



USDA Forest Service

# Adopt-a-Trail Volunteer Guidebook

San Bernardino National Forest

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# San Bernardino National Forest

## Off-Highway Vehicle ADOPT-A-TRAIL Program

The San Bernardino National Forest serves as southern California's year-around outdoor recreation destination and offers a variety of diverse recreation opportunities. The San Bernardino National Forest is comprised of three Ranger Districts spanning approximately 811,571 acres in San Bernardino and Riverside counties. There are approximately 1308 miles of motorized routes available for outdoor recreationists to enjoy on the San Bernardino National Forest. These lands are yours - to visit, care for, and enjoy.

### **Volunteering on the National Forest**

A volunteer is an individual or group of individuals who donate time and talent to advance the mission critical work of the Forest Service. Volunteers can participate in a variety of projects, tasks and activities, such as performing visitor services, planting trees, and maintaining facilities or trails. These projects can range from one day to several months, seasons, or years. Volunteers receive no salary or wages and are limited only by their willingness to serve. The Forest Service cannot accomplish its mission critical work without the dedication of volunteers.

### **Adopt-a-Trail**

Adopt-a-Trail is a program entered into between volunteers, groups or organizations to sustain forest trails that provides a platform for collaboration and leveraging of resources, training, educational outreach, and volunteer support. The San Bernardino National Forest utilizes the Adopt-a-Trail program to maintain roads and trails throughout the National Forest. Some of these roads and trails require only a few people to provide the annual maintenance while others require a large group. Volunteers who adopt trails are required to provide the annual maintenance to sustain recreational use of the trail.

### **Adopt-a-Trail Program Goals:**

- Provide continued sustainability and enjoyment of forest roads and trails for generations.
- Create a spirit of cooperation between recreation groups and the Forest Service.
- Promote and provide for all aspects of safety.
- Promote responsible land management practices and create a sense of pride and ownership through volunteer service.

### **Benefits**

Members of the Adopt-a-Trail program gain a greater appreciation and connection with public lands through direct participation in improving and maintaining trails for recreational use. All trail enthusiasts benefit from the ability to keep well-maintained trails open. Natural resources benefit by having well maintained trails that reduce the resource impacts created by inappropriate use. As an adopter, your name will be prominently displayed on a sign located at the trailhead of your adopted trail section, recognizing your contribution.

### **Who Can Adopt a Trail?**

Any individual or group may Adopt-a-Trail. Adopting a trail requires a high degree of commitment and collaboration between the Forest Service and the adopter. Trails may be adopted by any individual or group willing to complete the minimum requirements listed below:

- Collect litter three times per year.
- Conduct a trail condition survey at the beginning of the field season to report maintenance needs to the Forest Service Adopt-a-Trail Coordinator.
- Complete the pre-approved trail maintenance tasks two times per year.
- Submit Adopt-a-Trail volunteer paperwork to the Forest Service Adopt-a-Trail Coordinator 48 hours after each workday.
- A three-year commitment to the program, with an annual agreement review. This agreement may be terminated at any time by the volunteer or the District Ranger.

## **How You Can Adopt a Trail**

An individual or group can express their interest in adopting a trail by contacting the San Bernardino National Forest Adopt-a-Trail Coordinator. The Adopt-a-Trail Coordinator will discuss potential trails for “adoption” with each interested individual or group. Trail selections are based on the required trail maintenance as found in the Trails Management Objective (TMO) and the trail condition survey. Participation starts with a volunteer service agreement mutually agreed upon between the Forest Service and the individual, group, or organization adopting the trail. Before any on the groundwork begins, a written agreement must be signed by the Forest and Partner. Written agreements are good for 1 year only.

## **How to Get Started**

The Forest Service will provide orientation and training, including the general rules for volunteering, trail maintenance specifications, care of tools, and safety training. The Forest Service will provide guidance through field visits and post-work inspections. The steps for adopting a trail:

- 1. Choose a trail:**
  - a. Trails are available for adoption on a first-come basis with preference given to previous adopters.
  - b. Trails may be adopted in sections, or in their entirety.
- 2. Choose a group Point of Contact (POC):**
  - a. The POC does not need prior trail experience.
  - b. The POC needs to be at least 18 years old and have a valid driver license.
  - c. The POC should have the skill to lead a group and be responsible for acting as the liaison between the Forest Service and group.
  - d. For groups of six or larger there should be a secondary POC.
- 3. Individual/Group Volunteer Agreement Form:**
  - a. The group POC will fill out and return the Volunteer Agreement Form (OF301a) to the San Bernardino National Forest Adopt-a-Trail Coordinator.
  - b. Fill out OF301b with all work party members per each workday.
- 4. Approval:**
  - a. The Volunteer Service Agreement is approved and signed by the Forest Supervisor, Deputy Forest Supervisor, or District Ranger.
  - b. A trail is assigned to the individual or group for a three-year period.
- 5. First workday orientation:**
  - a. Conduct on-site volunteer orientation.
  - b. Provide Forest Service expectations, conduct, and performance.
  - c. Review TMO, work schedules, and recommended equipment needs.
  - d. Discuss Pre-Approved Work, Standard Operation Procedure, Hand tool and trail maintenance techniques.
  - e. Review Job Hazard Analysis (JHA) and conduct tailgate safety.

