Journey Management Form – Part A
All fields shall be completed before submitting

Driver Details			
Drivers Name			
Mobile Number			
Satellite Number			
Passenger Details (if applicable)			
Passenger Name			
Mobile Number			
Vehicle Details			
Make	Model		
Registration Number	Colour		
Journey Details			
Departure Point	Date	Time	
Return Arrival Point	Date	Time	
Have you performed the prestart check?		☐ Yes	☐ No
Have you checked road and weather conditions?		☐ Yes	☐ No
Do you have sufficient drinking water?		☐ Yes	☐ No
Do you have a map of your route?		☐ Yes	☐ No
If no, are you familiar with the route of travel?		☐ Yes	☐ No
Do you have suitable alternate communication equipment available for the journey (i.e. Suitable radio, Satellite phone or EPIRB)?		☐ Yes	☐ No
IF NO, what is the proposed communication plan in the event of an emergency?			

Journey Management Form – Part B
Journey Details and Tracking

Traveller to Complete Towns Visiting		Office Administrator to Complete Arrival and Departure Communication	
		Arrival Date /Time	Departure Date / Time
[Town]	☐ Yes ☐ No	☐ Yes	☐ Yes
[Town]	☐ Yes ☐ No	☐ Yes	☐ Yes
[Town]	☐ Yes ☐ No	☐ Yes	☐ Yes
[Town]	☐ Yes ☐ No	☐ Yes	☐ Yes
[Town]	☐ Yes ☐ No	☐ Yes	☐ Yes
[Town]	☐ Yes ☐ No	☐ Yes	☐ Yes

[Town]	☐ Yes	☐ No	☐ Yes	☐ Yes
[Town]	☐ Yes	☐ No	☐ Yes	☐ Yes
[Town]	☐ Yes	☐ No	☐ Yes	☐ Yes
[Town]	☐ Yes	☐ No	☐ Yes	☐ Yes
[Town]	☐ Yes	☐ No	☐ Yes	☐ Yes
[Town]	☐ Yes	☐ No	☐ Yes	☐ Yes
[Town]	☐ Yes	☐ No	☐ Yes	☐ Yes

I ..... certify that I have completed the vehicle daily pre-start upon acceptance of the vehicle and shall inform the supervisor when I have arrived at departed each destination detailed above.

Signature: ..... Date: .....

Travel approval by Ready Resources Management/Supervisor:

Signature: ..... Date: .....