

Central Michigan University Field Safety

Water-Based Travel Itinerary

Department: _____ Activity: _____

Field Team Leader: _____ Date(s) of Activity: _____

Area of Field Work: _____ Field Safety Plan completed? yes no

Trip Information

Departure time: _____ Port or Boat Launch: _____

Expected Return: _____ Purpose of Trip: _____

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

Vessel Information

Make of vessel: _____ Length: _____ Type of Motor: _____

Operator Information

Name: _____ Licensed (if required)? yes no N/A

Name: _____ Licensed (if required)? yes no N/A

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