Travel Plan

| Name: | | | Your check in p | person: | | | | | |
|--|---------|---------------------------------|-----------------|---|--|--|--|--|--|
| Trip Overview : | | | | | | | | | |
| Dates of travel to Location(s)/Project – | | | | 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 Drivers abstract on file Yes | | | | | |
| Emergency Travel Kit | Yes | Hazards/Risk assess/review Yes | | | | | | | |
| ERP reviewed: | Council |] Yes | Client Yes | Vehicle Pre-trip inspection ☐ Yes | | | | | |
| Travel Plan | Yes – c | s – complete and submitted | | | | | | | |
| Comments | | | | | | | | | |
| | | S: Have appropriate radio | | | | | | | |
| Radio Frequencies: | | RR # | Other: | | | | | | |
| FROM | | тс |) | | | | | | |
| DATE | | <u>-</u> | | | | | | | |
| DEPART TIME | | ET | Α | | | | | | |
| DESTINATION | | | | | | | | | |
| PURPOSE | | | | | | | | | |
| | | | | | | | | | |
| CONTACT PERSON/AG | SENCY | | | | | | | | |
| CONTACT PHONE | | | | | | | | | |
| | | _ | | | | | | | |
| ACCOMMODATIONS: | | | | Phone: | | | | | |
| VEHICLE Make: | | /lode <mark>l</mark> | Colour | Plate | | | | | |

CHECK IN INTERVALS:

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

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