

## Sojourn Risk Management Plan

### **General Information**

Sojourn Starting Point:

Sojourn Ending Point:

Total Miles:

### **Daily Itinerary**

Day 1 – Date:

Camp Location:

Miles Traveled:

Number of Paddlers:

Hazards to Note:

Day 2 – Date:

Camp Location:

Miles Traveled:

Number of Paddlers:

Hazards to Note:

### **Primary Contact**

Name:

Title:

Contact Telephone #:

Organization/Agency:

Organization/Agency Telephone #

Other Mode of Contact: (Radio, Cell Phone, etc)

### **Secondary Contact**

Name:

Title:

Contact Telephone #:

Organization/Agency:

Organization/Agency Telephone #

Other Mode of Contact: (Radio, Cell Phone, etc)

### **Safety Personnel**

Name:

Mode of Contact:

Contact # (if applicable):

Name:

Mode of Contact:

Contact # (if applicable):

First Aid Kit Locations:

Public Telephone Locations:

Radio/Cell Phone Operating Instructions:

**Hospitals (Please Include Maps)**

Name:

Location:

Telephone #:

Distance: (miles/mins.)

Name:

Location:

Telephone #:

Distance: (miles/mins.)

**Ambulance**

Name:

Location:

Telephone #:

Distance: (miles/mins.)

**Fire/Search and Rescue**

Name:

Location:

Telephone #:

Distance: (miles/mins.)