## **Adopt-a-Trail Work**

The level of required maintenance varies with each trail. The ability to perform work depends on training, certifications, and capabilities.

## **Types of Trail Maintenance Include:**

- Maintain trail according to Forest Service standards. Standards are determined by the TMO, Standard Specifications for Construction of Trails and Bridges on Forest Service Projects (EM-7720-103, and the Trail Maintenance Notebook.
- Install, maintain, and replace trail markers, signs, kiosks and bulletin boards.
- Remove litter from trail.
- Rehab unauthorized trails that occur off designated routes.
- Brushing, trimming and limbing of vegetation.

- Clean drainage structures.
- Maintain Signs (in accordance with Sign and Poster Guidelines).
- Perform condition surveys and assessments Remove Trash and Graffiti.
- Maintain tools and equipment.
- Report accomplishments to the Adopt-a-Trail Coordinator in writing.

#### **What the Forest Service Provides:**

- Guidance and training on:
  - Trail standards and TMO.
  - Basic trail maintenance techniques.
  - Use of tools and equipment (Tool Loan Check-Out Form in Appendices J-1 and J-2).
  - Installation of signs.
  - The Forest Service Standard Adopt-a-Trail sign (includes adopter's name) will be installed upon successful completion of first work project.

#### **Safety**

Volunteer and employee safety are the highest priority for the Forest Service. Forest Service safety policies are the same for volunteers and employees. It is vital for volunteers to receive the necessary training to enhance their ability to perform all tasks safely. Volunteers should never perform tasks outside the scope of work outlined in their volunteer service agreement. In order to provide for the highest level of volunteer safety emphasis should be given to the following:

- All volunteers will be required to wear the appropriate level of Personal Protective Equipment (PPE). This includes, but is not limited to:
  - Over the ankle boots
  - Long pants
  - Long-sleeved shirts
  - Gloves
  - Eye protection
  - Ear protection
  - Safety vests
  - Hard hats
- All equipment used must be in good repair.
- Volunteers should pay close attention to their surroundings and local conditions:
  - Inclement weather can increase the risk associated with volunteer work. Postpone work if inclement weather is predicted.
  - Risks associated with working in high altitudes.
- Evaluation of individuals' skills, ability and comfort level are matched to the various tasks to be performed:
  - **Ability:** Volunteers who overextend themselves are more susceptible to injury; consider attributes such as physical ability which may be necessary to complete a task and delegate work accordingly.
  - **Skill:** When assigning tasks, ensure volunteers are equipped with the proper skills and training needed to complete their jobs. This may include providing instructions for using power tools and guidance on what to do if there is an accident.

#### **Risk Assessment/Job Hazard Analysis**

A Risk Assessment (RA) /Job Hazard Analysis (JHA) identifies risks and potential hazards associated with work projects, worksites, documents required PPE, and identifies work procedures necessary to perform the task safely. RA/JHAs are merely one risk assessment tool. JHAs or other forms of risk assessment tools must accompany work tasks that potentially expose employees and volunteers to serious injuries, illnesses, or significant property damage if established procedures are not followed. Tailgate safety sessions are required to review the JHAs associated with the work tasks or projects to ensure all work is performed safely.

## Tailgate Safety

Tailgate safety sessions must:

- Be used at the beginning of a project and when changing from routine work to a specialized skill or project.
- Include all personnel involved in or affected by the project. A tailgate safety session is not required when work conditions remain consistent throughout the project.
- Address new hazards or changing environmental conditions that potentially increase the risk of the work. Supervisors, work leaders, employees, and volunteers shall discuss and address these situations.
- Tier the tailgate safety discussion to the JHA to provide more specific project/task safety concerns and requirements. (See Appendices K-1 and K-2 for example and template JHA)

## Check In/Out Procedure

The check-in and check-out procedures are designed to account for the location and safety of all Adopt-a-Trail Volunteers. All Adopt-a-Trail Leaders are required to follow check-in and check-out procedures.

Group POCs are responsible for:

- All volunteers working in the group.
- Checking in with appropriate Forest Service staff (AAT Coordinator or Ranger District Volunteer Liaison).
- Giving 48-hour notice in an email to the Forest Service staff (AAT Coordinator or Ranger District Volunteer Liaison) prior to performing volunteer service.
- Giving notice when returning at end of day.
- Document the time the volunteer service day starts at the trailhead.
- Document the time the volunteer service day ends when leaving the trailhead.

## Volunteer Identification

Volunteer work shirts or vests will be a collaboration between the Forest Service and the individual, group or organization and contain the volunteer in service or partner in service logo.



Volunteers wearing Forest Service uniforms shall wear an approved volunteer patch on the right sleeve.

**See FSH 6509.11k, sec. 48 for specific information on volunteers in uniform.** The Forest Service may provide or require volunteers to procure, on a reimbursable basis, program identification materials such as patches, pins, decals, t-shirts, caps, and other wearable items which can be worn on/as personal clothing. These are considered incidental expenses rather than uniform items.

