

UNIVERSITY OF ALASKA FAIRBANKS
REMOTE TRAVEL EMERGENCY PLAN

This form to be completed and submitted to the designated department head and campus safety professional before departure.

Campus: _____ Department: _____ Date: _____

Time of year:

Training Information Continued:

Participant Name	Job Title	Date of Training	Training Topic

6. Emergency Equipment to be Carried, check those that apply:

QT

- First aid kit
- Flares
- Winter survival gear
- Water bottle
- Satellite phone – provide below
- Cell phone – provide below
- Extra clothing
- Extra food
- Camping/overnight gear
- Hand gun
- Rifle or other weapon
- Harness/Fall protection

QT

- Additional medication
- Two-way radio
- SPOT
- ELB or ELT

E7 [(t f 15. 30 15.96 74.04.004 Tw 5

8. Communication Schedule:

Daily communication is required for remote travel Please identify in the table below the time of day, who will be contacted, and how communication will occur.

Date(daily; or specific dates)	Time range(6PM to 10PM)	Person to be Contacted	Method of Contact(cell, sat phone, email)

If daily communication is not possible, please explain below and what your plan is to replace the ability to communicate; provide an alternative safety measure

9. Emergency Plan for Evacuation- communication and travel:

This is your plan in case of emergency, if you need to be evacuated from a remote location to receive medical treatment or in case of another emergency that requires evacuation.

10. EHSRM Comments

f3C -0.0ra
