

Journey Management Plan

TRIP DETAILS				
Name:		Contact No.:		Are you the driver? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor informed of travel details? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Name:		
Origination:		Destination:		
Destination Contact:		Destination Contact No.		
Purpose of Trip:				
<input type="checkbox"/> Personal Vehicle		<input type="checkbox"/> Rental Vehicle		<input type="checkbox"/> Taxi <input type="checkbox"/> Bus
Alternate transportation or method to complete the task considered? <input type="checkbox"/> Yes <input type="checkbox"/> No				
VEHICLE				
Appropriate tires for conditions (i.e. road, weather, travel distance, etc.?) <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:				
Front and passenger airbags and seatbelts present in vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:				
Emergency equipment present in the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:				
Vehicle in good condition based on pre-operational and post-rest period walk-around? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:				
TRAVEL LOG				
Departure Date:		Vehicle ID / License		Is the vehicle fit for trip? <input type="checkbox"/> Yes <input type="checkbox"/> No
Licence(s) valid for the vehicle and country? <input type="checkbox"/> Yes <input type="checkbox"/> No		Defensive Driving Training Received? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:
Travel Route / Rest Area(s)	Departure Time	Arrival Time	Rest Break?	Known hazards to destination and mitigation measures / specific instructions.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRIP ASSESSMENT

Did the trip go as expected? If not, please provide an explanation.

Special Note: Report all incidents or near hit incidents to your supervisor and capture the details in iPAS SM.

A - TRAVEL RISK ASSESSMENT: FAMILIAR ROUTE

This Travel Risk Assessment is to be completed by all Hatch employees engaged in road travel on known or familiar routes while on company business. The assessment will be completed prior to departure.

Potential Hazard	Description of Hazard	Risk Rating	Control Measures	Residual Risk
Road Condition	<ul style="list-style-type: none"> Is the road surface hard surfaced (e.g. bitumen, concrete) or gravel? How many lanes are there? How well is it maintained? 	Select		Select
Road Shoulder	<ul style="list-style-type: none"> Is it ample width? Is it hard or soft? Are safety guards/railings installed where appropriate? 	Select		Select
Journey Timing and Duration	<ul style="list-style-type: none"> Is the route unsafe at particular hours of the day (e.g. night time or during peak hours)? Have rest stops or overnight lodging been identified? Is it a holiday where businesses or services might be closed? (particularly in countries where fasting is practiced) Has sufficient time been allowed to complete the journey within the required hours, at safe speeds and with appropriate rest breaks? 	Select		Select
Terrain	<ul style="list-style-type: none"> Is it flat, hilly or mountainous? 	Select		Select

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Potential Hazard	Description of Hazard	Risk Rating	Control Measures	Residual Risk
Climate	<ul style="list-style-type: none"> • What are the effects of rain, snow/ice or fog? • Is the route prone to flooding? 	Select		Select
Security	<ul style="list-style-type: none"> • Is there a threat of hijacking or terrorism? • Does any portion of the route fall in sensitive security zones, where additional measures need to be taken? 	Select		Select
Traffic Density	<ul style="list-style-type: none"> • Is it light, medium or heavy? • Is it mostly light vehicles or trucks? 	Select		Select
Animal Control	<ul style="list-style-type: none"> • Is wildlife or livestock likely to wander onto the road? 	Select		Select
Population Density	<ul style="list-style-type: none"> • Is there adequate separation from people? • <i>Does the route go past a school or other places where people congregate?</i> • Is pedestrian traffic controlled? 	Select		Select
Accident frequency	<ul style="list-style-type: none"> • Does the route have a high accident frequency rate? 	Select		Select
Environment	<ul style="list-style-type: none"> • Does the route run close to sensitive areas or waterways? 	Select		Select
Communications	<ul style="list-style-type: none"> • Is there a requirement for periodic communication from the vehicle during stopovers on long routes? • Are there areas from where the communication is not possible? 	Select		Select
Emergency Support	<ul style="list-style-type: none"> • Are there Emergency Support Facilities available along the entire route length and are they well known to drivers/support staff? 	Select		Select

B - TRAVEL RISK ASSESSMENT: UNFAMILIAR ROUTE

This Travel Risk Assessment is to be completed by all Hatch employees engaged in road travel on unknown or unfamiliar routes while on company business. Seek the advise/guidance of others who may be familiar with this or similar routes and complete the assessment prior to departure.