## Volunteer Training

All volunteer training provided for the San Bernardino National Forest Adopt-a-Trail program will be coordinated through the Adopt-a-Trail Coordinator. All volunteers are required to attend a volunteer orientation once every five years and the San Bernardino Volunteer meeting held annually. In addition, the adoptees (individual or group leader) are required to obtain the following training which should be completed within six months of completing the adoption process:

- First Aid/CPR
- Blood Borne Pathogen
- Radio procedure
- Hazardous materials communication

- Use of hand tools
- General trail maintenance techniques (including trail standards and safety)
- Tread Lightly! Train the Trainer (as funding permits)
- GPS training (as funding permits)

**(Refer to Volunteer Task and Training Checklist in Appendix O.)**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).



# APPENDIX A

## Maintenance Standards

### **Brushing Cutting and Removal**

All shrubs and trees growing within the travelway will be cut as close as possible, flush to the ground and disposed of as stated below in section titled "Disposal."

If a limb is to be removed from a standing, live tree, it will be sawn flush with the trunk or limb leaving no stubs or "Hat racks". Axes are not be permitted for this work. Pruning live trees shall be done in a manner to prevent tearing of the bark.

If a log, windfall, branches or shrubs are obstructing the travelway, they will be cut to the clearing limits identified on the TMO. The portion of a log that remains on the uphill side of the trail shall be firmly anchored to prevent sliding onto the trail or moved across and off the travelway to the lower side of the trail as stated below in section titled "Disposal."

Loose rocks greater than three (3) inches in length on the longest side and loose stumps within the trailway will be removed to the downhill side of the trail a minimum of four (4) feet from the centerline of the travelway.

### **Disposal**

Cleared materials will be removed and disposed of by scattering randomly along the downhill side of the trail. Logs and brush will NOT be cut to even lengths and stacked or decked adjacent to the travelway in uniform or unnatural patterns. Cleared debris will be disposed of out of sight of the trail wherever practical.

### **Drainage**

Maintain drainage dips, and log or rock waterbars that were originally constructed by cleaning out the upgrade side for the entire length of the drainage feature paying particular attention to where the water will drain. Please report the need for the installation of new waterbars to the Forest Service staff (AAT Coordinator or Ranger District Volunteer Liaison) and document on the trail condition survey report.

# APPENDIX B

## Adopt-a-Trail Sign

The Forest Service standard Adopt-a-Trail sign will be installed upon successful completion of first work project. This sign can be found in Sign and Poster Guidelines for the Forest Service EM 7100-15; Chapter 5, Section 5.1.8 Adopt-a-Trail.



# APPENDIX C-1

## Adopt-a-Trail Trail Condition Survey Form Example

<b>Adopt-a-Trail Trail Condition Survey Form</b>							
Ranger District		Blue Mountain Top		Group Name		Smokey Trail Blazers	
Trail Name		Green Ridge Trail		Date		4/22/2020	
Trail Number		34		Reported By		Smokey Bear	
<b>Trail Condition by Mile Post</b>				<b>Sign Condition by Mile Post</b>			
Mile Post	4	Comment	Water damage	Mile Post	1	Comment	Good condition
Mile Post	5	Comment	Brush cleanup	Mile Post	5	Comment	Moderate condition
Mile Post	9	Comment	Down limbs	Mile Post	8	Comment	Good condition
Mile Post	15	Comment	Trail narrowing	Mile Post	16	Comment	Poor condition
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	

## APPENDIX C-2

### Adopt-a-Trail Trail Condition Survey Form Template

<b>Adopt-a-Trail Trail Condition Survey Form</b>							
Ranger District			Group Name				
Trail Name			Date				
Trail Number			Reported By				
<b>Trail Condition by Mile Post</b>				<b>Sign Condition by Mile Post</b>			
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	
Mile Post		Comment		Mile Post		Comment	

# APPENDIX D-1

## Adopt-a-Trail Project Request Form Example

### Adopt-a-Trail Project Request Form

Club Name: Smokey Trail Blazers Trail Number: 23

Requested Project: Overhead limb cutting

Location: Blue Mountain Trail Mile Post 5

Description: Use pole saw to cut limbs with a diameter of 5 inches and less that are overhanging the trail at mile post 5. This will help clear the trail and allow easier access through the area.

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---

Date: 4/22/2020

Equipment Needed: pole saw, safety gear

**This project has been reviewed and approved by:**

---

Forest Service Coordinator

---

Volunteer Coordinator

Please attach a copy of the Adopt-a-Trail Participants form and send to the Adopt-a-Trail Coordinator.

### For Official Use Only

Management Code: \_\_\_\_\_

Appraised Value: \_\_\_\_\_

# APPENDIX D-2

## Adopt-a-Trail Project Request Form Template

### Adopt-a-Trail Project Request Form

Club Name: \_\_\_\_\_ Trail Number: \_\_\_\_\_

**Requested Project:** \_\_\_\_\_

Location: \_\_\_\_\_

Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Equipment Needed: \_\_\_\_\_

**This project has been reviewed and approved by:**

\_\_\_\_\_

Forest Service Coordinator

\_\_\_\_\_

Volunteer Coordinator

Please attach a copy of the Adopt-a-Trail Participants form and send to the Adopt-a-Trail Coordinator.

