

TRIP PLAN

Canada / US, no field work

SUPERVISOR NAME: []

DATE OF TRIP PLAN COMPLETION: []

TRIP NAME: []

DATES OF TRIP/FIELD WORK: [] to []
Departure Date Return Date

The Trip Plan template is recommended for all off-campus group travel within Canada or to the US (ie. student field trip). This TRIP PLAN can be completed for individual travellers or groups of travellers as appropriate. Individual students who travel internationally should refer to Policy SC12 and are required to complete the Student International Travel requirements through GoGlobal.

All students participating in the trip should be asked to complete the UBC Release of Liability, Waiver of Claims, Assumption of Risks.

Please access [CANVAS – SNBX 500](#) for a full description of instructions and resources to support UBC travel and field work planning.



1. Trip Details

Project Name:			
Principal Investigator (if applicable):			
Travel Supervisor:			
Department:			
Contact Info:	Cell:	Home:	
	Email:	Other:	
Destination:			
Departure Date:			
Trip Description:			

2. Participants

Name	Role	Email	Emergency Form Completed	Informed Consent (Students)
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

3. Risk Assessment of Travel Destination(s)

Section does not apply

List any known or foreseeable risks associated with the travel destination and how you will control these risks.

Destination	Risk	Control Measures / Notes

4. Accommodations & Meals

Section does not apply

Dates	Type of Lodging*	Address / Location Description	Closest City***	Contact Information	Meals**
1.					
2.					
3.					

*- CG (Campground); WT (Wilderness Tenting); TR (Trailers); CA (Cabin); HM (Hotel/Motel); O (Other)

**- SP (Self Cooked); C (Catered); R (Restaurant)

***-Population >100,000

5. Transportation

Section does not apply

Include each means of transportation to be used during trip.

Type of Transport	Period of Use	Details (rental car/vehicle, air carrier)	Operator(s) – if a member of the travel group

6. Check-In

Section does not apply

To be completed where travel duration will exceeds 24 hours.

Regular check-in should occur at intervals between 24 and 72 hours with someone who is not travelling. If check-in does not occur, the contact person shall attempt contact with the travel supervisor. If a check-in is not completed, the emergency response plan escalation protocol (outlined below), shall be implemented following the identified grace period. The contact person identified in this section should be provided with a copy of the Trip Plan prior to departure

Contact person	Contact Information (tel. #)	Alternate Contact Information	Frequency of Check-In

7. Emergency Response

The Emergency Response Plan is intended to provide an escalation protocol in cases where travellers miss their check-in, or in case of an emergency while travelling.

a) *Emergency Response Plan*

All travellers should be informed of the steps to take in case of an emergency. These steps should be informed by the risks associated with the travel locations (Part 3) and facilities being visited. At minimum, travellers should be advised how to summon help and where they should go in case of an emergency.

b) *Contact Information*

Travel Supervisor Contact Information
Cell Phone
Other
Local / Other Contact

c) *Escalation Protocol*

The check-in contact (from Section 5) is expected to follow the escalation protocol in the event that the check-in does not occur and the grace period passes.

Grace period is: _____ hour(s)

Step	When to call	Who to call
1	Following expiry of grace period	Alternate travellers
2	If no answer in step 1	Accommodation contact, if possible (table in Section 3)
3	If no answer in step 2	UBC Security

8. Approvals

To be completed by the Trip Supervisor.

I acknowledge that I have reviewed the information contained in this document for completeness and accuracy and I will ensure that travellers are aware of any known or foreseeable hazards and emergency response expectations while travelling.

Trip Supervisor	Signature	Date (DD/MM/YYYY)
		Click or tap to enter a date.

To be completed by the Department Head or designate.

I acknowledge that I have reviewed this Trip Plan and approve the travel.

Program Head Name	Signature	Date (DD/MM/YYYY)
		Click or tap to enter a date.

For domestic travel, all students participating in the trip should be asked to complete the UBC Release of Liability, Waiver of Claims, Assumption of Risks.