

## FIELD TRIP RECORD

To Be Retained By Base/ or Buddy if Lone Working

Date
Name of Party Leader / <b>State if Lone Worker ( Lone working is strongly discouraged and every effort should be made to work in at least pairs)</b>
Number of workers in Party
Location of Field Work (including Grid Ref.)
Vehicle description and registration
Named driver
<b>Named Buddy if Lone Worker( Buddy should be the P.I or supervisor if practically possible)</b>
Trained First Aiders (name)
Mobile phone number (s)/ <b>*The phone has a signal and will receive calls?</b>

<b>Checklist</b>	<b>Tick</b>
Risk Assessment form completed and approved by supervisor /PI	
Mobile Phone Charged, adequate credits;	
First aid kits checked and complete	
Safety equipment checked and in working order	

**ITINERARY** (print)

Agreed Time of Return .....  
*Failure to contact base by this time will be considered as missing and action will be taken*

Field Trip Record Received by \_\_\_\_\_  
*By signing this form you are taking responsibility to contact the group/worker on failing to return at the agreed time. If contact is not made you must alert the emergency services.*

<b>RETURN OF GROUP/WORKER</b>
Sign off this form on the RETURN of the group/worker and pass completed form to the Chief Technician
Signature _____
Any Feedback?(use back of form)

**RECORD of ACCIDENT SECTION**

What type of accident?

What emergency services have been called?

What is the exact location of worker(s) (landmarks, road numbers may help)