurance Information Trip Registration Smart Travelor	Asterisks (*) indicate required fields Responsible Party First Name" Joan Last Name" Burg
Enrollment Program (STEP) - Registration with Embassies	Email* jburg@ucdavis.edu Project Description
International Travel Information Traveler's Health Information	Project Title"
Campus Resources Contacts Campus/Medical Center Risk	Please list a few keywords for this trip (such as location, fields of science, etc)*
<u>Managers</u> <u>Report a serious</u> <u>Iniury</u>	
Restart Application	Primary Trip Purpose(s)* Financearch THE SUBMISSION IS NOT FINISHED! Go to the <u>Cover Sheet</u> to send extra notes, or <u>confirm your submission</u> to finish the process.

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

Resources				
General Inp Insurance	Asterisks (*) indicate required fields			
Trip Registration				_
Smart Traveler	Responsible Party			
(STEP) -	First Name <sup>®</sup> Joan 🖬 Last Name <sup>®</sup> Burg 🖬			
Embassies	Project Title*	D		
International Travel Information	Primary UC Contact Remaining on Campus			_
Traveler's Health	Name* Diana Cox P	Primary Phone*	Email* dicox@ucdavis.edu	
Campus Resources				-
	Alternate UC Contact			
Contacts Campus/Medical	Name	Phone	Email	
Center Risk	Name	Primary	Email	
Report a serious		Phone		
Injury	To report serious injuries, please report by int	ernet for both domestic and foreign injuries	at	
Restart Application	ops@eruopassistance-usa.com or call 1-866-4	51-7606 (inside USA) or 1-202-828-5896 (c	outside USA call collect).	
<u></u>	How often and on what occasions will you com	municate with your UC Contact?		
	THE SUBMISSION IS NOT FINISHED! Go to the <u>Cover Sheet</u> to send extra notes, or <u>confirm your submission</u> to finish the process.			

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

<b>Extension</b>	
Resources General Trip Insurance Information Smart Traveler Enrollment Proaram (STEP) - Resistration with Embassies International Travel Information Traveler's Health Information Campus Resources	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 traveling outside the United States         I will be traveling with others         I will be traveling handling hazardous chemical, radiological, biological animals, or freevorks
Contacts Campus/Medical Center Risk Managers Report a serious Iniury	I will be traveling in an area which poses increased health and safety risk (physical heazds, renote locations, endemic diseases, animal attacks, wolker, 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 diding, etc. I will engage in activities with special hazards or be in a hazardous area (confined space, from heights, etc.) Beok Save, I save and Continue
<u>Restart Application</u>	THE SUBMISSION IS NOT FINISHED! Go to the <u>Cover Sheet</u> to send extra notes, or <u>confirm your submission</u> to finish the process.

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

Resources General Trip Insurance Information Trip Registration	Asterisks (*) indicate required fields > Complete each of the <i>required</i> forms below by clicking on the form name Click on the confirm submission link at the bottom of the page when you are finished Pathers he representationable
Smart Traveler Enrollment Program (STEP) – Registration with Embassies International Travel	Locations         Considerations         Communications         Medical Considerations         Security         Participants         Transportation of of People         Transportation of Materials         Security           Locations         Considerations         Considerations         Security         Participants         Transportation of of People         Transportation of Materials         Security         Participants         Transportation of Materials         Security         Security         Security         Participants         Transportation of Materials         Security
Information Traveler's Health Information Campus Resources	Required         Not required         Required         Required         Required         Not required         Not required         Not required           Locations         Image: Contract of the second s
Contacts Campus/Medical Center Risk Managers Report a serious	Responsible Party First Name" Joan 🛛 Last Name" Burg 🗅 Project Tible"
Injury Restart Application	Locations         Itinerary 1         Itinerary 2         Itinerary 3         Itinerary 4           Country         * United States of Ame •         Select a Country •         Select a Country •         Select a Country •

13. Complete required (\*) fields

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

Step 2 of 3	Step 1: Complete the forms Step 2: Add a cover sheet Step 3: Submit your forms Help and FAQ Submission Log Submission Home
	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 submitt. Save your additional comments are not required for a submittal save your additional comments by dicking 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)

Step 3 of 3	Step 1: Complete the	forms Step 2: Add a	cover sheet Step 3:	Submit your forms	Help and FAQ	Submission Log
	Submission Cover Sheet: Field Operati	onal Planner				
	You're almost done! Review the contents of your submission and click on the <b>Confirm Submission</b> button at the bottom of this page. The submission recipient will be notified of your submission via email.					
	I. Submission Identification					
	Submission Contents:		Field Oper	ational Planner		
	From:		Burg, Joan	l i i i i i i i i i i i i i i i i i i i		
	то:		Administra	tor		
	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	1	
	Trip Title and Plan Creator	0	1	1	1	
	Communications	0	0	1	]	
	Medical Considerations	0	0	1	1	
	Security	0	0	1		

- 17. Complete required fields
- 18. Select the Confirm Submission button: you will be directed to a confirmation page



## Viewing the Status of a Field Safety/Travel Operations Plan

- 1. Select the <u>Click here to create, edit or approve Plans</u> link
- 2. The status of submitted FSTOPs is listed beside the Project Title