|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | Yes. | Travel Policy reviewed  Yes | | OFA1  Yes |
| Emergency Travel Kit | Yes | Hazards/Risk assess/review  Yes | | Drivers abstract on file  Yes |
| ERP reviewed: | Council  Yes Client  Yes | | | Vehicle Pre-trip inspection  Yes |
| Travel Plan | 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:** | Model | | Colour | Plate |

**CHECK IN INTERVALS:**

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

* **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.**