

Venture Crew 3552

Outing Check List & Roster

Start Date End Date Filed Date

	Position	CPR	First Aid	Safety Afloat	Weather Hazard	WFA	Safe Swim Defence	Fire Permit	Climb On Safely	HAT
Outing Leader _____	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell # <input type="text"/> Emer # <input type="text"/>										
1st Assistant _____	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell # <input type="text"/> Emer # <input type="text"/>										
2nd Assistant _____	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell # <input type="text"/> Emer # <input type="text"/>										
Total cost per person <input type="text"/>							Water Available: <input type="checkbox"/>			

Type of Outing Includes Food Includes Camp Site

Location of Outing

HAT Outing **HAT Application Completed** **LNT Outing**

Pack It Out: **Facilities Available:**

Cat Hole: **Checklist Completed:**

Kybos: **Showers:**

Cell Phone Accessible:

Senior Member _____	Rank <input type="text"/>	Position <input type="text"/>
Emer # _____		
1st Assistant _____	Rank <input type="text"/>	Position <input type="text"/>
Emer # _____		
2nd Assistant _____	Rank <input type="text"/>	Position <input type="text"/>
Emer # _____		

Number of Vehicles

Crew Assistants, circle the names of the Crew below who you are responsible for during this outing.

List Attendees in boxes below

Crew	Registered Adults	Boy Scouts/Webelos	Scout Parents	Non Registered Youth /Adults

Responsibility List

Completed

Tour Plan:

Reservations:

Food:

Fuel Cannisters:

B/U Fuel:

Firewood:

Water:

Troop Trailer:

Menu, Leaders:

Menu, Crew:

Menu, Webelos

Menu, Guests:

Backpack Inspection

Inspection Date:

Inspection Results:

Reinspection Date:

Inspection Results:

Activity for Advancement

Crew:

Activity

Crew:

Activity

Crew:

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Nights and Miles

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Planning Guide

1. Parents notified of hiking route?
2. Committee approval of hiking route?
3. Adequate transportation to and from hiking area?
4. All drivers meet minimum age limits as shown on BSA tour permit?
5. All cars have minimum California Insurance - \$30,000, \$15,000 coverage?
6. Adequate menu for hike providing balanced diet for everyone?
7. All participants shall meet the units/group personal equipment list requirements.
8. Tour Plan requested and received?
9. U.S. Forestry fire permits obtained if required - in Angeles, Los Padre, San Bernardino, and Cleveland National Forests.
10. Outing Leader knows where closest Ranger Station is _____
 - i. Phone is _____
 - ii. Hospital or emergency center is _____
11. Outing Leader knows who to contact for help (a) Sheriffs Dept. (b) Highway Patrol (c) Mountain Rescue (d) Other _____
12. Itinerary written out so one can be given to:
 - i. Someone at unit level at home, Name: _____
 - ii. Ranger
 - iii. Filed with award application if required
13. Any and all special permits requested for and obtained prior to taking the hike. (i.e., wilderness, National Park, National Monument, etc.).
14. Adequate group First Aid Kit for hike.
15. Have plans for advancement on Outing/Hike been established and included in hike plan.
16. Have plans for earning advancement requirements been included in the hike plan.

17. Type of hike: rain; snow; sunny desert; mountain; beach; etc. are your prepared for these?
18. Adequate Group equipment for this hike?
19. Are we within the maximum group size for the area the hike is in.
20. Do we have two 21 year or older adults minimum for the group - (recommended one adult for each 10 youths - minimum 2 adults per group)?
21. Roster with name, address, phone number of each youth and adult going on trips and with whom to notify in case of emergency.
22. Does each youth and adult participant have an Emergency Medical Release form signed by his parents or guardian - one on his person and one in his personal First Aid Kit in his pack?
23. Does unit have Emergency Medical Release forms for each youth and adult participant in the unit/group first aid kit?
24. Any special equipment needed for this hike - i.e., snowshoes, climbing rope, ice ax, etc.
25. No one on hike is carrying or has firearms or alcoholic beverages in his or her possession unless specifically required for their profession or required for medical reason.
26. All pets left at home except seeing eye and hearing impairment dogs.
27. All participants are familiar and checked out on the usage of the unit/group backpacking stove. - Whatever the type may be?
28. All participants of the hiking group are current registered members of the BSA or GSA programs.
29. All participants of the hiking group have individual identification on them.
30. All adult participants of the hiking group are familiar with the Council Emergency Notification Form.
31. Recommended all participants of the hiking group has had a medical exam - maximum 4 months prior to the long-term hike.

