



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
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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

