

CORPS/SQUADRON ACTIVITY PLAN

REGIONAL CADET SUPPORT UNIT (PACIFIC)

Corps/Squadrons are to complete this form (and applicable annexes) to attach to their CSAR. If a CSAR has already been submitted email this form to your Training Support Coordinator.

This document provides the RCSU with the required information to approve medium/high risk activities. A complete operation order does not need to be uploaded to CSAR.

RCSU (Pac) cannot process requests with incomplete information. Please ensure information is detailed and accurate.

Corps/Squadron: _____

Situation: _____

Mission: _____

Activity Location Name: _____

Activity Location Address: _____
(provide lat/long if activity site does not have an address – Use Google Earth to determine lat/long)

Training Plan

Dates	EO's / Activities

NOTE: A detailed training plan with specific timings is not required. Provide the date range and identify which EO's and/or activities are taking place.

Additional Information

Only complete annexes that are required for the activity.

- ANNEX A – Emergency Plan
- ANNEX B – Subway Order Form
- ANNEX C – Portable Toilet Request

CORPS/SQUADRON ACTIVITY EMERGENCY PLAN

Regional Cadet Support Unit (Pacific)

Corps/Squadrons are not required to submit this form for low risk activities. Low risk activities include training at the LHQ and local community events such as fundraisers and parades. Submit this form for medium to high risk activities:

- Activities outside of your LHQ / Immediate local community
- Activities that are not frequently scheduled (FTXs, hikes, back-country skiing, etc)

If unsure whether your activity requires a CSAR submission and emergency plan contact your Zone Training Officer.

Officer In Charge (OIC)

Rank & Name	Mobile Phone	Email
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First Aid Officer

Rank & Name	Mobile Phone	Email
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Training Site Information

Is there cellular service at the site? Yes No

Is there a land line telephone at the site? Yes No

Notes: _____

Is 9-1-1 available at the site? Yes No

If no provide emergency numbers:

Ambulance	Fire	Police
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Hospital Information

Nearest Hospital (Name)	Address	Phone
Alternate Hospital (Name)	Address	Phone

Has a routing map from the activity location to the hospital been provided to staff? Yes No

(If activity is within cellular service maps provided via mobile devices are acceptable)

Comments / Additional Information

SUBWAY TO GO MEALS – REGIONAL CADET SUPPORT UNIT (PACIFIC)

To: _____ @subwaycatering.com

Contact Information

Contact Name: Canadian Armed Forces	Contact Email: Mark.Owen@forces.gc.ca	Contact Number: 1-250-363-0931
Restaurant Store #:	Pick-up Date:	Pick-up Time:
Location Address:		
PST Exempt #: 1000-5001	Pick Up Person:	
Notes:		

Sandwich Order Information

(Subs will be built with options listed below. Provide specific dietary requirements in notes section)

12" Subs	Bread	Type	Cheese	Veg	Dressing (on side)	Chips	Cookies	Water
Quantity Required:	9 Grain Wheat	Turkey	American	Lettuce Cucumbers Green Peppers Black Olives	Mayo Mustard	Assorted	Assorted	Bottled Water
Quantity Required:	9 Grain Wheat	Ham	American	Lettuce Cucumbers Green Peppers Black Olives	Mayo Mustard	Assorted	Assorted	Bottled Water
Quantity Required:	9 Grain Wheat	Roast Beef	American	Lettuce Cucumbers Green Peppers Black Olives	Mayo Mustard	Assorted	Assorted	Bottled Water
Quantity Required:	9 Grain Wheat	Veggie Delight	American	Lettuce Cucumbers Green Peppers Black Olives	Mayo Mustard	Assorted	Assorted	Bottled Water

Notes:

FOR MOVEMENTS ONLY:

Financial Code: _____
(Supporting Documents Attached)

Date Ordered: _____ Ordered By: _____

Order Number: _____ Cost: _____

Attach completed form to CSAR.

Porta-Potty Order Form Regional Cadet Support Unit (Pacific)

Units are to complete this form and attach to their CSAR submission. If a CSAR has already been submitted email this form to your Training Support Coordinator. RCSU (Pac) cannot process requests with incomplete information. Please ensure information is detailed and accurate.

Unit	Dates & Timings	Company / Supplier	
Contact Person	Contact Phone	Cost Estimate	Number of Participants
Delivery Instructions (location / address)			
Additional Information			

RCSU Use

CSAR #: _____

CC: _____

Fund: _____

GL: _____

IO: _____

Commitment: _____

LN: _____

Cost: _____

Comments: