



Wangaratta 4x4 Club inc. Trip Leaders Pack

Table of contents

1. Table of contents
2. Pre-trip Report
3. Pre-trip checklist for trip leaders
4. Recommended Equipment relating to the vehicles
5. Trip Participants sheet
6. Emergency strategy checklist
7. Incident Reporting sheet
8. Casualty Reporting sheet
9. Casualty Reporting cont.
10. Notes

Checklist to complete to ensure a successful trip:

- Pre-trip report, (2|Page) complete and forwarded to Webmaster, Newsletter editor & Trip coordinator prior to your trip
- Pre-trip checklist for trip leaders sheet (3|Page) complete (all points read & considered)
- Recommended equipment relating to the vehicles page has been read and considered (4|Page)
- Trip participants sheet (5|Page) complete and forwarded to your emergency contact(then forwarded to trip coordinator at the conclusion of your trip)
- Emergency strategy checklist (6|Page) complete and forwarded to your emergency contact (along with trip participants sheet)

PRE-TRIP REPORT

(to be sent to the webmaster & newsletter editor & trip coordinator prior to any trip)

Destinations:

Trip leader/s:

Emergency Contact: (outside of trip)



Tail end Charlie:

Trip leader/s phone numbers: ☎

Start Date:

Return Home Date:

Start time:

Meeting place:

Estimated return time:

Trip rating:

Type of tyre tread recommended: eg, Highway, All terrain, Mud (aggressive)

Fuel requirements/places to purchase fuel

Minimum recovery gear required (see recommended recovery gear suited to trip rating & duration list in trips section on website):

Winch required

Yes/No

Wheel chains required

Fire restrictions:

Type of Accommodation/camping

Maximum number of vehicles




Personal equipment requirements:

Other info to better prepare participants:

Extra Trip Notes:

PRE-TRIP CHECK LIST FOR TRIP LEADERS

(Trip rating symbols indicate things required to be supplied prior to your trip, based on its rating or duration. These are to be supplied to the trip coordinator along with pre-trip report)

- Complete itinerary & trip plan. (*Trip mapped out including alternate routes*) Essential for trips longer than 2 nights 
- Pre-trip report disseminated (*via newsletter*) Mandatory for all  trips
- Research and prepare for likely hazards/incidents/emergencies. *ie: bad weather, known wind storms etc*
- Check weather reports prior to trip and if possible, every day on a multi day trip. (info available on most mobile phones)
- Check to ensure a First Aid level II person is on the trip. Note who _____
- Assess driving experience/capabilities within group are appropriate for the planned conditions and the trip to be undertaken. Ensure that all drivers have undertaken their basic proficiencies training (necessary for trips of a medium rating or higher)
- Appoint external contact, to notify SES, Police etc if not contacted by designated times (Emergency contact)  Essential for all trip
- Participants with medical/health issues noted
 - Check that all vehicles and equipment are prepared and loaded in an appropriate manner for the trip.
 - Check to ensure vehicles appear roadworthy, all have UHF radios suitable to the type of trip and tyres are suitable.
 - Confirm head count before, during and immediately following the trip.
 - Check first aid kit and communication equipment prior to trip.
- Ensure that the objectives of the trip are satisfied with appropriate consideration for safety.
 - Ensure a full brief is clearly carried out and understood by all participants prior to or as soon as practical after leaving the meeting place.

Eg; *Inform all participants where the trip is going, any inherent risks, radio channel, who is the responsible non participating person holding the list of names (emergency contact), who is the designated first aider for the trip if any, any alternate trip plans, convoy procedure*
- Check to assess the following items are included in the group;
 - At least one extensive First-aid kit
 - At least one fire extinguisher
 - Chain saw
 - Toilet (if required)
 - Toilet shelter

EQUIPMENT RELATING TO THE VEHICLES

The following equipment is the recommended requirement for any vehicle on a four-wheel driving trip and is the minimum considered reasonable, to minimise the occurrence of; and appropriately deal with incidents encountered, maintenance and servicing that may be required during the journey.

ALL VEHICLES AT (A MINIMUM) MUST HAVE:

- Vehicles must be suitable for the planned conditions and those conditions that are reasonable to assume may occur during the trip.
- Vehicles must appear to be roadworthy and must be registered.
- Each vehicle must have a **rated recovery point at the front and rear.**
 - Each vehicle must also carry minimum recovery gear appropriate for the trip (refer to recovery kit recommended for trip rating):

Minimum 1 snatch strap;
Two rated bow shackles (minimum 3.2 tonne rating);
1 shovel.

ALL VEHICLES ARE SUGGESTED TO HAVE:

- Spare parts appropriate to the nature of the planned trip (duration, remoteness, track complexity).
- A tool kit suitable for the vehicle and the planned trip. (It is essential to note that the basic tool kit supplied with a vehicle may not be suitable in a remote scenario).
- Vehicles fitted with winches should carry a tree trunk protector. A snatch block is also recommended. Make sure your winch works prior to the trip!
- A fire extinguisher should be in each vehicle and easily accessible to the driver.
- Each vehicle should carry sufficient fuel, oil and water for the trip
- Appropriate vehicle manual should be carried for each vehicle.
- A tyre pressure gauge should be carried.
- Emergency supplies of food, water and medications, must be carried on all trips.
- A well equipped first aid kit is recommended
- One torch per vehicle is recommended
- An air compressor is recommended (12volt or foot pump)

Note: This does not represent an exhaustive list and additional consideration should be given on every trip. Driver training is advised to fully explain additional, more complex provisions. Also please see equipment relevant to the trip rating section.

