**Journey Management Plan**

*(this document is based on a pre-print of Appendix 8.4 of Field Safety in Uncontrolled Environments, 2nd edition, to be published by the Geological Society of America)*

**Introduction**

A Journey Management Plan (JMP) is a supplement to the standard Field Activity preparations that addresses travel to and field operations in areas that are remote or difficult-to-access, along routes that have low vehicle traffic (> 2 hours between passing vehicles), sparse emergency medical services, or significant security concerns. The JMP adds a layer of positive reporting on transport to, in, and from the field area and on daily operations plans and status. Standard Field Activity reporting is typically by exception (only in case of deviation from planned activities, substantially changed field conditions, or emergency incident—situations requiring management of change), although some Home-Base Contacts do request daily check-ins. The JMP also specifies the roles of the field team leaders during transit.

The JMP is analogous to the flight plan filed by the pilot for every air trip—but the JMP includes all modes of transport as well as periodic check-ins with the Home Base Contact. Some organizations use a comprehensive JMP for all foreign travel whether or not field activities are involved. Such comprehensive JMPs include all the elements of standard Field Activity preparation (risk assessment, Safety-Health-Environment [SHE] plan, Emergency Response plan [ERP]) and thus duplicate much of the standard Field Activity preparations. The Field Expedition JMP outlined in this appendix covers just the additions needed for travel to, in, and from remote or difficult-to-access areas typical of Field Expeditions.

If travel to the jump-off point for the expedition field area is relatively straightforward, a separate JMP may not be necessary—all the additional relevant information (especially security and embassy contact information) can be added to the standard plans for HSSE and Emergency Response. There is, however, great utility in having all the group’s travel information in one place on a JMP. In all cases, Field Expeditions to remote areas do require constructing at least the Communications part of the JMP.

**Essential components**

 The key elements of a Field Expedition JMP comprise:

* Scope of JMP—an overview of the journey: goal and objectives of the expedition, transit and field-area travel modes, intermediate and ultimate destinations, routes, and time frame.
* Participants—roles, names, contact information, and passport and visa information.
* Itinerary
	+ Air, water, and ground transport, and accommodations to be used in transit to the field area.
	+ Sites to be visited en route—specifies location, dates, site contact person, and planned activities.
	+ Routes to be followed.
* Emergency contacts during transit phase of expedition—local, regional, and home offices/bases, rescue, recovery, and roadside mechanical assistance.
* Additional resource contact information—including security, travel services, medical and occupational health, embassies of all participant nationalities, and communications and technical support.
* Risk assessment of any additional hazards anticipated en route.
* Action plan for eliminating, minimizing, or mitigating each additional hazard identified as Higher or Medium risk.
* Communications plan, check-in schedule, and action plan for overdue check-in.

All this information is to be documented in a consolidated format to facilitate use en route. A sample JMP form is attached below. There are commercially available digital applications and online services for constructing and tracking JMPs.

**Process for constructing JMP**

The JMP is to be constructed in parallel with the standard preparations for Fieldwork/Field Expeditions (Chapters 5 and 8, *Field Safety in Uncontrolled Environments, 2nd ed.*)—risk assessment, Safety-Health-Environment (SHE) plan, and Emergency Response plan (ERP)—to ensure that all aspects are covered without gaps and with minimal and only intentional overlap of information entered on each form. Although inclusion by reference (i.e., “See attached itinerary” in the Itinerary part of the SHE plan) is commonly allowed to minimize the need to retype or re-enter information, it is indeed quite useful to have all information in one place in case of emergency. Thus the JMP should be able to function as a stand-alone document for use in transit, just as the SHE—ERP does in the field area. The ultimate question to ask is “What will help me function well for normal and emergency operations in transit?”… not “Did I fill out all the forms?” As with all plans, it is the thought process and discussions that take place during plan construction, talking through “what if” and “if—then” scenarios, that are of most value.

 It is advisable to allow a bit of additional time to construct the JMP when working on the SHE—ERP. It is commonly possible to delegate at least some of the research needed for completing the JMP to support staff, selected participants, or even the Activity Owner. In any event, the Activity Coordinator is ultimately responsible for the JMP.

