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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: |