### For Official Use Only

Management Code: \_\_\_\_\_

Appraised Value: \_\_\_\_\_

# APPENDIX E-1

## OF 301a Volunteer Service Agreement - Natural & Cultural Resources INSTRUCTIONS

### HOW AND WHEN TO USE THE OF301A:

- OF301a is used for both individual and group agreements
- Group contacts/ liaisons can fill out this form on behalf of volunteers and are required to ensure all paperwork is completed for their group and all minors have parental consent.
- Parent or guardian consent is required for minors. If an organized volunteer group does not have records of guardian permissions, each minor must be engaged through the OF301a. Same requirements for guardian permissions apply for walk-in one day events, like National Public Lands Day.
- A Job Hazard Analysis is a **required** attachment to the OF301a for all tasks of the project. The JHA clearly defines practices and procedures including required safety equipment and is designed to promote the safety and well-being of volunteers.
- Example JHAs <http://fsweb.gt.wo.fs.fed.us/Safety/JHA.shtml>
- Agreement numbers are used in Person Model and for reimbursement processing by Albuquerque Service Center. Volunteer Agreements are legally binding documents and must be retained on file for three years beyond the date of termination at which time they should be shredded.
- Blank fields expand as you type for .docx version (not the .pdf version).For .docx versions double-click on checkboxes to check/uncheck.
- The .pdf version can be electronically signed.
- Additional pages may be attached as needed: description of duties, details about reimbursements, etc.
- Review agreements annually and amend or rewrite for accuracy as projects, requirements, reimbursements, and other elements of a volunteer's service may change. Without a signed agreement, individuals or groups cannot volunteer or travel.
- Provide a copy of the completed agreement to your unit volunteer coordinator and one to the volunteer or volunteer group leader. The volunteer supervisor should keep the original in a secured area or in an electronic folder on the O drive.

A signed Volunteer Agreement Form OF 301a authorizes the individual or group to volunteer and specifies service expectations, requirements and any reimbursements. A well-written agreement provides for the safety of the volunteer while clearly describing the service project, requirements, locations, schedules, and other information pertinent to the volunteer service.

## Instructions

### Page 1:

- 1- 2. **Individual or Group checkboxes:** Check whichever box applies; a group is 2 or more people.
3. **Agency:** Forest Service unit name
4. **Agreement Number:** Assign and record a unique agreement number for each volunteer agreement. Agreement numbers should remain the same when renewing or amending agreements. New individual volunteers/groups will get a new agreement number and that number will remain over time. Volunteer Agreement numbering follows a national protocol that uses 16 digits as follows and as per the example:
  - i. 15-VI-11083100-0001 The first two numbers designate the fiscal year.
  - ii. The next two characters designate the agreement type. Use "VI" for individual volunteer agreement and "VS" for group volunteer agreement.
  - iii. The next eight numbers identify the specific Forest Service issuing unit. The first two digits are always 11 which indicate the Forest Service as the sub-agency of USDA. The next two numbers are the Region or Station. The third set of numbers represents the Forest/Lab Program Area. The fourth set of numbers indicates the District or Research Program Area. This is the standard office identification numbering sequence used on all grants and Agreements.
  - iv. The final four digits are sequential numbers for each agreement on a unit, for each year, beginning with 0001.

You can type the 16-digit Agreement Number here, then copy and paste into the Agreement number block on the form:

5. **Name of Volunteer:** Name of individual volunteer. For a volunteer group also use form OF301b.
6. **Citizenship:** Mark "Yes" or "No" based on criteria. If "No", list their visa type. If any group members are internationals, check No and insure that the organization is operating in compliance with State Department guidance; contact [WO International Programs](#).  
  
Visa Type: Enter type of visa under which the volunteer is in the United States. Only certain visa types allow non-citizens to volunteer for the Forest Service: J-1, sometimes B-1 or F-1, but must be approved in advance by WO International Programs Office.
7. **Name of Group:** Complete only if an organization is the official sponsor of the volunteers. Enter the official name of organization. Example: "*Back Country Horsemen White River Chapter.*" Use OF-301b to list the names of all volunteers participating on each project. Group liaisons are responsible for obtaining parental consent for volunteers under age 18, assuring visa



requirements are met for non-citizens, and gathering medical condition information. The FS unit needs not collect or retain this information for groups.

**8. Name of Group Contact:** First and last name of the group's liaison to the agency. **Skip if form is for individual volunteer.**

**9 – 10. Address:** Physical address of volunteer's/group's permanent residence. Include post office box or other mailing address if different from street address. For campground hosts who live in their recreational vehicle fulltime and are therefore considered local volunteers, copy and paste the statement, to which the campground hosts respond:

**For tax purposes, does the Internal Revenue Service consider your recreation vehicle (RV) to be your home?**

Yes  No

**11. Email Address:** Individual volunteer's personal email address if available, or group liaison's email.

**12. Home Phone / Mobile Phone:** Individual volunteer's personal phone numbers, or group liaison's phone numbers.

**13. Age:** Check box which best matches the individual. Group liaisons should mark only one box to report approximate ages of group volunteers. Information is used to determine if parent/guardian consent is required, compliance with child labor laws and reporting purposes.

**14 a – d. Ethnicity and Race:** Optional check boxes. Groups can indicate the number of each, if known, or leave blank if not known. 7 CFR Part 15d—Nondiscrimination in programs or activities conducted by the United States Department of Agriculture includes a requirement that each agency shall, for civil rights compliance purposes, collect, maintain, and annually compile data on the race, ethnicity, and gender of all applicants and participants of programs and activities conducted by USDA.

