INDIVIDUAL TRAVEL ASSESSMENT WORKSHEET

This individual travel assessment is designed for use when TRiPS is not available. Soldiers should complete this worksheet and discuss with their Leaders prior to travel in order to mitigate risk.

PRE-TRIP CHECKLIST FOR LEADERS Use this checklist when trips are planned. Apply risk management controls if needed. Identify hazards, risk, and controls in right column.	**Discuss Hazards, Risk, & Controls**
Point of Origin to Destination	
Point of origin_____	
Destination_____	
Planned rest stops/breaks_____	
Anticipated weather conditions_____	
Travel distance one way_____	
Mode of travel_____	
If driving POV: # of licensed drivers_____	
Name_____Unit_____	
Name_____Unit_____	
Name_____Unit_____	
Will you wear your seatbelt at all times? _____	
How much sleep will you have in the 12 hrs prior to starting your trip? _____	
Are you currently taking any over-the-counter or prescribed medications?_____	
Have you checked to make sure the medication will not affect driving?_____	
Will the majority of your trip take place during day or night?_____	**Hotel** Name_____
Planned rest stops/breaks_____	City_____
Point of origin departure date and time_____	Date Check-In_____
Expected destination arrival time_____	
Return from Destination to Point of Origin	
Mode of travel_____	
Planned rest stops/breaks_____	
Anticipated weather conditions_____	
If driving POV: # of licensed drivers_____	
Name_____Unit_____	
Name_____Unit_____	
Name_____Unit_____	
Will you wear your seatbelt at all times? _____	**Hotel** Name_____
How much sleep will you have in the 12 hrs prior to starting your trip? _____	
Will the majority of your trip take place during day or night?_____	City_____
Destination departure date and time_____	Date Check-In_____
Expected arrival time at point of origin_____	
VEHICLE CONDITION: OLD NEW Vehicle Inspected?	**Yes** **No**
INSURANCE: Is Soldier's car insurance coverage up to date/current?	**Yes** **No**
DRIVER'S LICENSE: Does Soldier possess a valid driver's license?	**Yes** **No**
SIGNATURES	
Soldier Planning Trip: Name/Rank/Signature:_____ DATE_____	
Supervisor: Name/Rank/Signature:_____ DATE_____	