

UNIVERSITY OF ALASKA REMOTE TRAVEL EMERGENCY PLAN

This form to be completed and submitted to the designated department head and campus safety professional before departure.

Department:_		Campus: Date:						
Trip Leader/P	I:	Phone:						
Departure Dat	e:	Return Date:						
Destination(s)	From:	To:						
Trip Purpose:								
1. Method(s)								
Date(s)	Vehicle Description	Distance (time/miles, etc.)						
2. Travel Rou	te Planned and Location of Field Si	te(s) (Attach map)						

3.	Checkpoin	nts:												
	Date	Location								Time				
4.	Training R	Received	(First aid, C	PR, firearn	ns, rock cli	mbing, bo	at]	handli	ng,	bear av	varen	ess, di	ving,	etc.):
	Name		Job T	ìtle		Date of Trainin		aining		Training Topic				
5.	Emergency	Emergency Equipment to be Carried (first aid kit, etc.):												
	Quantity	Type					Quantity Type			<u> </u>				
6.	Communio	ommunication Equipment to be Carried (types, numbers/frequencies and channels):												
	Quantity	Туре						Numbers/F			Frequency/Channel			
7.	Communio	cation Sc	chedule:											
	Date	Time		Person to be Contacted			Method of Contact							

8. Emergency	Plan for Evacuation (communication and travel):									
9. Participants	(list here or attach list of names,	, addresses and emergency	contact phone numbers)							
Submitted By:	(Name)	(Title)	Date:							
Reviewed By:_	Department/Institute Director		Date:							
	Safety Professional									