Potential Hazard	Description of Hazard	Risk Rating	Control Measures	Residual Risk
Road Condition	<ul style="list-style-type: none"> How many lanes are there? 	Select		Select
Journey Timing and Duration	<ul style="list-style-type: none"> Is it a holiday where businesses or services might be closed? (particularly in countries where fasting is practiced) Has sufficient time been allowed to complete the journey within the required hours, at safe speeds and with appropriate rest breaks? 	Select		Select
Terrain	<ul style="list-style-type: none"> Is it flat, hilly or mountainous? 	Select		Select
Climate	<ul style="list-style-type: none"> What are the effects of rain, snow/ice or fog? 	Select		Select
Security	<ul style="list-style-type: none"> Is there a threat of hijacking or terrorism? Does any portion of the route fall in sensitive security zones, where additional measures need to be taken? 	Select		Select
Animal Control	<ul style="list-style-type: none"> Is wildlife or livestock likely to wander onto the road? 	Select		Select
Population Density	<ul style="list-style-type: none"> Is there adequate separation from people? 	Select		Select
Accident frequency	<ul style="list-style-type: none"> Does the route have a high accident frequency rate? 	Select		Select
Environment	<ul style="list-style-type: none"> Does the route run close to sensitive areas or waterways? 	Select		Select
Communications	<ul style="list-style-type: none"> Is there a requirement for periodic communication from the vehicle during stopovers on long routes? Are there areas from where the communication is not possible? 	Select		Select

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This Travel Risk Assessment is to be completed by all Hatch employees engaged in road travel on unknown or unfamiliar routes while on company business. Seek the advise/guidance of others who may be familiar with this or similar routes and complete the assessment prior to departure.

Potential Hazard	Description of Hazard	Risk Rating	Control Measures	Residual Risk
Emergency Support	<ul style="list-style-type: none"> Are there Emergency Support Facilities available along the entire route length and are they well known to drivers/support staff? 	Select		Select

Score	Table of Consequence			Score	Likelihood
	People	Plant	Environment		
5 Very High / Catastrophic	Multiple Fatalities	Greater than \$10 Million Loss	Catastrophe, destruction of sensitive environment, worldwide attention. Likely EPA prosecution. More than 30 days delay.	5 Almost certain	The event is expected to occur in most circumstances. Likely to occur frequently - More than 1 per year.
4 High / Major	Fatality or Permanent Disabilities	\$1 Million to \$10 Million Loss	Disaster, high levels of media attention, high cost of clean-up. Offsite environmental harm, more than 10 days delay.	4 Likely / probable	The event will probably occur in most circumstances. Likely to occur several times. 1 per year.
3 Moderate	Major Injuries –Incapacitations or requiring time off work	\$100 Thousand to \$1 Million Loss	Major spills, onsite release, substantial environmental nuisance, more than 1 day delay. (Leads to an additional resource call out i.e. SES).	3 Moderate/ occasional	The event should occur at some time. Likely to occur sometimes. 1 per 5 years.
2 Low / Minor	Significant Injuries – Medical Treatments, non-permanent injury	\$10 Thousand to \$100 Thousand Loss	Significant spills (Leads to a call out of Site Emergency Response Group).	2 Remote / unlikely	The event could occur at some time. Unlikely but possible. 1 per 10 years.
1 Very Low / Insignificant	Minor Injuries – First Aid Treatments (cuts/bruises)	Less than \$10 Thousand Loss	Low environmental impact. Minor Spills less than 80 Litres.	1 Rare / very unlikely	The event may occur only in exceptional circumstances. Assumed it may not be experienced. 1 per 100 years.

Risk Rating = Consequence + Likelihood						Risk Rating - Definitions		
Consequence	Risk Rating					Risk Rating	Definitions	Action Required
5	6	7	8	9	10	8 - 10	Intolerable	Task not to start till the risk is eliminated or reduced. Bring to the immediate attention of management. Formal assessment required. MUST reduce the risk as a matter of priority.
4	5	6	7	8	9	7	High	Bring to the immediate attention of management. Task not to start till the risk is eliminated or reduced. Further Assessment required. MUST reduce the risk as a matter of priority.
3	4	5	6	7	8	6	Significant Risk	Bring to the attention of supervision. Review risks and ensure that they are reduced to as low as reasonably practicable. To be dealt with as soon as possible, preferably before the task commences. Introduce some form of hardware to control risk.
2	3	4	5	6	7	5	Moderate Risk	Needs to be controlled but not necessarily immediately, an action plan to control the risk should be drawn up. Review effectiveness of controls. Ensure responsibilities for control are specified.
1	2	3	4	5	6	2 - 4	Low Risk	If practical reduce the risk. Ensure personnel are competent to do the task. Manage by routing procedure. Monitor for change.
Likelihood	1	2	3	4	5	A JHA considers a variety of activities/tasks involved in a job scope and analyses the key hazards (sources of harm) and their consequences (types of harm) e.g. Sources of harm – lifting a heavy pipe - manual handling. Types of harm – Back strain.		

Hierarchy of Hazard Management – Control Measures

These steps outline what should be planned for when deciding what control measures are to be put in place. Whenever possible the highest step should be used first and then progress down the list.

1. Eliminate the hazard.
2. Substitution.
3. Reducing the frequency of a hazardous task.
4. Enclosing the hazard.
5. Additional procedures.
6. Additional supervision.
7. Additional training.
8. Instructions / information.
9. Some personal protective equipment.