**Technical considerations**

 The most useful communications devices for use in an emergency provide two-way communication with positive direct feedback on message delivery, reading, and acknowledgement of understanding with minimal delay or latency, along with ease and familiarity of use. Full-duplex voice communication using telephones (landline, cell, satellite) satisfies these criteria better than such alternative devices as radios, satellite messengers, or personal locator beacons.

Be sure to check if your chosen communication devices are legal to operate in the destination country and allowed in your field area. All communications devices must be checked for proper functioning and participants must be familiar with their operation. See Chapter 5, Communications Equipment Guidelines section for more details.

***Telephones***—it is anticipated that all participants will carry cell phones. The team should also have at least one satellite telephone. Prior to the commencement of the trip, ensure that all telephones and chargers are in working order, all batteries fully charged, and that all participants, at a minimum, know how to make calls with the telephones (i.e., overseas and in-country dialing codes, as well as satellite-phone set up, operation, and dialing codes).

 ***Satellite messaging devices***—range in capabilities from simple one-way transmission of pre-set text messages (e.g., “OK”, “Help”, “SOS”, and one custom message) to two-way free-form texting in conjunction with a smartphone or as a stand-alone device. These devices use private satellite networks (Globalstar or Iridium—see Chapter 5 *Field Safety in Uncontrolled Environments, 2nd ed.* for background on their coverage limitations) and require subscriptions. Two-way systems are of most use during emergencies but are not to be used as the primary communications device. Both one-way and two-way systems can be useful backups for voice communications, particularly for routine status messages. Practically all systems provide SOS message capability, but always follow up SOS messages with voice communications.

 ***Personal Locator Beacon (PLB)****—*a one-way transmitter to be used only in case of life-or-limb emergency (MAYDAY/SOS). Devices typically transmit a unique digital code on several frequencies to satellites with global coverage operated by the international COSPAS-SARSAT program (see such websites as <https://www.sarsat.noaa.gov/> for more information). The satellite relays the signal to an earth stations that processes the data, computes the location of the distress beacon (which may require multiple satellite contacts over several hours), and transmits an alert message to a Mission Control Center (MCC). The MCC transmits a distress message to the appropriate search-and-rescue (SAR) authority. Such devices do not require subscriptions, but must be registered with search and rescue authorities. PLBs can be useful deep backup devices and are typically small enough to be carried by all participants, but are not to be used as the primary emergency communications device for Field Expeditions.

**References**

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|  |   | **Field Expedition** **Journey Management Plan** |   |   | Prepared by: | *Activity Coordinator* |   |  |
|  |   |  |   |   | Date: |  |   |  |
|  |   | *Expedition Name* |   |   | Reviewed:  | *Field Safety Coordinator* |   |  |
|  |   |  |   |   | Date: |  |   |  |
|  |   | *areas to be visited* |   |   | Approved: | *Security* |   |  |
|  |   |  |   |   | Date: |  |   |  |
|  |   | *dates of visit* |   |   | Approved:  | *Manager* |   |  |
|  |   |  |   |   | Date: |   |   |  |
|  |   |   |   |   |   |   |   |  |
|  |  | Attention to safety, health, and environmental (SH&E) issues is a primary component of all our organization'sactivities. The primary purpose of this journey management plan is to ensure the safety and health of all the participants during transit to and from field activities. |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **SCOPE OF JMP** |   |   |   |   |  |
|  |   | *(overview of journey: goals of expedition, transit travel modes, intermediate & ultimate destinations, and routes. See main SHE plan for detailed goals & objectives.)* |   |  |
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|  | Destination Visa # |  |  |  |  |  |  |  |  | ***AC (Activity Coordinator)/Leader –*** *Responsible for all aspects of this trip. AC has final word on all decisions or changes due to weather conditions, aircraft/vehicle/equipment, road and terrain conditions, and emergencies.*  | ***AI (Assistant Instructor)/Alternative Leader –*** *primary assistant for AC/Trip Leader, stands in for AC/Trip Leader and assumes role of AC/Trip Leader if AC/Trip Leader becomes incapacitated.*  | ***SW (Safety Watch) –*** *responsible for in-transit safety of team. Tasks include checking fire exits, evacuation plans, ensuring proper PPE is used, checking weather conditions, daily safety briefings enroute, availability of safety equipment, and all other safety related issues.*  | ***Logistics Coordinator –*** *responsible for all trip logistics including transportation, lodging, and schedules.*  |
|  | Passport: Country & # |  |  |  |  |  |  |  |  |
|  | Home Tel. # | *n-nnn-nnn-nnnn* |  |  |  |  |  |  |  |
|  | Mobile Tel. # | *n-nnn-nnn-nnnn* |  |  |  |  |  |  |  |
|  | Office Tel. # | *n-nnn-nnn-nnnn* |  |  |  |  |  |  |  |
| **TRIP-PARTICIPANT ROSTER** | Name |  |  |  |  |  |  |  |  |
| Team Role | AC/ Trip Leader | AI/ Alternate Leader | Safety Watch | Logistics Coordinator | Participant | Participant | Participant | Participant |

