

# 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 \_\_\_\_\_
- 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 \_\_\_\_\_