TRIP PARTICIPANT LIST

**THIS FORM IS TO BE COMPLETED FOR ALL CLUB TRIPS.
 A COPY MUST BE PASSED ON TO THE EMERGENCY CONTACT (GROUND CHARLIE),
 BEFORE THE COMENCEMENT OF EACH TRIP.
 AT THE CONCLUSION OF THE TRIP THIS FORM IS TO BE FORWARDED TO THE TRIP
 COORDINATOR.**

TRIP NAME: LOCATION:

DATE/S: TRIP LEADER:

ASSISTANT TRIP LEADER/TEC:

PARTICIPATING MEMBERS:

DRIVER(s)	PASSENGERS	VEHICLE REGO. & MAKE	IN CASE OF EMERGENCY FAMILY CONTACT Name & No.
T.L			
T.E.C			

* ... To indicate who the level II first aider is _____

ANY REPORTABLE INCIDENTS? refer to attached Incident Report

EMERGENCY STRATEGY CHECK LIST

In planning a trip it is important to recognise that you are expected to return home on an appropriate date or time, or to arrive at a particular destination when you say you will. There are always external others that are affected by where we go and to this end it is important for all participants to know who to contact for information if things do go wrong.

An emergency contact is required to be noted on each trip. Attach separate documents if more space is required.

A COPY MUST BE PASSED ON TO THE EMERGENCY CONTACT (GROUND CHARLIE).

NAME AND CONTACT DETAILS OF EMERGENCY CONTACT:

Name: _____

Address: _____

Tel home: _____ work: _____ mob. _____

TRIP ROUTE – what tracks will the trip take

REFUGE POINTS- list helipads and other area's such as football grounds or open areas (extra important in the fire season)

CONTACT DETAILS

POLICE – list major town police station number: _____

PARKS SERVICE/LAND MANAGER: _____

PRIVATE LAND OWNER NAME AND TEL (if applicable) _____

COMMUNICATION, NAVIGATION & PERMIT REQUIREMENTS

- What navigation aids will be required on this trip eg, maps & gps _____

- What permits will I require? If so what? _____

- Is area covered by mobile phone network? YES/NO/ PARTIALLY
- Do I need a sat phone? YES/NO
- Do I have access to an HF radio? YES/NO
- If required, what time will I call external contact: _____ am/pm
- How can external contact get messages to me: _____
- What strategy do I have if I cannot contact the external contact:

TRIP INCIDENT REPORT

This form is required to record any 'reportable incident' occurring during the trip. An incident can involve the club group or the general public. Examples of 'reportable incidents' are: bodily injury, sexual harassment, any personal grievance, racial discrimination, or property damage to vehicles or private property.

INCIDENT REPORT

Submitted by: _____ Date: _____

Contact Details _____

Phone Number _____ Mobile _____

Address _____

Date of incident: _____ Location: _____

Description of Incident:

Witness names and addresses: _____

Witness statement: _____

Person/s involved signatures:

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Casualty Reporting Form

Casualty's name: _____ Date: _____

Place: _____

First Aider's name: _____

First Aider's contact details: _____

Brief description of incident: _____

Number of casualties: _____

<p>Primary survey:</p> <p>Level of response:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">V</td> </tr> <tr> <td style="text-align: center;">P</td> <td style="text-align: center;">U</td> </tr> </table> <div style="margin-top: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Airway</th> </tr> <tr> <td>Clear</td> </tr> <tr> <td>Partly blocked</td> </tr> <tr> <td>Completely blocked</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="text-align: left;">Breathing</th> </tr> <tr> <td>Yes</td> </tr> <tr> <td>Ineffective</td> </tr> <tr> <td>Effective</td> </tr> <tr> <td>No</td> </tr> </table> </div>	A	V	P	U	Airway	Clear	Partly blocked	Completely blocked	Breathing	Yes	Ineffective	Effective	No	<p>Secondary survey:</p> <p>Vital signs –</p> <p>Time taken: _____ level of consciousness: _____</p> <p>Breathing rate: _____</p> <p>Any other comments about breathing: _____</p> <p>Pulse rate: _____ skin temperature: _____</p> <p>Any other comments about skin: _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2">Severe bleeding:</td> <td colspan="2">Shock:</td> </tr> <tr> <td style="width: 25%;">Yes</td> <td style="width: 25%;">No</td> <td style="width: 25%;">Yes</td> <td style="width: 25%;">No</td> </tr> </table> <p>Head to toe examination –</p> <p>Head: _____ Neck: _____</p> <p>Collar-bones: _____</p> <p>Shoulders/arms/hands: _____</p> <p>Chest: _____ Abdomen: _____</p> <p>Pelvis and buttocks: _____</p> <p>Legs/Feet: _____</p> <p>Any other comments: _____</p>	Severe bleeding:		Shock:		Yes	No	Yes	No
A	V																					
P	U																					
Airway																						
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Completely blocked																						
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Yes																						
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Effective																						
No																						
Severe bleeding:		Shock:																				
Yes	No	Yes	No																			

First aid given: _____
CASUALTY REPORT FORM

Casualty handed over to medical help?

Yes: Name and position: _____

Time: _____

No: reason: _____

**First Aid Administered
NOTES**
