

REMOTE TRAVEL EMERGENCY PLAN

Date: _____

Trip Leader/PI: _____ Phone: _____

Departure Date: _____ Return Date: _____

Destination(s) From: _____ To: _____

Trip Description: _____

1. Method(s) of Travel:

Date(s)	Vehicle Description	Distance (time/miles, etc.)

2. Travel Route Planned and Location of Field Site(s) (Attach map)

Day(s)/Night(s)	Location	Nearest phone and/or Evacuation Point

3. Checkpoints

Date	Location	Time

4. Training Received (First aid, CPR, firearms, rock climbing, boat handling, bear awareness, diving*, etc.)

Name	Job Title	Date of Training	Training Topic

5. Emergency Equipment To Be Carried (first aid kit, etc.)

Quantity	Type	Quantity	Type

6. Communication Equipment To Be Carried (types, frequencies and channels)

Quantity	Type	Frequency/Channel

7. Communication Schedule

Date	Time	Person to be Contacted	Method of Contact

8. Emergency Plan For Evacuation (communication and travel)

The following phone numbers should be easily accessible to leaders.

- Park or Forest Personnel
- State or Local Police
- Rescue Personnel
- Nearest Hospital

9. Participants (list here or attach list of names, addresses and emergency contact phone numbers)

10. MEDICAL CONCERNS/ISSUES: