



UNIVERSITY
of ALASKA
Many Traditions One Alaska

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	Distance (time/miles, etc.)

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

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

