

## APPENDIX 2 COMMUNICATION PLAN

(to be filled out by trip leader and filed with LOC Safety Officer or  
Appropriate Section/Division Head or designate prior to trip departure)

Field Trip Name \_\_\_\_\_

Date \_\_\_\_\_

Field Trip Leader \_\_\_\_\_

Responsible Safety officer Name \_\_\_\_\_

Phone \_\_\_\_\_

Location and phone numbers of accommodations during the trip:

Date	Accommodation Name	Accommodation Phone

Cell Phone Information (trip leaders):

Cell Phone owner	Cell Phone Number

Mobile Radio Information

Radio model	Radio location	Area of operation	Emergency contact	Hours of availability

**Other Communication**

Location of public telephones


Location and phone of Emergency facilities (police, emergency, medical, fire)

Facility	Location	Phone

Other Communications options

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