

UNIVERSITY OF ALASKA FAIRBANKS
REMOTE TRAVEL EMERGENCY PLAN

This form to be completed and submitted to the designated department head and campus safety professional before departure.

Campus: _____ Department: _____ Date: _____

Time of year:

Training InformationContinued:



8. Communication Schedule:

Daily communication is required for remote travel. Please identify in the table below the time of day, who will be contacted, and how communication will occur.

Date(daily; or specific dates)	Time range(6PM-10PM)	Person to be Contacted	Method of Contact(cell, sat phone, email)

If daily communication is not possible, please explain below and what your plan is to replace the ability to communicate; provide an alternative safety measure

9. Emergency Plan for Evacuation- communication and travel:

This is your plan in case of emergency, if you need to be evacuated from a remote location to receive medical treatment or in case of another emergency that requires evacuation.

10. EHSRM Comments

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