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**ITINERARY**

Please complete for your entire trip. The AC/Trip Leader is responsible for notifying Home Base Contact/Security of any deviations.

* Append map of your intended route.

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| **Air Travel** |
| *Date* | *Departure Airport* | *Carrier,**Flight/Tail No.* | *Time**Local* |  *GMT* | *Duration of Flight*  | *Arrival Airport* | *ETA**Local* | *GMT* |
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| Additional Information:  |

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| **Lodging** |
| *City* | *Lodging Name* | *Address* | *Telephone #* | *Arrival date* | *Departure date*  |
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| Additional Information: * *see SHE plan or attached itinerary*
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| **Ground/Water Transportation** |
| *Date* | *City* | *From:**(pick up location)* | *To: (destination)*  | *Vehicle (commercial/private)* | *Driver**(local/team)*  |
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| Additional Information: * *see SHE plan*
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**ENROUTE SITE VISITS – for each site or location to be visited enroute, complete the following:** (append additional pages if required.)

|  |  |
| --- | --- |
| *Location to be Visited:* | *Date(s) of Visit:* |
| *Local Site Contact(s):* |  |
| *Name:**Address:* | *Tel #:* |
| *Planned activities at location:* |  |
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| --- | --- |
| *Location to be Visited:* | *Date(s) of Visit:* |
| *Local Site Contact(s):* |  |
| *Name:**Address:* | *Tel #:* |
| *Planned activities at location:* |  |
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| --- | --- |
| *Location to be Visited:* | *Date(s) of Visit:* |
| *Local Site Contact(s):* |  |
| *Name:**Address:* | *Tel #:* |
| *Planned activities at location:* |  |
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| **EMERGENCY CONTACTS** |
| **Local Office/Base** |  |
| **Title** | **Name** | **Telephone Numbers** |
| **Day** | **Night** | **Mobile** |
| Country Manager |  |  |  |  |
| Main number |  |  |  |  |
| Security |  |  |  |  |
| Medical provider |  |  |  |  |
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| * **Local office contacted and proper medical evacuation flowcharts obtained and attached to this plan.**
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| **Regional Office/Base** |  |
| **Title** | **Name** | **Telephone Numbers** |
| **Day** | **Night** | **Mobile** |
| Country Manager |  |  |  |  |
| Main number |  |  |  |  |
| Security |  |  |  |  |
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| **Home Office/Base** |  |
| **Title** | **Name** | **Telephone Numbers** |
| **Day** | **Night** | **Mobile** |
| Country Manager |  |  |  |  |
| Main number |  |  |  |  |
| Security |  |  |  |  |
| Medical support |  |  |  |  |
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| **Other Contacts** |  |
| **Title** | **Name, Location** | **Telephone Numbers** | **Hours of operation** |
| **Day** | **Night** |
| Global Security |  |  |  |  |
| Medical/Socheat |  |  |  |  |
| Travel Services |  |  |  |  |
| Aviation |  |  |  |  |
| Communications |  |  |  |  |
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**EMBASSIES**

