

UNIVERSITY OF ALASKA FAIRBANKS
REMOTE TRAVEL EMERGENCY PLAN

This form to be completed and submitted to the designated department head and campus safety professional before departure.

Campus: _____ Department: _____ Date: _____

Time of year: Spring Summer Fall Winter

Trip Leader/PI Name: _____ Trip Leader/PI Phone: _____

1st Departure **Date:** _____ Return Date: _____

1st **Destination(s)** From: _____ To: _____

2nd Departure **Date:** _____ Return Date: _____

2nd **Destination(s)** From: _____ To: _____

Two destinations may be used only for trips where everything is the same except that the trip will be taken twice, therefore the dates will change; but participants, safety and communication equipment will all be the same.

Trip Purpose: _____

1. Method(s) of Travel - check below and provide dates in table:

- | | |
|---|---|
| <input type="checkbox"/> UAF Vehicle
<input type="checkbox"/> Personal Vehicle
<input type="checkbox"/> ATV
<input type="checkbox"/> Chartered flight (non-commercial)
<input type="checkbox"/> Chartered boat
<input type="checkbox"/> Helicopter | <input type="checkbox"/> Skis
<input type="checkbox"/> Snow shoe
<input type="checkbox"/> By foot
<input type="checkbox"/> Snow machine
<input type="checkbox"/> Raft/canoe/other water craft |
|---|---|

Date(s)	Vehicle Description	Distance (time/miles, etc.)

2. Travel Route - Planned and Location of Field Site(s) (Attach map)

3. **Participants** (list here or attach list of names, addresses and emergency contact phone numbers)

Participant Name	Participant's Emergency Contact Name	Emergency Contact Phone

4. **Checkpoints** – where you will be able to check in throughout your planned route:

Date	Location	Time

5. **Training** - It is the responsibility of the supervisor to ensure that training is appropriate and up to date. For questions regarding training or training needs, please contact your Campus EHSRM Department.

Required?

- UAF Driving safety
- First aid – current
- CPR – current
- Wilderness First aid
- Firearm safety
- Boat safety
- Bear awareness
- UAF Hand and Power tool safety

Please provide the information in the table below for all applicable or required training that has been taken:

Participant Name	Job Title	Date of Training	Training Topic

Training Information Continued:

Participant Name	Job Title	Date of Training	Training Topic

6. **Emergency Equipment** to be Carried, check those that apply:

- | | |
|--|--|
| <p>QT</p> <p><input type="checkbox"/> ___ First aid kit</p> <p><input type="checkbox"/> ___ Flares</p> <p><input type="checkbox"/> ___ Winter survival gear</p> <p><input type="checkbox"/> ___ Water bottles</p> <p><input type="checkbox"/> ___ Satellite phone – provide below</p> <p><input type="checkbox"/> ___ Cell phone – provide below</p> <p><input type="checkbox"/> ___ Extra clothing</p> <p><input type="checkbox"/> ___ Extra food</p> <p><input type="checkbox"/> ___ Camping/overnight gear</p> <p><input type="checkbox"/> ___ Hand gun</p> <p><input type="checkbox"/> ___ Rifle or other weapon</p> <p><input type="checkbox"/> ___ Harness/Fall protection</p> | <p>QT</p> <p><input type="checkbox"/> ___ Additional medication</p> <p><input type="checkbox"/> ___ Two-way radio</p> <p><input type="checkbox"/> ___ SPOT</p> <p><input type="checkbox"/> ___ ELB or ELT</p> <p><input type="checkbox"/> ___ Life Jacket</p> <p><input type="checkbox"/> ___ GPS</p> <p><input type="checkbox"/> ___ Safety Glasses/goggles</p> <p><input type="checkbox"/> ___ Leather gloves</p> <p><input type="checkbox"/> ___ Helmet</p> <p><input type="checkbox"/> ___ Extra fuel</p> <p><input type="checkbox"/> Other Personal Protective Equipment: _____</p> |
|--|--|

Other emergency equipment listed below:

Quantity	Type	Quantity	Type

7. **Communication Equipment** – list the equipment type, number/frequency or channel:

Type	Numbers/Frequency/Channel

8. **Communication Schedule:**

Daily communication is required for remote travel. Please identify in the table below the time of day, who will be contacted, and how communication will occur.

Date (daily; or specific dates)	Time range(6PM-10PM)	Person to be Contacted	Method of Contact (cell, sat phone, email)

If daily communication is not possible, please explain below and what your plan is to replace the ability to communicate; provide an alternative safety measure:

9. **Emergency Plan for Evacuation** - communication and travel:

This is your plan in case of emergency, if you need to be evacuated from a remote location to receive medical treatment or in case of another emergency that requires evacuation.

10. **EHSRM Comments:**

Submitted By: _____ Date: _____
(Name) (Title)

Reviewed By: _____ Date: _____
Department/Institute Director

Reviewed By: _____ Date: _____
Safety Professional