

JOURNEY MANAGEMENT PLAN

FORM: 05.05.04

REV: 4

STATUS: DRAFT

Review Date: 6/21/2019

DOC OWNER: EHSREM

<b>Department/Sponsor:</b>	<b>Trip Description:</b>	<b># of Passengers:</b>	<b>Name of Alternate driver(s):</b>
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Is the trip necessary? <b>Why?</b>	
Can it be combined with another trip? <b>Why not?</b>	
Is there a need for night driving? <b>Why?</b>	
Name of & contact info for Dept./Sponsor's point of person:	

**Pre-Departure Information:**

Departure date	Departure time	Vehicle ID	Is the vehicle fit for the trip?	Name of Driver	Is the driving license valid for the vehicle and State of Texas?	Has the driver(s) completed the required training for this vehicle?
			Have you completed Pre-Trip Inspection Log?			

**Trip Log:**

Route Destination and Rest Areas	Arrive time	Depart Time	Date of Depart	Date of Arrival	Rest Break?	Contact required?	Known hazards to destination / rest areas and mitigation measures, specific instructions.

<p><b>Driving Life Saving Rules</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p> No alcohol or drugs while working or driving.</p> <p> Do not use your phone or exceed speed limits while driving.</p> </div> <div style="width: 45%;"> <p> Wear your seat belt</p> <p> Follow prescribed Journey Management Plans.</p> </div> </div>	<p><b>FEEDBACK TO PERSON'S SUPERVISOR: Did the trip go as expected? If not, Why?</b></p>	<p><b>Driver signature</b></p>
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**Use this page to detail any overall trip risks and associated mitigation measures**

**Emergency Response:** (e.g. contact details, remote areas without PHONE coverage etc)

**Security:** (e.g. hijack, robbery, cases of load or vehicle theft etc) (What security measures will be taken?)

**Local Environment and Circumstances:** (e.g. weather, route conditions, terrain etc)

**Any other comments**

**List of Passengers:**

1)	5)
2)	6)
3)	7)
4)	8)

**Pre-Trip Inspection Log for 15-Passenger Vans**

Date: \_\_\_\_\_ Operator: \_\_\_\_\_

Vehicle ID: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Odometer reading: \_\_\_\_\_

Number of occupant positions in van including driver: \_\_\_\_\_ Number of Seat Belts available: \_\_\_\_\_

<b>Vehicle Equipment</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
Seat belts in position for each position		
Seat belts work for each position		
Seat belts clean for each position		
Horn		
Doors/locks		
Headlights/tail lights		
Brake lights		
Turn signals		
Windows/windshield		
Windshield wipers		
Windshield wiper fluid		

**IMPORTANT: proper TIRE pressure listed on door jamb sticker (or other location)**

Tire pressure gauge in vehicle	Yes	No		
Front tires proper inflation:	p.s.i.		Front tire driver side actual inflation:	p.s.i.
			Front tire passenger side actual inflation:	p.s.i.
Back tires proper inflation:	p.s.i.		Back tire driver side actual inflation:	p.s.i.
			Back tire passenger side actual inflation:	p.s.i.
Spare tire proper inflation:	p.s.i.		Spare tire actual inflation:	p.s.i.
Tread depth-Driver front:	Driver back:	Pass front:	Pass back:	Spare:

**Comments:**

Inspected by: \_\_\_\_\_

Supervisor: \_\_\_\_\_