

Travel Plan

Name: Trip Overview : Dates of travel to Location(s)/Project –	Your check in person: Please give a copy of this plan to your check in person. They must monitor and record your travel progress.				
Your personal safety has the highest priority. A Council representative must refuse to ride in any vehicle which raises doubt as to its safety. All workers have the right to refuse unsafe work.					
Personal FA kit	<input type="checkbox"/> Yes.	Travel Policy reviewed	<input type="checkbox"/> Yes	OFA1	<input type="checkbox"/> Yes
Emergency Travel Kit	Yes	Hazards/Risk assess/review	<input type="checkbox"/> Yes	Drivers abstract on file	<input type="checkbox"/> Yes
ERP reviewed:	Council <input type="checkbox"/> Yes	Client	<input type="checkbox"/> Yes	Vehicle Pre-trip inspection	<input type="checkbox"/> Yes
Travel Plan	<input type="checkbox"/> Yes – complete and submitted				
Comments					

If travelling on resource roads: Have appropriate radio and frequencies?

Radio Frequencies: _____ RR # _____ Other: _____

FROM	TO
DATE	
DEPART TIME	ETA
DESTINATION	
PURPOSE	
CONTACT PERSON/AGENCY	
CONTACT PHONE	

ACCOMMODATIONS:		Phone:
VEHICLE Make:	Mode	Colour
		Plate

CHECK IN INTERVALS:

Day/Time	Location	Communication Method	Check in – record actual time	Initial

Travel Plan

	End of Shift Check			

IN THE EVENT OF LATE CHECK IN (2 hours) *(check in interval is based on risk assessment):*

1. Call cell **or see company phone numbers.**
 2. Check next destination for arrival
 3. Call worker supervisor or other Council contact
 4. **Call police – give last known location, destination, expected arrival time, description of vehicle**
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- **Add additional pages as necessary. Your complete plan must be reviewed with your check in person.**
- **Consider a secondary means of communication in case of lack of cell coverage, or other potentially unforeseen issues.**