

Trip name

Primary outdoor activity

Basic Trip Information

Leader roles

Safety Management Plan Domestic Outings

End date

Total:

Total # of days

Number of participants

M:

This form will help you capture important emergency response information and should be filled out in detail before the start of your Outing. Send a copy to the National Office and your subcommittee chair or designated representative at least 60 days before the outing begins.

Start date

M:

Cell phone #

Total:

Number of leaders

<u>Leader roles</u>	Leader names	Cell	phone #	Entry location a	nd time:	
1.	1.	1.				
2.	2.	2.		Exit location and	d time:	
3.	3.	3.				
		VIII (II)	701010h	it - give enough detail to lo road, name of trailhead. Us	cate on a map – such as map quad se approximate times.	
Public/Private Land Use and Agency Information						
Location Name Management Agency Agency Contact Person Agency Location						
Agency Phone Hours Ranger Station or Outpost Facility Information						
Medical Facilities						
	Medical Facility #1			Medical Facility #2		
Name						
Address						
Phone	Hours:				Hours:	
Services	1				-	
Additional Emergency Contacts						
	Sheriff		Police		EMS or Fire Department	
Name						
Address						

Phon	e						
Itine	rary						
Day	Date	Route: Include intended campsites and alternates, mileage, off-trail or on-trail, direction of travel, known hazards, map names, trail names, and landmarks. Evacuation: Include distance and type of help available (roadhead, ranger station, etc.).					
1							
2							
3							
4							
5							
6							
7							
8							
Safety Management Checklist □ Does the proposed itinerary identify potential dangers and expected countermeasures? □ Participant roster □ Signed liability waivers for each participant □ Two sets of Participant Medical Forms (One set for leaders and a copy with each participant. Leaders should fill these out too. Form should include emergency contact information.) □ Copy of Safety Management Plan (A copy should be sent to the National Outings office and another left with a designated contact person such as your Subcommittee Chair.) □ Patient Assessment Forms □ Copies of permits □ Group equipment list □ Communication device (whistles, cell phones, etc. Will it work in the field? Extra batteries on hand?) □ Emergency Response Card (from the Outings Leader Handbook) ◆Send a copy of this form at least 60 days before the start of your trip to the National Outings Office ◆							
₩36	National.outings@sierraclub.org						

For life threatening emergencies or fatalities, after contacting the proper authorities, contact the Outings Department: 1–888–OUTINGS (1–888–688–4647)