**14c. Are you a Veteran?** Optional check boxes. This information allows the FS to ensure its programs are providing opportunities to veterans.

**14d. Do you have a disability?** Optional check boxes. This information allows the FS to ensure its programs are providing opportunities to people with disabilities.

#### **Emergency Contact Information**

**15. Name** of the person who can be contacted regarding the volunteer in case of an emergency. For Group agreements, the liaison is responsible for having emergency contact information on hand for all of the volunteers providing service on the project.

**16 -19. Contact information** of emergency contact person.

**20 - 21. Agency Contact Name, Email and Phone:** List this information for the staff person who is main contact for and/or supervisor of volunteers under this agreement.

**22. Reimbursements:** Mark “Yes” or “No.” For “Yes” specify ALL allowable reimbursements being provided for local (commuting area) or non-local volunteers (from outside commuting area). Reimbursements under Group Volunteer Agreements will be made to the organization, not to an individual. On the pdf version this field will not expand so it is best to use the .docx version of the document when reimbursements will be entered. The reimbursement block should clearly identify what out of pocket expenses the agreement will cover.

Refer to FSM 1833.5 for a detailed description of reimbursable expenses. FOR MILEAGE, ENTER “GSA COMMUTING MILEAGE RATE” and/or “GSA OFFICIAL MILEAGE RATE”. Include information on housing provided, if any. Contact [Albuquerque Service Center \(ASC\)](#) for questions about reimbursement.

ASC Miscellaneous Payments Office processes all reimbursements (except when lodging is incurred) so, provide enough description so anyone processing the reimbursement has no doubt about the reimbursement arrangement.

*Example 1 Campground Host: GSA commuting mileage rate: 14 cents/mile from their permanent home in Memphis, TN to Ranger Station at Deer River, MN. GSA official mileage rate: 56 cents/mile travelling to a neighboring campground twice a week to clean toilets. Housing provided (RV space) in Mountaintop Campground. Cost of propane for heating/cooking.*

*Example 2 Trail Project spike camp: Travel status 6/12/2017 – 6/18/2017. Field per diem \$23.00 per day. No lodging.*

*Example 3 Official Overnight Travel: Travel status 4/2/2016 – 4/4/2016. Full per diem and lodging.*

**23. Volunteer Position/Group Project Title:** Title of the volunteer assignment, such as *Wilderness Steward, Information Receptionist*, etc., or the project, such as *Big Bend Trail Maintenance, Riverside Campground Cleanup Day*, etc.

**24. Description of service to be performed:** Follow the guidance in the block to clearly and comprehensively define the role and services requested of the volunteer with sufficient detail to answer who, what, why, when, where, and how. Attach a volunteer description if available. At a minimum, the description of service should include: Detailed description of duties, tasks and responsibilities. Do **not** use FS job descriptions.

i. Locations of project/duties.

ii. Date(s) and times of service at each location/project.

iii. Training required/provided. *Example: All volunteers attend Training Weekend, May 5-6, 2015 at Camp Sherman; or, Volunteer is required to maintain standard FS certification to operate a snowmobile.*

iv. Tools, equipment and Personal Protective Equipment needed/provided if not listed in the JHA. *Example: Volunteers must wear leather work boots; FS supplies hand tools, gloves & eye protection.*

v. Types of supplies, materials and/or equipment that will be provided by the volunteer. *Example: Personal riding stock, pack stock, and tack used at volunteer's discretion; not covered by this Agreement.*

vi. Remember to attach all appropriate Job Hazard Analyses (JHA). These can be found at: [Example JHAs](#)

**25. Check All that Apply:**

**Description of service attached** - optional Check box.

**List of group participants attached** - required only if the groups are engaged on the volunteer project as defined in item #24.

**Job Hazard Analysis – REQUIRED.** It should **always** be checked as JHAs are required for all volunteer activities. <http://fsweb.r1.fs.fed.us/safetyhealth/jha.htm>

**Valid driver's license verified** - Check if applicable. Required if volunteer will be driving a government vehicle. Defensive driving training required within last 3 years. International driver licenses are not valid to drive a Forest Service vehicle on most units. International volunteers will need to check with the individual state where their service will be performed, to determine what additional licensing may be required to operate a vehicle. Each situation may be different.

**Page 2 of OF-301a:**

**26-32. Parental Consent for Volunteer Under Age 18:** Name of parent or legal guardian is required including complete contact information. For Group agreements, the Group Contact puts their information in this block and is responsible to ensure all minor volunteers have parental consent and all paperwork is completed. Parent or Guardian prints **name of youth** (printed) in box #31 and signs and dates box #32

**33-34. Volunteer & Group Leader Affirmation:** Ensure the volunteer reads and comprehends the information to which they are agreeing with their signature. The standard language in this block represents the legally binding basis for the agreement and includes important waiver statements, notification to the volunteer of potential background checks, a photo release, and disclaimer about volunteer service and liability.

**Checkboxes for medical conditions:** The volunteer should check the appropriate box for self-identification of medical conditions or physical limitations. For groups, the liaison should gather this information separately.