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| **Embassy of the United States of America to** *destination country* |
|  | *City* **– Embassy of the USA** |
|  | *Address* |
|  | Hours (GMT): *nn:nn – nn:nn,* *days of week*, except holidays |
|  | Telephone: |
|  |  | Regular: |
|  |  | Emergency (24 hours): |
|  | Contacts: |
|  |  | Name | Telephone, Email |
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|  | *City* **– U.S.A. Consulate General** |
|  |  | *Address* |
|  |  | Hours (GMT): *nn:nn – nn:nn,* *days of week*, except holidays |
|  |  | Telephone: |
|  |  |  | Regular: |
|  |  |  | Emergency (24 hours): |
|  |  | Contacts: |  |
|  |  | Name | Telephone, Email |
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| **Embassy of the** *participant home country*  **to** *destination country* |
|  | *City* **– Embassy of the** *participant home country* |
|  | *Address* |
|  | Hours (GMT):  *nn:nn – nn:nn,* *days of week*, except holidays |
|  | Telephone: |
|  |  | Regular: |
|  |  | Emergency (24 hours): |
|  | Contacts: |
|  |  | Name | Telephone, Email |
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|  | *City* **–**  *participant home country* **Consulate General** |
|  |  | *Address* |
|  |  | Hours (GMT):  *nn:nn – nn:nn,* *days of week*, except holidays |
|  |  | Telephone: |
|  |  |  | Regular: |
|  |  |  | Emergency (24 hours): |
|  |  | Contacts: |  |
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| Expedition: |  | Dates: |  |
| Locations:  |  |
| **Review the following potential hazards list and assign a probability of occurrence for each item. Add any additional hazards that you may think appropriate. Comment on any hazards that are rated H (High) or M (Medium). Address the likelihood of the hazard as well as steps to be taken to eliminate, minimize, or mitigate the risk from that hazard**. |
| Potential Hazard in Transit | Probability of Occurrence | **Comments****Use additional pages if needed** |
| **H** | **M** | **L** | **NA** |
| **Natural Environment** |  |  |  |  |  |
| Temperature Extremes (Hot / Cold) |  |  |  |  |  |
| Darkness / Low Light |  |  |  |  |  |
| Strong Sunlight (inc. sunburn) |  |  |  |  |  |
| Foul Weather Considerations – wind, rain, snow, lightning |  |  |  |  |  |
| Smoke / Dust / Fog |  |  |  |  |  |
| Animals – Insects, Wild mammals, Reptiles |  |  |  |  |  |
| Other – list: |  |  |  |  |  |
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| **Man-Made Environment (for Pedestrians)** |  |  |  |  |  |
| Vehicular Traffic |  |  |  |  |  |
| Crowds / Spectators/ Large animals/ Livestock |  |  |  |  |  |
| Crime |  |  |  |  |  |
| Uneven / Slippery / Icy Walking Surfaces |  |  |  |  |  |
| Other – list: |  |  |  |  |  |
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| **Transportation (Air, Auto, Other)** |  |  |  |  |  |
| Aircraft Condition (Aviation Dept. approved?) |  |  |  |  |  |
| Vehicle Condition *(safety equipment, mechanical, tires, etc.)* |  |  |  |  |  |
| Loading (*capacity, secured in place, hazmat)* |  |  |  |  |  |
| Driver Qualifications / Experience for location |  |  |  |  |  |
| Route Conditions – dry, wet, snow/ice covered |  |  |  |  |  |
| Route Conditions – improved/unimproved; urban/rural |  |  |  |  |  |
| Other – list: |  |  |  |  |  |
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| **Human Factors / Participant Activities / Other** |  |  |  |  |  |
| Hiking/Walking |  |  |  |  |  |
| Carrying, Loading/Unloading Vehicles |  |  |  |  |  |
| Equipment Failure |  |  |  |  |  |
| Extended Immobility *(auto, boat, air)* |  |  |  |  |  |
| Fatigue / Dehydration |  |  |  |  |  |
| Food *(Handling, sanitation, drinking water, extra food, etc.)* |  |  |  |  |  |
| Language / Culture Differences |  |  |  |  |  |
| National/religious events *(fasting/alcohol)* |  |  |  |  |  |
| Currency issues |  |  |  |  |  |
| Lodging |  |  |  |  |  |
| Personal hygiene/Sanitation |  |  |  |  |  |
| Pre-Existing Physical / Medical Needs |  |  |  |  |  |
| Separation of Individuals from Group |  |  |  |  |  |
| Individual Behaviors / Risk Acceptance |  |  |  |  |  |
| Limited / Remote Medical Services/ First Aid Supplies |  |  |  |  |  |
| Limited Communications |  |  |  |  |  |
| Training required *(Helicopter/HUET, Offshore/Arctic survival, H2S)*  |  |  |  |  |  |
| Other – list:  |  |  |  |  |  |

