

JOURNEY MANAGEMENT PLAN





FORM: XXX-XX-XXXX

REV: 1

STATUS: ISSUED FOR USE

Review Date:

DOC OWNER: <COMPANY NAME HERE>

		Trip Description:				Names of Passengers			Alternate driver?	
Is the trip necessary? Why?										
Can it be combined with another trip? Why not?										
Is there a need for night driving? Why?										
Name of nominated contact person										
Departure date	Departure time	Vehicle ID	Is the vehicle or other mode of transport fit for the trip?			Name of Driver			Is the driving license valid for the vehicle and country?	Has the driver completed the required training for this vehicle?
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.		
Driving Life Saving Rules						FEEDBACK TO PERSON'S SUPERVISOR: Did the trip go as expected? If not, Why?			Driver signature	
 No alcohol or drugs while working or driving.		 Wear your seat belt  Follow prescribed Journey Management Plans.								
 Do not use your cell phone or exceed speed limits while driving										

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, load or vehicle theft etc)*

Location and Timing: *(e.g. driving times, impact of driving at night with poorly lit roads)*

Local Environment and Circumstances: *(e.g. weather, route conditions, vehicle roll over risks etc)*

Any other comments