

OUTDOOR PROGRAM CHECKLIST

Date of Program _____ Location _____

I. Administration

- | | |
|--|--|
| <input type="checkbox"/> Tour permits | <input type="checkbox"/> Licenses (fishing, boats, etc.) |
| <input type="checkbox"/> Parents' permission/information | <input type="checkbox"/> Camp cost |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Local requirements |
| <input type="checkbox"/> Budget done | <input type="checkbox"/> Permits/reservations |
| <input type="checkbox"/> Personal health histories | <input type="checkbox"/> _____ |

II. Leadership

- | | |
|--|---|
| <input type="checkbox"/> Second leader _____ | <input type="checkbox"/> Third leader _____ |
|--|---|

III. Transportation

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Driver _____ | <input type="checkbox"/> Driver _____ |
| <input type="checkbox"/> Driver _____ | <input type="checkbox"/> Driver _____ |
| <input type="checkbox"/> Equipment hauled by _____ | |

IV. Location

- | | |
|---|---|
| <input type="checkbox"/> Maps to and from _____ | <input type="checkbox"/> Arrival time _____ |
| <input type="checkbox"/> Driver time _____ | <input type="checkbox"/> Departure time _____ |

V. Equipment

- Personal _____
- Troop _____
- First-aid supplies _____
- Program _____
- Emergency _____

VI. Feeding

- Menu planned _____
- Who buys food _____
- Fuel supply _____
- Patrol duties roster _____
- Food storage _____

VII. Sanitation

- Drinking water _____
- Dishwashing _____
- Human waste _____
- Garbage disposal _____

VIII. Safety

- Nearest medical facility _____
- Nearest town _____
- Ranger contact _____
- Emergency no. _____
- First-aid provider in group _____
- Police no. _____

IX. Program

- Program planned _____
- Short-term _____
- Special program equipment _____
- Patrol assignments _____
- Long-term _____
- Rainy-day activities _____