**Checkbox for withholding photo release:** Check if an individual volunteer does not consent to photographs. For groups, use checkbox on OF-301b.

**Name of Federal Agency:** Enter the name of the FS unit.

- 34. Signature of Volunteer or Group Leader:** Full signature of individual volunteer or group leader/liaison and date or group leader's/designated liaison's signature for group agreements.
- 35. Signature of Government Representative:** Volunteer agreements obligate the agency and therefore can only be signed by a Forest Service Line or Staff Officer or their officially designated acting. Included are WO Directors, Regional Foresters and Deputies, Research Station Directors, Regional Directors, Forest Supervisors, District Rangers, Research Lab Managers, Research Program Managers, and the National Volunteers & Service Program Manager. Official designation of another staff must be done by letter. Include the signatory's printed name and title, and date of signature. Typically this is the last signature to execute the document. One possible exception would be for "day of" events where it is uncertain who will show up for a National Public Lands Day clean-up or similar type project where the general public is invited to participate in a Forest Service planned event. In this case, the responsible government representative could sign one form in advance and volunteers sign the OF-301b at the event after reading the agreement and JHAs. The .pdf version can be electronically signed.

**Termination of Agreement Block:**

- 36. Agreement Terminated Date:** Enter date the project ends or the services of the volunteer end. Volunteer Agreements are legally binding documents and must be retained on file for three years beyond the date of termination at which time they should be shredded.

**Total Hours Completed:** Enter the number of hours contributed by the volunteer(s) under this agreement.

- 37. Signature of Government Representative:** Line officer signature is preferred but not required for the termination of the agreement.

**Provide a copy of the completed agreement to your unit volunteer coordinator and one to the volunteer or volunteer group leader. The volunteer supervisor should keep the original in a locked cabinet or on the O drive.**

# APPENDIX E-2

## Volunteer Service Agreement - OF301a Example

OMB No. 0596-0080  
Expires 10/31/2021

<b>VOLUNTEER SERVICE AGREEMENT—NATURAL &amp; CULTURAL RESOURCES</b>			
1. <input type="checkbox"/> INDIVIDUAL		2. <input checked="" type="checkbox"/> GROUP	
3. NAME OF AGENCY : Forest Service		4. AGREEMENT # 20-VS-11051200-0001	
5. NAME OF VOLUNTEER (First, Last) <b>Smokey Bear</b>		6. U.S. CITIZEN OR PERMANENT RESIDENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, list visa type_	
7. NAME OF GROUP <b>Smokey Trail Blazers</b>		8. NAME OF GROUP CONTACT (First, Last) <b>Smokey Bear</b>	
9. STREET ADDRESS <b>123 Tree Lane</b>		10. CITY, STATE, ZIP CODE <b>Forest City, CA 91234</b>	
11. EMAIL ADDRESS <b>smokeybear@gmail.com</b>	12. PHONE Home: Mobile: 909-123- 4567	13. AGE <input type="checkbox"/> Under 15 <input type="checkbox"/> 15 – 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 – 35 <input checked="" type="checkbox"/> 36 – 54 <input type="checkbox"/> 55 and Older	
14. <b>ETHNICITY &amp; RACE (Optional):</b> Please report both ethnicity and race and tell us if you are a veteran or have a disability. Multiracial respondents may select two or more races. This information will inform our understanding of diversity and inclusion among the volunteer force in the natural and cultural resource areas.			
14a. <b>Ethnicity</b> (Select one): <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	14b. <b>Race</b> (Select one or more, regardless of ethnicity): <input checked="" type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	14c. Are you a Veteran? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  14d. Do you have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>EMERGENCY CONTACT INFORMATION</b>			
15. NAME (Last, First) <b>Woodsy Owl</b>	16. PHONE Home: Mobile: 909-987-6543	17. EMAIL ADDRESS <b>woods/owl@gmail.com</b>	
18. STREET ADDRESS <b>456 Tree Lane</b>	19. CITY, STATE, ZIP CODE <b>Forest City, CA 91234</b>		
<b>GOVERNMENT OFFICIAL COMPLETES THIS SECTION</b>			
20. AGENCY CONTACT NAME (Last, First) <b>Smith, Jane</b>		21. AGENCY CONTACT EMAIL & PHONE <b>jane.smith@usda.gov</b>	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE: <b>4x4 Trail Volunteers/ Smokey Ridge Trail Project</b>	
24. <b>Description of service to be performed.</b> Provide a brief abstract of volunteer or service activity and the location of the volunteer activity, and attach description of service to be performed. Service description should include details such as time and schedule commitment, use of government vehicle, use of personal equipment and/or vehicle, skills required (note certifications if necessary), level of physical activity required, etc. If this is a group agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer..... VOLUNTEER/SERVICE ACTIVITY ABSTRACT  <b>View Attached Description of Service</b>			
25. <b>Check all that apply:</b> <input checked="" type="checkbox"/> Description of service attached <input checked="" type="checkbox"/> List of group participants/optional form 301b attached <input checked="" type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Valid Driver's License Verified (if required)			