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**HAZARD MITIGATION ACTION PLANS**

For each hazard identified as (H) High or (M) Medium, identify an action plan for eliminating, minimizing, or mitigating the hazard. Identify name of team member responsible for each action item.Append additional tables if required.  **ALL ACTION ITEMS MUST BE RESOLVED/CLOSED PRIOR TO THE COMMENCEMENT OF THE TRIP.**

|  |  |
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| **Action Item #** |  |
| Hazard:  | Responsible individual:  |
| Action Plan: |  |
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| **Action Item #** |  |
| Hazard:  | Responsible individual:  |
| Action Plan: |  |
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| **Action Item #** |  |
| Hazard:  | Responsible individual:  |
| Action Plan: |  |
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| **Action Item #** |  |
| Hazard:  | Responsible individual:  |
| Action Plan: |  |
|  |  |
| **Action Item #** |  |
| Hazard:  | Responsible individual:  |
| Action Plan: |  |

**Additional Information:** Please include here any additional information that you deem important for this trip.

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**JMP Communications Protocol and Schedule \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check-in Calls:**

***Expedition team to Home Office:*** The **Activity Coordinator (AC)** or designated alternatewill contact the pre-arranged **Home Office Contact (HOC)** or a designated alternate by telephone at pre-arranged times to relay the current status of the team and their location, using the Daily Action Plan form. The Activity Coordinator should also relay the expected time of the next check-in call (+/- one-hour).

If the team does not check-in with the Home Office Contact by two hours after the agreed-upon time, the Home Office Contact will call the field team using the telephone numbers listed on the SHE Plan/JMP, in order. If Home Office Contact is unable to reach the team after four (4) hours from the pre-arranged call-in time, they will initiate the Emergency Response Plan and start the search for the expedition team.

***Field team to Base-camp team:*** When the expedition splits into a field team or teams and a base-camp team, each field team will contact a designated person at the base camp at least once during the work day during a pre-set time period (typically at the mid-day meal). Field teams will communicate their approximate location and planned arrival time at base camp, along with any issues of note. The base-camp contact will relay such pertinent information as camp conditions, route conditions, and community-relation issues. If the base-camp contact does not hear from a field team during the scheduled time period, s/he will attempt to contact that field team. If contact is not made within 4 hours, the base-camp contact will activate the Emergency Response Plan for an overdue group (see Chapter 9 and Sheppard, 2003, p. 5.6-13 for examples). NOTE: the SHE–JMP contains most of the information needed by search and rescue agencies to initiate an effective response.

