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| Personal and Vehicle Details |
| Primary Driver Name: |       |
| Supervisor Name: |       | Drivers’ license verified (outside of USA)? [ ]  Complete |
| Secondary Driver Name (if applicable): |       |
| Passenger Name(s): |       |
| Vehicle Tag / Plate Number:       | IVMS ID Numbers (where known):       |

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| Journey Details |
| Journey Stage 1 |
| Start Location Name:       | Departure: Date:       Time:       |
| Destination Location Name:       | Estimated Arrival: Date:       Time:       |
| Planned Route (provide map if needed):       |
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| **Journey Stage 2 (add additional Journey Stages as required)** |
| Start Location Name:       | Departure: Date:       Time:       |
| Destination Location Name:       | Estimated Arrival: Date:       Time:       |
| Planned Route (provide map if needed):       |
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| Controls for significant driving hazards: |
| ***Examples:*** *Driver Fatigue, Vehicle Break Down, Weather (dust, heavy rain, fog, ice), Poor-Quality Roads, Wildlife, Disorientation (lost), Time of day* |
| ***Hazard*** | ***Control*** |
|       |       |
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| **Call In** |
| Is Call-In Required?(Discretionary - to confirm safety during long journeys and / or safe arrival) | [ ]  Yes [ ]  No |
| Call-In Frequency (time):       | Call-In Number:       |
| ***Failure to Call-In within the scheduled time(s) will result in emergency procedures being initiated with 1-hour if contact cannot be made.*** |
| Contact Name at Destination:       | Contact Number:       |
| Local EMS number:       | Emergency Control Center:       |

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| Agreement and Sign-Off |
| I (driver(s)) understand and agree to the requirements of this Vehicle Journey Management Plan |
| Driver 1 Name:      | Signature: | Date:      |
| Driver 2 Name:      | Signature: | Date:      |

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| Approval (note name and time manager contacted if approval is made verbally) |
| I confirm that the driver(s) is/are trained for the journey and identified hazard controls are appropriate. |
| 1-up Manager Name:      | Signature: | Date:      |