MALLAIG & DISTRICT CANOE CLUB

TRIP ORGANISER PLANNING SHEET

Pre trip tasks for organiser:

- 1. 2 weeks prior to trip email invitation to all members, using BCC, along with link to "Guidelines for Trip Participants".
- 2. Once you have list of participants send out "Trip Participator Questionnaire".
- 3. Email an outline of the plan for the trip and potential conditions, meeting info etc. to participants a few days prior to the trip. Include names of participants so car-shares can be organised.
- 4. Complete this form update with weather at latest possible time. Send/give complete Planning sheet to your own Shore Contact and the Health & Safety Officer, inc. emergency contact info. Take one copy with you on trip.

At put-in: Confirm route, check safety equipment, agree VHF channel, inform coastguard of plans, agree group control, signals, emergency action, participant medical considerations if group need to be informed, confidence, roles. Warm-up exercise if you feel like it.

DATE/S		DAY 1			DAY 2				DAY 3		
TRIP GRADING (A/B/C etc.)											
ROUTE/DISTANCE											
FORECAST/SEA STA	TE										
TIDES		PORT			PORT			PORT	PORT		
		H.W.	H.W.		H.W.	Н.\	W.	H.W.	H.W.		
		L.W.	L.W.		L.W.	L.V	V.	L.W.	L.W.		
NOTE TIDAL FLOW RATES etc. IF RELEVANT											
PLANNED CAMP LOCATION											
GRID REF.											
RATIO EXPERIENCED TO INEXPERIENCED PADDLERS (ratio required will depend on forecast/sea state/location etc.)					MEDICAL CONSIDERATIONS/ HEALTH ISSUES NOTED			/	YES/NO		
INDIVIDUAL CONTACT NOS. RECORDED		YES/NO			PRE-TRIP COVID-19 BRIEFING SENT OUT			G	YES / NO / N/A		
TRIP ORGANISER NAME					SHORE CONTACT NAME						
MOBILE NO.					MOBILE NO.						
SAFETY EQUIPMENT	CARRIED BY G	ROUP – HOW MA	NY?								
VHF		PIRB		Pump				Group shel	Group shelter		
GPS	1	Мар		Spare paddle				Survival ba	Survival bag		
		ompass			First aid kit			Foil blanket			
PLB		Whistle			Repair kit			Flares			
SPOT To		ow line		Knif	Knife			Anything else			

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Name of trip participant	Who to contact in case of emergency	Tel. no. of contact				
	+					
Declared Medical conditions						
Name	Condition and relevant information					
Current qualified 1 st . Aiders att	ending trip					
Name						
- Tallie						