**Workplace injury prevention**

# [Company Name] trip plan

All work-related travel that involves one or more [company name] employees, driving or riding in a motor vehicle, requires prior approval by a manager/supervisor. Employees, please submit the information below for approval.

| | |
|---|---|
| Name of driver: | |
| Passengers: | |
| Date of travel: | |
| Employee cell phone number: | |
| Destination (address and contact phone number): | |
| Departure time: | |
| Expected time of return: | |
| Check-in frequency: | |
| Vehicle information (make, color, license plate): | |
| Is this a routine trip?<br>1. Completed the intended route at least<br>The intended route will be completed [insert number of times in how many years] in similiar conditions.<br>2. The trip duration is half of a work day or less.<br>3. The trip involves no high-risk circumstances. | |

**Employee**

Name: _____

Date requested: _____

Signature: _____

**Manager/supervisor:**

Name: _____

Date approved: _____

Signature: _____