<b>PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18</b>		
26. PARENT OR LEGAL GUARDIAN (First, Last) <b>n/a</b>	27. PHONE Home: Mobile: n/a	28. EMAIL ADDRESS <b>n/a</b>
29. STREET ADDRESS <b>n/a</b>	30. CITY, STATE, ZIP CODE <b>n/a</b>	
31. I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permission for _____ to participate in the specified volunteer activity.		
32. (NAME OF YOUTH)		
33. Parent/Guardian Signature		Date
<b>VOLUNTEER &amp; GROUP LEADER AFFIRMATION</b>		
34. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees except as otherwise provided by law. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the government or I may cancel this agreement at any time by notifying the other party. I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties. I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws. I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statements I have checked below are true: <input checked="" type="checkbox"/> I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b. <input type="checkbox"/> I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b. <input type="checkbox"/> I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.		
<b>I do hereby volunteer my services as described above, to assist in authorized activities at</b> <u>U.S. Forest Service, San Bernardino National Forest</u> <b>and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY)</b>		
35. Signature of Volunteer or Group Leader		Date <b>1/1/20</b>
The above-named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above, and to consider you as a Federal employee only for the purposes of tort claims, liability and injury compensation to the extent not covered by your volunteer group, if any.		
36. Signature of Government Representative		Date <b>1/2/20</b>
<b>TERMINATION OF AGREEMENT</b>		
37. Agreement Terminated Date:		Total Hours Completed:
38. Signature of Government Representative:		
<b>PUBLIC BURDEN STATEMENT</b>		
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. USDA, DOI, DOC and DOD prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Not all prohibited bases apply to all programs.		
<b>PRIVACY ACT STATEMENT</b>		
Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims, injury compensation, and other volunteer claims allowed by law. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.		

# APPENDIX E-3

## Volunteer Service Agreement - OF301a Template

OMB No. 0596-0080  
Expires 10/31/2021

<b>VOLUNTEER SERVICE AGREEMENT—NATURAL &amp; CULTURAL RESOURCES</b>			
1. <input type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY		4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last)		6. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No, list visa type _____	
7. NAME OF GROUP		8. NAME OF GROUP CONTACT (First, Last)	
9. STREET ADDRESS		10. CITY, STATE, ZIP CODE	
11. EMAIL ADDRESS	12. PHONE Home: Mobile:	13. AGE <input type="checkbox"/> Under 15 <input type="checkbox"/> 15 – 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 – 35 <input type="checkbox"/> 36 – 54 <input type="checkbox"/> 55 and Older	
14. <b>ETHNICITY &amp; RACE (Optional):</b> Please report both ethnicity and race and tell us if you are a veteran or have a disability. Multiracial respondents may select two or more races. This information will inform our understanding of diversity and inclusion among the volunteer force in the natural and cultural resource areas.			
14a. <b>Ethnicity</b> (Select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	14b. <b>Race</b> (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
			14d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EMERGENCY CONTACT INFORMATION</b>			
15. NAME (Last, First)		16. PHONE Home: Mobile:	17. EMAIL ADDRESS
18. STREET ADDRESS		19. CITY, STATE, ZIP CODE	
<b>GOVERNMENT OFFICIAL COMPLETES THIS SECTION</b>			
20. AGENCY CONTACT NAME (Last, First)		21. AGENCY CONTACT EMAIL & PHONE	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE:	
24. <b>Description of service to be performed.</b> Provide a brief abstract of volunteer or service activity and the location of the volunteer activity, and attach description of service to be performed. Service description should include details such as time and schedule commitment, use of government vehicle, use of personal equipment and/or vehicle, skills required (note certifications if necessary), level of physical activity required, etc. If this is a group agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer.			
VOLUNTEER/SERVICE ACTIVITY ABSTRACT			
25. <b>Check all that apply:</b> <input type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached <input type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Valid Driver's License Verified (if required)			

<b>PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18</b>		
26. PARENT OR LEGAL GUARDIAN (First, Last)	27. PHONE Home: Mobile:	28. EMAIL ADDRESS
29. STREET ADDRESS	30. CITY, STATE, ZIP CODE	
31. I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permission for _____ to participate in the specified volunteer activity.		
32. (NAME OF YOUTH)		
33. Parent/Guardian Signature		Date
<b>VOLUNTEER &amp; GROUP LEADER AFFIRMATION</b>		
34. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees except as otherwise provided by law. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the government or I may cancel this agreement at any time by notifying the other party. I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties. I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws. I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statements I have checked below are true:		
<input type="checkbox"/> I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b.		
<input type="checkbox"/> I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b.		
<input type="checkbox"/> I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.		
<b>I do hereby volunteer my services as described above, to assist in authorized activities at _____ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY)</b>		
35. Signature of Volunteer or Group Leader		Date
The above-named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above, and to consider you as a Federal employee only for the purposes of tort claims, liability and injury compensation to the extent not covered by your volunteer group, if any.		
36. Signature of Government Representative		Date
<b>TERMINATION OF AGREEMENT</b>		
37. Agreement Terminated Date:		Total Hours Completed:
38. Signature of Government Representative:		
<b>PUBLIC BURDEN STATEMENT</b>		
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. USDA, DOI, DOC and DOD prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Not all prohibited bases apply to all programs.		
<b>PRIVACY ACT STATEMENT</b>		
Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims, injury compensation, and other volunteer claims allowed by law. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.		



