

PREDEPARTURE SAFETY BRIEFING

PART I.

INSTRUCTIONS

1. Unit commanders must ensure that military personnel under the age of 26 are reminded, before departure on leave, TDY, or PCS, of the hazards involving recreational activities and travel by private motor vehicles.
2. The unit commander, first sergeant, flight commander, immediate supervisor, or military training manager will conduct this briefing. Group briefing may be given if so desired.
3. Units are responsible for adding to the following guidance by using educational materials tailored to the installation's location, climatic conditions, and recreational activities. Supplemental educational and briefing material can be obtained from the ground safety office.
4. Part III, "Travel Itinerary" will be completed by the departing member and reviewed by the unit commander, first sergeant, flight commander, immediate supervisor, or the military training manager for approval prior to member's departure.
5. Part IV, "Other Information," may be overprinted for local information, group briefing, etc.
6. Dispose of this IMT in accordance with Air Force Records Disposition Schedule (RDS).

PART II.

BRIEFING GUIDE

1. Urge the driver to carefully and intelligently plan the trip, allowing time for rest prior to departure and at least every 2 hours while traveling. Travelers should not drive more than 10 hours during any 24-hour period. Strongly encourage travelers to get a good night's sleep (7-8 hours) while traveling.
2. Encourage the traveler to be sure sufficient funds are available to cover expenses. A shortage of funds often leads to exhausting, marathon driving.
3. Encourage the traveler to check the weather forecast for the intended route of travel.
4. Discourage driving during late night hours. Many drivers on the road after dark possibly have been drinking.
5. Stress the value of occupant restraint devices, including child and head restraints.
6. Stress the importance of vehicle condition; vehicle defects also contribute to mishaps.
7. Discuss the main causes of injury and death by vehicle mishaps, which are speeding, fatigue, alcohol, nonuse of occupant restraints, and nonuse of helmets by motorcyclists.
8. Remind personnel to extend safety principles and common sense in planned recreational activities while off duty. Sports and recreational injuries are the leading cause of injuries to Airmen. These injuries can be prevented. While there are inherent risks associated with every activity, these risks can be minimized by performing warm-up and stretching exercises prior to physical activities, drinking plenty of fluids during the activity, avoiding overexertion, and stretching after the activity.
9. Discuss the requirement for personnel who plan on engaging in high-risk activities such as flying civil aircraft, hang gliding, skydiving, parasailing, white-water rafting, motorcycle and auto racing, scuba diving, bungee jumping, etc., to inform their military training manager, immediate supervisor, flight commander, first sergeant, or unit commander. These personnel will schedule a follow-on briefing with the appropriate individual to discuss the hazards and potential for injuries associated with their activity.
10. Advise the traveler to contact their unit commander, first sergeant, flight commander, immediate supervisor or command post in the event of involvement in an accident or an emergency situation. Ensure the member is provided the phone numbers of the points of contact.

PART III. PROPOSED TRAVEL ITINERARY

CHECK THE APPLICABLE MODES OF TRANSPORTATION

☐ PRIVATE MOTOR VEHICLE ☐ AIRPLANE ☐ BUS ☐ TRAIN ☐ OTHER (Specify) _____

DEPARTURE DATE

FINAL DESTINATION

PROVIDE INFORMATION BELOW FOR EACH DAY OF TRAVEL:

DATE	DEPARTURE POINT	ARRIVAL POINT	LENGTH OF REST PERIOD	APPROXIMATE MILEAGE
	KEESLER AFB, MS			

PART IV. OTHER INFORMATION (Local information, group briefings, etc.)

Airman's Leave Address: _____ Contact Number: () - _____

RAP Address, if different from leave address: _____

RAP Dates (Start) _____ (End Date) _____ Total Number of Days: _____

Total Number of Leave Days Requested (Excluding Travel Days): _____

Current Leave Balance: _____ If travel itinerary results in a negative leave balance, advance leave must be approved by unit commander

Number of advanced leave days requested: _____ Commander's Signature: _____ Date: _____

Air Travel, attach flight itinerary _____ Port Call Location: _____ Date: _____

Sponsor Contact Information

Name: _____ Unit: _____ Contact Number: () - _____ DSN: _____

Emergency Contact Information

Name: _____ Relationship: _____ Address: _____

Phone Number: _____

I have been briefed to notify my sponsor at my gaining unit of my travel itinerary. I understand it is my responsibility to contact my sponsor immediately if I encounter any delays in travel. Airman's Initials: _____

I understand that injuries incurred as a result of my driving under the influence of alcohol or failure to utilize required safety devices may result in potential UCMJ action.

NAME, GRADE AND ORGANIZATION OF INDIVIDUAL BRIEFED

Name: _____ Rank: _____ Age: _____ Contact Number: ()

DATE BRIEFED

SIGNATURE OF INDIVIDUAL BRIEFED

BRIEFED AND REVIEWED BY: