

Backcountry Trip Plan

Leave this with a responsible person (or *several* people) before leaving on any backcountry trip. Attach additional pages as needed and take a copy with you.

Trip Purpose: _____ **Departure Date:** _____ **Time:** _____

Starting From: (trailhead / coordinates) _____ **Declination:** ____ ° ____ **Map Datum** _____

Traveling By: foot, snowshoe, ski, snowmobile, ATV, horse, plane, helo, boat, dog sled. **Describe:** _____

Known Hazards: animal, human, river crossings, no comms, etc. _____

Radio Freqs / Phone Numbers: _____

Comm Schedule: _____

Team Members	Age	Sex	EMS	Colors of: Outer Clothing / Pack / Tent	Emergency Contact	Phone
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____

Identify by number each person who will *personally* be carrying these items: _____ **Will the team have a PLB? Y / N** If so, number: _____

Warm Clothing: _____ **Tent/Tarp/Bivy:** _____ **Knife:** _____ **Snow Shovel:** _____ **Food:** _____

Topo Map: _____ **Compass:** _____ **Tinder & Fire Starter:** _____ **Light:** _____ **Aid Kit:** _____

Water: _____ **Whistle:** _____ **Mirror:** _____ **Flare/Smoke:** _____ **Avalanche Beacon:** _____

Significant Medical Issues: (diabetes, allergies, etc.) _____

Vehicle: _____ **Color:** _____ **Plate:** _____ **Parked at:** _____

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Turn-Around Time / No-Go Criteria: _____

Inbound Route: Describe & show on maps. Identify direction, distance, estimated travel time, elevation gain / loss, etc.

Safety Bearing: _____°**T To Baseline:** _____

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Side Catching Feature: _____

Side Catching Feature: _____

Side Catching Feature: _____

Side Catching Feature: _____

End Catching Feature: _____

Camp Sites: (Description and coordinates) _____

Rally Points: (Description and coordinates) _____

Destination Location: (Description and coordinates) _____

Destination: ETA Date: _____ **Time:** _____ **Destination ETD Date:** _____ **Time:** _____

Outbound Route: Describe & show on maps. Identify direction, distance, estimated travel time, elevation gain / loss, etc..

Ending Location: (Trailhead / coordinates) _____

Return ETA Date: _____ **Time:** _____ **Initiate SAR if Not Back by Date:** _____ **Time:** _____

SAR Agency: _____ **Location:** _____ **Phone:** _____

Hospital: _____ **Directions:** _____

Possible Bailout Routes: Describe & show on maps. Identify direction, distance, estimated travel time, elevation gain / loss, etc.

Attachments: Annotated maps, sealed medical records, foil boot imprints, photos, etc. _____

Prepared by: _____ **Date:** _____ **Approved by:** _____ **Date:** _____