



FIELD TRIP/OUTING PLANNER



Class/Organization _____ Number of Attendees _____
(3rd Grade, Pathfinders, English Dept., etc.)

Outing/Destination _____
(Museum, Sea World, Zoo, Yosemite National Park, London, etc.)

Planned Activities _____

(List all planned activities: Museum Study, Concert, Camping, Day Hike, Rock Climbing, Bicycling, etc.)

TRANSPORTATION	√ ONE OR MORE			NOTES
Public Transportation				
Rental Vehicle				
School/Church Vehicle				
Private (Personal) Auto (Not recommended)				
NOTE: A "NO" response may indicate a need for additional safety/risk management measures.	YES	NO	N/A	
Qualified Drivers (Good driving record/current MVR, Age 21+, valid and current license per type of vehicle, etc. See NAD Working Policy – P50 26)				
Vehicle(s) -- Safe Well-Maintained Condition				
Tires -- Proper Size and Rating				
Meet Safe, Legal Tread Wear Limits				
Vehicle Properly Insured				
• Special Vehicle Insurance Coverage (Mexico)				
Fire Extinguisher				
Emergency Road Kit (Reflectors, etc.)				
First Aid Kit				
Seat Belts Required				
Seating and Load Capacity Adhered To				
Transportation in the Back of Open Vehicles Prohibited (Pickup Trucks, Flat Beds, etc.)				
Follow-up Vehicles Provided (Bike and Walkathons, etc.)				
ADMINISTRATIVE				
Permission Slips				
Medical Release Forms (Available for all children under 18)				
Volunteer Forms Signed/Filed (Child Abuse)				
Activity/Site Approval by Proper Authorities (State, County, City, Fire Marshal, Park Service, etc.)				
Requirements by Proper Authorities Met				
Certificates of Insurance Obtained as Needed				
Accident Medical Insurance				
• Miscellaneous Accident				
• Volunteer Labor Construction (as needed)				
• Short Term Travel (If outside U.S. and Canada)				
Traveler's Advisory Checked				

	YES	NO	N/A	NOTES
<i>SUPERVISION</i>				
Adequate Number of Supervisors* (Minimum of two required – Additional supervision based on risk)				Number Required _____
Supervision Qualified for Activity				
First Aid Trained Staff				
Current CPR and Lifeguard Certification				
<i>EMERGENCY PLANNING</i>				
(NOTE: In many regions, <i>weather</i> conditions can change dramatically in a short period of time – clear and warm to blizzard, cool to extreme heat. Check weather advisories and always plan for any potential weather extremes for the area visited.)				
Emergency/Disaster Plan Prepared				
Cellular Phone				
Portable Two-way Radios				
Citizen Band and/or Marine Radio				
AM/FM or Weather Band Radio				
Additional Clothing Requirements				
Shelter Requirements				
Emergency Water				
Emergency Food				
Wool or Space Blankets				
Clothing and Equipment Lists Distributed				
<i>ACTIVITY SAFETY</i>				
Safety Equipment Available for All Participants (Life Jackets, Safety Harnesses, Helmets, Knee and Elbow Pads, etc.)				
Safety Equipment Required for All Participants				
Safety Equipment Checked Prior to Trip				
Safety Equipment Inspected Before Each Use				
All Work Projects Adhere to OSHA and International Standards (Strongest Shall Be Used)				
All Child Labor Laws Observed				
<i>ADDITIONAL NOTES AND COMMENTS:</i>				

* See supervision attachment pertaining to examples of supervision requirements for various activities.

Requested by _____ Date _____

Title _____

Approved by _____ Date _____

Title _____

NOTE: Safety elements included in this form are suggested as minimal considerations. Other additional measures will generally be required for every activity. The maintenance of safe premises, operations, activities and equipment are the legal responsibility of the insured. Adventist Risk Management assumes no responsibility for the management or control of the insured's premises, operations and activities or for the safety elements or procedures used by the insured. Liability on the part of Adventist Risk Management for loss is hereby disclaimed.