

Basic Trip Plan Form

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

IN THE EVENT OF LATE CHECK-IN (i.e. cannot verify employee 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	