



Basic Trip Plan Form

Travel date		Driver name		Driver phone #	
Passengers					
Vehicle make		Model or type		Licence plate	
Colour					
Purpose of travel					
Starting location		Destination (provide addresses)			Date of travel
					Return date
Contact information for parties at destination(s)		Name		Phone #	
		Name		Phone #	
		Name		Phone #	
<i>Trip segment</i>	<i>Planned route (highway, road, street names)</i>		<i>Expected hazards, measures to address, other comments</i>		
<i>Alternate route (highway, road, street names)</i>					
<i>Check-in contact</i>		<i>Contact info (phone #, email)</i>		<i>Check-in intervals</i>	
<i>Scheduled check-in time</i>	<i>Actual check-in time</i>	<i>Location of driver at check-in time</i>		<i>Communication method</i>	<i>Initials</i>
<i>End of shift check-in</i>					

IN THE EVENT OF LATE CHECK-IN (i.e. cannot verify driver location or well-being within 10 minutes of scheduled check-in):

1. Check-in contact will call driver's cell or satellite phone.
2. If cannot establish contact, call contact at next expected destination (see contact information above).
3. If no satisfactory information, call supervisor or manager to initiate emergency response plan.
4. Be prepared with key information: driver's last known location, destination, expected arrival time, vehicle description, etc.

Driver signature		Approving supervisor or manager signature	
Signature date		Signature date	