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| **Normal Operations: Check in from AC in field to Home Office Contact** |
| *Who Calls* | *To Whom* | *When* | *How* |
| *Activity Coordinator* | *Home Office Contact* | *Date*  | *Time* | *Equipment:**Primary, Secondary, Backup* |
| **AC****Name??** | **HOC****Name??** | **Daily** | **??:00 field time zone (GMT ±xx) =****??:00 office time zone (GMT ±yy)** | **Telephone 1, Telephone 2, Telephone 3** |
| **Primary number?** | *See SHE plan for telephone numbers* |
| **Backup number?** | Field Area: Sunrise: ~??:?? local Sunset: ~??:?? local |
| **Alternate HOC** | **Name??** | **???-???-???? Office** | **???-???-???? Mobile** |
| *What— Information to be transmitted:* |
| *From the field:* | **Daily Action Plan**(by email or website, followed by voice confirmation of receipt; or verbally)  | *To the field:* | **- Feedback from Home Office (on technical and safety topics),** **- Weather forecast: *http://www.???.com*****- Situational information on ??Fieldwork Country and other international developments affecting travel plans:** ***e.g.:*** [*http://travel.state.gov/travel/cis\_pa\_tw/tw/tw\_1764.html*](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html)*,* [*https://www.gov.uk/foreign-travel-advice*](https://www.gov.uk/foreign-travel-advice) |
| AC records contact on Log | HOC records contact on Journey Management Contact Log |
| HOC forwards Daily Action Plan to stakeholders via email.  |
| **If AC does not reach HOC directly at either number** | 1. Leave voice mail for HOC with short summary of situation.2. Attempt to contact alternate HOC contact |
| **If AC does not reach Alternate HOC directly at either number** | 1. Leave voice mail for alternate HOC w/summary of situation.2. Telephone HOC again, leaving voice mail with the time of the next attempt to call from the field.  |
|  |
| **If HOC does not hear from field by 2 hours after scheduled time:** | 1. HOC to call primary, then secondary, then backup phone numbers.2. HOC to try to contact field party via In-Country Contact.  |
|  |
| **If HOC does not hear from field by 4 hours after scheduled time:** | 1. HOC contacts In-Country Contact to initiate active search for field party. 2. HOC informs upper Management and Global Security/Embassy, as per Emergency Response Plan.  |

**Key Contacts:**

|  |  |  |
| --- | --- | --- |
| In Country Contact, Title | **Name??** | **See ERP/JMP** |
| Home Country Management1 | **Name??** | **See Above** |
| Home Country Management2 | **Name??** | **?-???-???-????** O **?-???-???-????** M  |
| Global Security | **Name??** | **?-???-???-????** O |
| U.S.A. Embassy, City?? | **Security Section, Name??** | **?-???-???-???? or** **?-???-???-????** |
|  |  |
| Stakeholder email distribution list:  | ???@null.net, ???@bogus.com, etc.  |

|  |
| --- |
| **Normal Operations: Check in from AC/away team in the field back to Base Camp** |
| *Who Calls* | *To Whom* | *When* | *How* |
| Activity Coordinator | Base Camp Contact | Date  | Time | Equipment:Primary, Secondary |
| **Name??** | **Base Camp Contact??** | **Daily** | **??:00 Field Area Time zone** | **Telephone 1, Telephone 2, Radio** |
| **Telephone 1 or Radio Channel?** | ***See SHE plan for telephone numbers*** |
| *What— Information to be transmitted:* |
| *From field party:* | Approximate location and arrival time at camp | *To the field party:* | Any pertinent information :- Camp conditions- Route conditions- Community relation issues, etc. |

|  |  |
| --- | --- |
| **JOURNEY MANAGEMENT CONTACT LOG** | ***page \_\_\_ of \_\_\_*** |
|  | **Scheduled** | **Actual** |
| **DONE** | **Activity Coordinator:** Enter the dates. times, and locations that you plan to place a telephone call to the Home Office Contact (Name?? or designated alternate). | **Activity Coordinator:** Enter the actual time that you contacted the Home Office Contact and the person with whom you spoke.**Home Office Contact:** Enter the actual time that you were contacted, the location that you were given and the person calling you. |
| 🞏 | *Time:**Date:**Location:*Home Office Contact talked to:  | Time:Date:Location:Team Member Spoken to: |
| 🞏 | *Time:**Date:**Location:*Home Office Contact talked to: | Time:Date:Location:Team Member Spoken to: |
| 🞏 | *Time:**Date:**Location:*Home Office Contact talked to: | Time:Date:Location:Team Member Spoken to: |
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| 🞏 | *Time:**Date:**Location:*Home Office Contact talked to: | Time:Date:Location:Team Member Spoken to: |

(Make as many copies of this form as necessary)