

# 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 \_\_\_\_\_