

INDIVIDUAL TRAVEL ASSESSMENT WORKSHEET

This individual travel assessment is designed for use when TRiPS is not available. Soldiers should complete this worksheet and discuss with their leaders prior to travel in order to mitigate risk.

PRE-TRIP CHECKLIST FOR LEADERS

Use this checklist when trips are planned. Apply risk management controls if needed. Identify hazards, risk, and controls in right column.

Point of Origin to Destination

Point of origin _____

Destination _____

Planned rest stops/breaks _____

Anticipated weather conditions _____

Travel distance one way _____

Mode of travel _____

If driving POV: # of licensed drivers _____

Name _____ Unit _____

Name _____ Unit _____

Name _____ Unit _____

Will you wear your seatbelt at all times? _____

How much sleep will you have in the 12 hrs prior to starting your trip? _____

Are you currently taking any over-the-counter or prescribed medications? _____

Have you checked to make sure the medication will not affect driving? _____

Will the majority of your trip take place during day or night? _____

Planned rest stops/breaks _____

Point of origin departure date and time _____

Expected destination arrival time _____

Return from Destination to Point of Origin

Mode of travel _____

Planned rest stops/breaks _____

Anticipated weather conditions _____

If driving POV: # of licensed drivers _____

Name _____ Unit _____

Name _____ Unit _____

Name _____ Unit _____

Will you wear your seatbelt at all times? _____

How much sleep will you have in the 12 hrs prior to starting your trip? _____

Will the majority of your trip take place during day or night? _____

Destination departure date and time _____

Expected arrival time at point of origin _____

VEHICLE CONDITION: OLD NEW Vehicle Inspected?

INSURANCE: Is Soldier's car insurance coverage up to date/current?

DRIVER'S LICENSE: Does Soldier possess a valid driver's license?

SIGNATURES

Soldier Planning Trip:
Name/Rank/Signature: _____ DATE _____

Supervisor:
Name/Rank/Signature: _____ DATE _____

Discuss Hazards, Risk, & Controls

Hotel
Name _____

City _____

Date Check-In _____

Hotel
Name _____

City _____

Date Check-In _____

Yes No

Yes No

Yes No