

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.

INDIVIDUAL ASSESSMENT

PRE-TRIP CHECKLIST

Use this checklist when trips are planned. Apply risk management controls if needed.

Point of origin to destination.

Destination _____
 If driving POV: # of licensed drivers _____
 Planned rest stops/breaks _____
 Anticipated Weather Conditions _____
 Travel distance one way _____
 Mode of travel _____
 Point of origin departure date and time _____
 Expected destination arrival time _____
Hotel Name _____
 City _____ Date Check-In _____

Return from Destination to Point of Origin

If driving POV: # of licensed drivers _____
 Planned rest stops/breaks _____
 Anticipated Weather Condition _____
 Mode of travel _____
 Destination departure date and time _____
 Expected arrival time at point of origin _____
Hotel Name _____
 City _____ Date Check-In _____

SIGNATURES

Soldier Planning Trip:
 Name/Rank/Signature: _____ DATE _____
 Supervisor:
 Name/Rank/Signature: _____ DATE _____

SUPERVISOR

Discuss Hazards, Risk, & Controls

<u>Hazard</u>	<u>Initials</u>
SUV/Truck/Motorcycle	_____
Road Type (2-4 lane)	_____
Seatbelt Use	_____
Alcohol Use	_____
Speed	_____
Late Night Driving	_____
Fatigue	_____
Hands Free Device	_____
Navigation Aid Use	_____
Breakdown	_____
Off-Road Recovery/ Rollover	_____
Accident	_____

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**