

Trip name

Primary outdoor activity

Leader names

Basic Trip Information

Leader roles

Safety Management Plan - Domestic Outings

End date

Entry location and time:

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. <u>Send a copy to the National Office and your subcommittee chair or designated representative at least 60 days before the outing begins.</u>

Start date

M:

Cell phone #

Total:

Number of leaders

1.	1.		1.						
2.	2.		2.			Exit location	n and time	e:	
3.	3.		3.	3.					
				For En	ntry & Ex	kit - give enough detail	to locate o	on a map – such as map quad	
					-	road, name of trailhea			
Public/Privat	te Land	Use and A	aencv Inf	ormatio	n				
			Management Agency		Agency Contact Person		<u>son</u>	Agency Location	
Agency		<u>Hours</u>			Ranger Station or Outpost Facility Information			-	
Medical Faci	lities								
	Medical Facility #1					Medical Facility #2			
Name									
Address									
Phone	Hours:						Hours:		
Services									_
Additional E	margan	cy Contac	te						
Additional Li	nergen	Sheriff	i.s		P	olice	EN	IS or Fire Department	
Name									
Address									_
Addicas									ļ

Phone	Э									
Itinerary arms .										
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										
Ω										
8										
Dod Par Sig Tw sho Co a d Pat Co Gro Co Em	es the rticipuned o set ould for ould feesigrate oup communer generations.	e propant liabilits of Safrateo Ass of pequipunical	roster ility waivers for Participant Me ese out too. For ety Manageme d contact persor essment Form ermits pment list ation device (wi Response Car	identify poten r each particip edical Forms (6 m should includ nt Plan (A cop) such as your 8 s histles, cell pho d (from the Out	tial dangers and expected counterant One set for leaders and a copy with le emergency contact information.) y should be sent to the National Output Subcommittee Chair.) nes, etc. Will it work in the field? Exings Leader Handbook)	each participant. Leaders tings office and another left with ktra batteries on hand?)				

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

National.outings@sierraclub.org