Journey Management – Basic Trip Plan Form									
Travel Date Driver N			Name Driver mobile			phone #			
Passengers									
Vehicle Make			Model or Type Colour				Licence Plate		
Purpose of travel									
Origin 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 Planned route Segment (highway, road, street names)			Expected hazards, measures to address, other comments						
Segment (ł									
Alternate route (highway, road, street names)									
Check-In Contact Contact Info			(phone #, email)		Check-In Intervo	als			
Scheduled Check- Actual Check-In In Time Time		Location oj	cation of Traveller 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 traveller'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 - traveller's last known location, destination, expected arrival time, vehicle description, etc.

Driver Signature	Approving Supervisor or Manager Signature
Signature Date	Signature Date