

## **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.

#### **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? \_\_\_\_\_

Planned rest stops/breaks \_\_\_\_\_

Point of origin departure date and time \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

Destination departure date and time \_\_\_\_\_

Expected arrival time at point of origin \_\_\_\_\_

**VEHICLE CONDITION:** OLD      NEW      Vehicle Inspected?

**INSURANCE:** Is Soldier's car insurance coverage up to date/current?

**DRIVER'S LICENSE:** Does Soldier possess a valid driver's license?

#### **SIGNATURES**

Soldier Planning Trip:  
Name/Rank/Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Supervisor:  
Name/Rank/Signature: \_\_\_\_\_ DATE \_\_\_\_\_

### **Discuss Hazards, Risk, & Controls**

**Hotel**  
Name \_\_\_\_\_

City \_\_\_\_\_

Date Check-In \_\_\_\_\_

**Hotel**  
Name \_\_\_\_\_

City \_\_\_\_\_

Date Check-In \_\_\_\_\_

**Yes      No**

**Yes      No**

**Yes      No**