

Journey Management Plan Form

Health & Safety

You will need to complete a Journey Management Plan if:
 a) Your Journey is more than 40kms from your normal place of work, or
 b) You are travelling to a new destination with which you are unfamiliar or is done irregularly.

You DO NOT need to complete a Journey Management Plan if:
 a) Your journey of more than 40kms is deemed to be within your normal work area.
 b) The Area GM has given written permission.

TRAVELLER DETAILS

Drivers Name:		D/Licence #:	
Company:		Expiry Date:	
Mobile #		Class:	
Satellite Phone No:		4WD Cert #:	

VEHICLE DETAILS

Make:		Model:	
Registration #:		Colour:	
Vehicle Type:	<input type="checkbox"/> 4WD <input type="checkbox"/> Hire car <input type="checkbox"/> Private	Vehicle # & Company Branding:	

PASSENGER DETAILS

Name:		Contact #:		Company:	
Name:		Contact #:		Company:	
Name:		Contact #:		Company:	
Name:		Contact #:		Company:	
Name:		Contact #:		Company:	


TRAVEL ROUTE and CONTACT DETAILS

NOTE: Please keep your "Arrival" or "Destination" Contact(s) & Site Administrator informed of any delays or changes to this travel plan.

Departure Location 1		Arrival Location 1:	
Path of Travel			
Start Date/ Time:		Arrival Date/ Time:	
What Accommodation is Booked at Arrival Location 1?		Arrival Contact Name:	
		Email:	
		Contact #:	
Departure Location 2:		Arrival Location 2:	
Path of Travel			
Departure Date/ Time:		Arrival Date/ Time:	
What Accommodation is Booked at Arrival Location 3?		Arrival Contact Name:	
		Email:	
		Contact #:	

CHECKLIST - Risk Assessment	Action & Initial
Vehicle Pre-Start Check: On collection of your vehicle, please complete the Pre-Start Checklist and ensure the vehicle is equipped with breakdown kit, first aid kit and adequate drinking water on board.	
Road Conditions: Check Road Surface (bitumen or gravel) and current road conditions for closures, works or diversions (Main Roads contact #: 138 138)	
Weather Conditions: Check current and expected weather conditions and BoM advice where applicable, as this may affect travel approval to proposed destinations.	
Contacting your destination: Have you made contact with your "Arrival" and/ or "Destination" Contact(s) to advise of ETD & ETA?	
Maps & Drawings: Do you have current maps and drawings (for remote travel) for your travel route?	

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Communication: Will you have operable communications (UHF radio, mobile phone, satellite phone, other) for the length of your travel route? Nominate your communication methods for the trip.	
Fatigue: Will fatigue impact travel? Consider rest breaks, time and distances and hours of travel.	
Training: Has all the required training been completed prior to travel? Consider inductions, 4WD training, and licensing site access requirements.	
Special Instructions:	

I certify that I have completed the requirements of this Journey Management Plan and have forwarded a copy to each of the contacts listed. I will also complete the Vehicle Pre-Start Check before each departure point.

Signature:

Date:

Leader Signature:

Date:

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