

This checklist should be completed by the Quartermaster for each overnight trip.

Overnight Trip: _____

Dates: _____

Pre - Departure Checklist

Date Completed

- | | | |
|---|--------------------------|-------|
| Make sure trailer has 12 full bottles of propane, buy if needed | <input type="checkbox"/> | _____ |
| Check lantern mantles and globes, replace if needed | <input type="checkbox"/> | _____ |
| Check tire pressure | <input type="checkbox"/> | _____ |
| Check trailer lights (turn signals and brakes) | <input type="checkbox"/> | _____ |
| Trailer properly loaded with weight evenly distributed | <input type="checkbox"/> | _____ |

Trip Checklist

- | | | |
|--|--------------------------|-------|
| Supervise unloading of Troop and Patrol Equipment | <input type="checkbox"/> | _____ |
| Supervise taking of Patrol Equipment Inventories prior to departure | <input type="checkbox"/> | _____ |
| Review and Sign-off on Patrol Equipment Inventories prior to departure | <input type="checkbox"/> | _____ |
| Trailer properly loaded with weight evenly distributed | <input type="checkbox"/> | _____ |
| Final campsite inspection for any equipment/gear (nothing left behind) | <input type="checkbox"/> | _____ |

Post - Trip Checklist

- | | | |
|--|--------------------------|-------|
| Prepare any Equipment Damage Reports | <input type="checkbox"/> | _____ |
| Prepare any Equipment Requisition Forms | <input type="checkbox"/> | _____ |
| Follow-up with Patrols on replenishment of consummables. | <input type="checkbox"/> | _____ |

Quartermaster: _____

ASM - Equipment: _____