

# 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 _____ |
| <input type="checkbox"/> Special gear needed _____ |   |

**V. Equipment**

- ( ) Personal \_\_\_\_\_ ( ) Program \_\_\_\_\_
- ( ) Troop \_\_\_\_\_ ( ) Emergency \_\_\_\_\_
- ( ) First-aid supplies \_\_\_\_\_

**VI. Feeding**

- ( ) Menu planned \_\_\_\_\_ ( ) Patrol duties roster \_\_\_\_\_
- ( ) Who buys food \_\_\_\_\_ ( ) Food storage \_\_\_\_\_
- ( ) Fuel supply \_\_\_\_\_

**VII. Sanitation**

- ( ) Drinking water \_\_\_\_\_ ( ) Human waste \_\_\_\_\_
- ( ) Dishwashing \_\_\_\_\_ ( ) Garbage disposal \_\_\_\_\_

**VIII. Safety**

- ( ) Nearest medical facility \_\_\_\_\_ ( ) Emergency no. \_\_\_\_\_
- ( ) Nearest town \_\_\_\_\_ ( ) First-aid provider in group \_\_\_\_\_
- ( ) Ranger contact \_\_\_\_\_ ( ) Police no. \_\_\_\_\_

**IX. Program**

- ( ) Program planned ( ) Long-term
- ( ) Short-term ( ) Rainy-day activities
- ( ) Special program equipment \_\_\_\_\_
- ( ) Patrol assignments

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