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**Geophysical Institute Remote Travel Emergency Plan**

This form to be completed and submitted to the designated department safety person before departure.

Campus: Department: Date:

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

Departure Date: Expected Return Date:

Out Date: (When Emergency Contact should take action) Trip Description/Travel Plan (Latitude and Longitude if known)

1. **Method(s) of Travel -** check below

UAF Vehicle Personal Vehicle ATV

Chartered flight (non-commercial)

Chartered boat Helicopter

Jet ski

Skis

Snow shoe By foot

Snow machine Raft/canoe/other water craft Bike

Dog sled

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

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| --- | --- | --- |
| **Participant Name/Affiliation** | **Participant’s Emergency Contact Name** | **Emergency Contact Phone** |
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Affiliation: UAF Affiliation, other university, USGS, etc.

Emergency Contact: Should be aware of medical concerns, wishes-which might be different than rescue coordinator contact, but

hopefully not.

3. **Check** in plan: (who is watching out for the field party, how are they communicating, how can they be contacted, and do they know what to do in the event of the party triggering an emergency or missing their outdate?)

# Communication Protocol:

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| --- | --- | --- |
| **Participant** | **Check In-Rescue coordinator person to be****contacted/phone number/email** | **Method of Contact (cell, sat****phone, SPOT, email)** |
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Other details:

# Participants Equipment (For rescue location purposes)

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| --- | --- | --- | --- |
| **Participant Name** | **Tent Color** | **Backpack color** | **Rain jacket color** |
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Submitted by (name, title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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