



## Journey Management – Basic Trip Plan Form

My supervisor and I have considered options that eliminate exposure to driving-related hazards - a phone call, online meeting, e-mail or video conference - and we have determined that this trip is necessary.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If the trip is necessary, there are safer alternatives to driving - taking public transit, taxi or plane, or walking or cycling. We have evaluated these alternatives and determined that driving is the best way to complete this trip.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Travel Date	Driver Name	Driver mobile phone #
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Passengers

Vehicle Make	Model or Type	Colour	Licence Plate
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Purpose of travel

Start Location	Destination (provide location addresses)	Date of Travel
		Return Date

Contact Information for Parties at Destination(s)	Name	Phone Number
	Name	Phone Number
	Name	Phone Number

Trip Segment	Planned route <i>(highway, road, street names)</i>	Expected hazards, measures to address, other comments
Alternate route <i>(highway, road, street names)</i>		

Check-In Contact	Contact Info (phone #, email)	Check-In Intervals
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Scheduled Check-In Time	Actual Check-In Time	Location of Traveller at Check-In Time	Communication Method	Initials
<b>End of Shift Check-In</b>				

Driver Signature	Approving Supervisor or Manager Signature
Signature Date	Signature Date