



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/PI: _____ Phone: _____

Departure Date: _____ Return Date: _____

Destination(s) From: _____ To: _____

Trip Purpose: _____

1. Method(s) of Travel:

| Date(s) | Vehicle Description |
|---------|---------------------|
|---------|---------------------|

3. Checkpoints:

| Date | Location | Time |
|------|----------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

4. Training Received (First aid, CPR, firearms, rock climbing, boat handling, bear awareness, diving, etc.):

| Name | Job Title | Date of Training | Training Topic |
|------|-----------|------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

5. Emergency Equipment to be Carried (first aid kit, etc.):

| Quantity | Type | Quantity | Type |
|----------|------|----------|------|
| | | | |
| | | | |
| | | | |
| | | | |

6. Communication Equipment to be Carried (types, numbers/frequencies and channels):

| Quantity | Type | Numbers/Frequency/Channel |
|----------|------|---------------------------|
| | | |
| | | |
| | | |
| | | |

7. Communication Schedule:

| Date | Time | Person to be Contacted | Method of Contact |
|------|------|------------------------|-------------------|
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