

# Central Michigan University Field Safety

## Land-Based Travel Itinerary

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Department: \_\_\_\_\_ Activity: \_\_\_\_\_

Field Team Leader: \_\_\_\_\_ Date(s) of Activity: \_\_\_\_\_

Area of Field Work: \_\_\_\_\_ Field Safety Plan completed? yes  no

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### *Trip Information*

Departure time: \_\_\_\_\_ Area of Field Work: \_\_\_\_\_

Expected Return: \_\_\_\_\_ Purpose of Field Work: \_\_\_\_\_

***For multi-day trips, attach an itinerary listing travel information for each day of the trip.***

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### *Vehicle Information*

1. Make and Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

2. Make and Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

3. Make and Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

4. Make and Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

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### *Driver Information*

1. Name: \_\_\_\_\_ CMU Approved Driver? yes  no

2. Name: \_\_\_\_\_ CMU Approved Driver? yes  no

3. Name: \_\_\_\_\_ CMU Approved Driver? yes  no

4. Name: \_\_\_\_\_ CMU Approved Driver? yes  no

5. Name: \_\_\_\_\_ CMU Approved Driver? yes  no

6. Name: \_\_\_\_\_ CMU Approved Driver? yes  no

7. Name: \_\_\_\_\_ CMU Approved Driver? yes  no

8. Name: \_\_\_\_\_ CMU Approved Driver? yes  no

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*Attach this form (along with any daily itineraries) to your Field Safety Plan prior to departure.*