


Artifact ID: ART-015	Artifact Title: Long-Term Safety Plan	
Revision: 01	Revision Date: 2025-03-12	
Prepared by: Nina Chao	Checked by: Jonah Lowther	
Purpose: This is the year-long safety plan we used for all our test flights. This safety plan was approved by Bryant Brown, Steve McLean, and Darin Childers from BYU Risk Management. Additional approval from Bryant to set fires for camera testing at Kiwanis Park and test fly the drones at Rock Canyon Park was received later.		

Revision History			
Revision	Revised by	Checked by	Date
01	Nina Chao	Jonah Lowther	2025-03-12

Safety Plan

Any job, task, activity, or event can benefit from having a safety plan that contains information about identifying and controlling hazards, responding to emergencies, and ensuring that affected individuals are properly trained.

Purpose and Scope

This Safety Plan is used with the following job, task, activity, or event:

Where will it be used?

The expected user(s) of this plan is/are:

This safety plan is intended for _____ use, and expires on _____

Responsible Persons

The person(s) responsible for ensuring compliance with this Safety Plan is/are:

This plan was written by _____ on this date _____

It is due for review by _____ on this date: _____

Hazard Identification

Has a Job Hazard Assessment (JHA) been completed for this activity? Yes No

Is there a written Standard Operating Procedure (SOP) for completing this activity? Yes No

Have there been any safety incidents or 'near miss' events associated with this activity? Yes No

Are any of the following potential hazards present or likely to be present? (check all that apply)

Hazardous Chemicals (physical and/or health hazards)	Rotating Equipment
Hazardous Atmosphere (IDLH, oxygen deficient, etc.)	Flying Debris/Particles
Hazardous Energy (electromagnetic, pneumatic, pressure, etc.)	High Noise
Ergonomic (repetitive motion, body position, etc.)	Slips/Trips/Falls
Readiness to work (fatigue, stress, distractions, etc.)	Lift/Move/Transport
Blood Borne Pathogens & Infectious Agents	Confined Space
Fire/Steam/Hot Work	Crushed/Caught In
Pinch Points/Sharp Edges	Animal Handling
Other:	

Hazard Controls and Safe Practices

Which of the following will be used to mitigate or eliminate the hazards associated with this activity?

- ☐ Substitution/Elimination (Use less hazardous alternatives or eliminate the hazard completely)
- ☐ Engineering Controls (Mechanical safety devices)
- ☐ Administrative Controls (Safety Policies, Standard Operating Procedures, Safety Data Sheets)
- ☐ Personal Protective Equipment (Goggles, Gloves, Apron, Face Shield, Respiratory Protection, Hearing Protection, Fire-Resistant Apparel, Safety Shoes, etc.)
- ☐ Proper Authorization
- ☐ Training/Supervision
- ☐ Correct tools and equipment
- ☐ Increased Awareness
- ☐ Appropriate Scale/Scope
- ☐ Machine Guarding
- ☐ Time/Shielding/Distance
- ☐ Barriers/Cones/Tape
- ☐ Chemical Storage
- ☐ Waste Management
- ☐ Guardrails/Fall Arrest
- ☐ Lock Out Tag Out
- ☐ Confined Space Permit
- ☐ Defensive Driving
- ☐ Other: _____

Describe in detail any controls identified above, including how & where they will be used:

What conditions necessitate immediately stopping the activity?

- Uncontrolled Fire Detection: If fire becomes larger than our size limitations or exceeds the boundaries of the fire pit, the fire will be extinguished and the activity will cease.

Emergency and Incident Response

If help is needed, call: 911, BYU Police Dispatch at (801) 422-2222, and/or

In case of emergency...

is responsible for completing an online Incident Report, available at

risk.byu.edu or by [clicking here](#).

Safety-related or other pertinent information associated with this task that is not identified above (if applicable)

Communication, Training, and Recordkeeping

The following individuals, work teams, or groups require training about this Safety Plan:

Safety plan training is required before beginning the associated task, after any significant changes to the plan, and at the following intervals:

By signing below, I certify that:

1. I have been trained on the content of this Safety Plan.
2. I have had an opportunity to ask questions and resolve concerns about this plan.
3. I will use this plan, and other resources as needed, to help me work safely and minimize injury, loss, or damage.

Name (print legibly)	Signature	Training Completion Date
Jonah Lowther	<i>C.J.S.</i>	11/25/2024
Lucas Bons	<i>Lucas Bons</i>	11/25/2024
Anna Holm	<i>Anna E Holm</i>	11/25/2024
Jacob Wilkins	<i>Jacob Wilkins</i>	11/25/2024
Jadyn Christensen	<i>Jadyn Christensen</i>	11/25/2024
Blake Folsom	<i>Blake Folsom</i>	11/25/2024
Janie Linford	<i>Janie Linford</i>	11/25/2024
Israel Zenteno	<i>IZ</i>	11/25/2024
Joshua Crookston	<i>Joshua Crookston</i>	11/25/2024
Anthony Cardenas	<i>Anthony Cardenas</i>	11/25/2024
Isaac Davies	<i>Isaac Davies</i>	11/25/2024

Nina Chao *Nina Chao* 11/25/2024

Tristan Mott *Tristan Mott* 11/25/2024

Vincent Carter *Vincent Carter* 11/25/2024