**Trip Plan**

*Plan to be completed by Trip Leader prior to each trip. Must be emailed to ###@#####.com and ###@#####.com Minimum 3 copies printed: 1 filed with base paperwork, others can be split between instructors and/or kept with phone/first aid kit.*

**Trip location:**

Client organization:

Trip type:

**Staff team:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role | Cell | Email |
|  | Trip leader |  |  |
|  | Primary medical |  |  |
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Base support person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary emergency contacts:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Contact Information | Notes |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

**Other contacts:**

|  |  |  |  |
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| **Company contacts** | | | |
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| **Local hospitals** | | | |
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| **Transportation –** Flights, taxi, bus, train, shuttle | | | |
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| **Resources –** Friends, outfitters, other | | | |
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**Communication plan** (emergency situation, scheduled call ins, support needed, etc.):

*Include who and when, if applicable.*

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Use **SLERAT** system for call ins BR Base Support person: **S**ituation & **S**everity (*Everything is Okay, Minor Situation or Emergency Situation)*, **L**eader & **L**ocation, **E**vacuation & **E**vacuee(s), **R**endezvous & **R**eplacements, **A**ssessment, **T**reatment.

Participant Information Summary

**######## expedition:** *[Type expedition location]*

**Organization/group name:** *[Type group name]*

**Expedition dates:** *[Type start and finish dates]*  **Total number in group:** *[Type total number, including your staff]*

**Main organizer name:**       **office phone:**      **cell:**      **email:**

Organization/group contact people (who will NOT be on trip) to communicate with in the event that there is an incident or emergency situation:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Role** | **Office Phone** | **Cell Phone** | **Email** | **Notes** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |

Please ensure that information for everyone going on the trip, including staff, is recorded in the below table

| **Name**  (first & last) | **Phone Number** | **Email** | **Emergency Contact 1** | **Emergency Contact 2** | **Dietaries** | **Medical Concerns** | **D.O.B**  dd/mm/yy | **Weight** | **Health Card / Insurance #** |
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| **Route plan** | | | | | | |
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| Day/  date | Campsite  (name & gird reference) | Kms | Maps used | Whitewater/ river features | Emergency access | Notes |
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| **Pre-program checklist** |

(N/A for not applicable)

**Logistics & admin checklist**

* Transportation to the put-in confirmed
* Transportation from the take-out confirmed
* Pre and post trip lodging confirmed
* River access to put-ins, take-out, and camping confirmed
* Directions and packing lists distributed to participants
* Medical, emergency contact, and permission forms / waivers distributed to participants & group organizer
* Permits (when required)
* Discussed menu with group organizer and obtained dietary requirements and allergy information
* Equipment list planned, inventory checked, required items bought or rented
* Programming planned and resources put together
* Menu planned
* Food bought & packed
* Equipment packed
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety checklist**

* Location is appropriate for group
* Rescue plans viable for location
* Participant medical information obtained and communicated to other staff
* Site specific hazards identified and communicated
* Sat phones / cell phones / PLBs charged and minutes/plan purchased

**Pre-departure checklist**

* Trip plan complete, printed, and emailed to [###@#######.com](mailto:info@borealriver.com)
* All staff and logistics contractors briefed on plans and reminded of meeting times
* Vehicles fueled and ready with keys accessible
* Trip food packed, double-checked, and ready
* Equipment packed, double-checked, and ready
* Staff personal gear packed and ready

**Unique program hazards and mitigation plan** (If applicable)

*E.g. high water, heightened forest fire danger, significant participant medical concern, etc.*

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**Trip log**

For each day of the trip, please record information with the following headings:

**Date/day of trip**

**Campsite location**

**Notes on meals / menu adjustments for future**

**Notes on whitewater**

**Incidents/first aid administered**

**Day’s events**

**Debrief notes**

Record information here from the final trip debrief.

**Any Red Flags?** (Near misses, significant logistics concerns, program concerns, participant concerns etc.)

**What were the best parts of the trip?**

**What would you change for next time?**

**Were participants prepared? Did the trip design match the group’s goals?**

**What worked well? What could be improved?**

* Program
* Food
* Equipment
* Route
* Logistics
* Other