# APPENDIX F-1

## OF 301b “Volunteer Sign-up Form for Groups”

### HOW AND WHEN TO USE THE OF301B:

- You are engaging an organized volunteer group or holding a group or public volunteer event.
- Parent or guardian consent is required for all minors. If an organized group does not have records of guardian permissions, each minor must be engaged through the OF301a. Same requirements for guardian permissions apply for walk-in one day events, like National Public Lands Day.
- The OF301b form **must** be used with a group agreement (OF301a) and applicable job hazard analyses.
- Additional pages of the OF-301b may be attached as needed.

### TOP:

- **Group Name:** Name of organized group. An organized group typically has an official name and a group leader who serves as liaison to the Forest Service. For one-time, day-of events to which the general public is invited and there is no sponsoring group, leave blank.
- **Agency Name:** Name of the Forest Service (FS) unit.

### BODY OF FORM:

- **Project Title:** Name of project or event, such as *“High Pines Trail Maintenance”* or *“Big Muddy Creek Streamside Restoration Project”*.
- **Date of Project:** Date(s) which the project takes place.
- **Group Name:** Official name of the volunteer group. Example: *Back Country Horsemen White River Chapter*.
- **Group Contact Name:** First and last name of group’s liaison to the agency.
- **Telephone:** Phone number(s) of the group contact.
- **Email:** Email of the group contact.
- **Agency:** FS unit name.
- **Agency Contact Name:** FS staffer supervising the project or event.

- **Telephone:** Agency contact's phone number(s).
- **Email:** Agency contact's email address.
- **# (Number):** Sequenced beginning at "1".
- **Volunteer Name:** First and last name of the volunteer.
- **Signature:** Each volunteer must sign.
- **Telephone Number:** Landline or cellphone number of the volunteer, if available.
- **Email Address:** Individual volunteer's personal email address, if available.
- **Photo Release Yes/No:** Check one to indicate consent or withholding of consent to allow the agency to use images of the volunteer.

**Provide a copy of the completed OF301b to the unit volunteer coordinator along with the completed OF301a.**

# APPENDIX F-2

## Group Volunteer Service Agreement - OF301b Example

OMB No. 0596-0080  
Expires 10/31/2021

GROUP NAME: Smokey Trail Blazers

AGENCY NAME: Forest Service

### Volunteer Service Agreement-Natural & Cultural Resources

### Volunteer Sign-up Form for Groups

All volunteers that participate with an organized group on an episodic volunteer project on a unit of a public lands agency must be signed up on this form. By signing this form you agree to the terms of the project as defined in the attached Volunteer Service Agreement and affirmed by the organization and federal agency represents. Volunteers under age 18 must complete a Volunteer Service Agreement—Natural & Cultural Resources and must be signed by the parent or guardian. Please indicate your willingness (yes) or unwillingness (no) for the Agency to use your photographic, video or audio images in performance of volunteer duties.

**Burden Statement:** According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 1.9 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Project Title: Smokey Ridge Trail Project						
Group Name: Smokey Trail Blazers			Agency: Forest Service, San Bernardino National Forest			
Group Contact Name (First, Last): Smokey Bear		Telephone: 909-123-4567	Agency Contact Name (First, Last): Jane Smith		Telephone: 909-987-1234	
		Email: smokeybear@gmail.com			Email: jane.smith@usda.gov	
#	Volunteer Name (First, Last)	Signature	Telephone Number	Email Address	Photo Release	
					Yes	No
1	Smokey Bear		909-123-4567	smokeybear@gmail.com	✓	
2	Woodsy Owl		909-987-6543	woodyowl@gmail.com	✓	
3	Maria Garcia		951-123-9876	mariagarcia@gmail.com	✓	
4	Tim Wong		909-678-2345	timwong@gmail.com	✓	



# APPENDIX F-3

## Group Volunteer Service Agreement - OF301b Template

OMB No. 0596-0080  
Expires 10/31/2021

GROUP NAME:

AGENCY NAME:

### Volunteer Service Agreement-Natural & Cultural Resources Volunteer Sign-up Form for Groups

All volunteers that participate with an organized group on an episodic volunteer project on a unit of a public lands agency must be signed up on this form. By signing this form you agree to the terms of the project as defined in the attached Volunteer Service Agreement and affirmed by the organization and federal agency represents. Volunteers under age 18 must complete a Volunteer Service Agreement—Natural & Cultural Resources and must be signed by the parent or guardian. Please indicate your willingness (yes) or unwillingness (no) for the Agency to use your photographic, video or audio images in performance of volunteer duties.

**Burden Statement:** According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 1.9 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Project Title:						
Group Name:			Agency:			
Group Contact Name (First, Last):		Telephone:	Agency Contact Name (First, Last):		Telephone:	
		Email:			Email:	
#	Volunteer Name (First, Last)	Signature	Telephone Number	Email Address	Photo Release	
					Yes	No



# APPENDIX G-1

## Trail Management Objectives Example TRACS Trail Management Objectives



Region:  Forest:  District:

<b>Trail Name:</b> <input type="text" value="Smokey Ridge Trail"/>	<b>Trail Number:</b> <input type="text" value="1N19"/>
<b>Trail Beginning Termini:</b> <input type="text" value="123.45.7890/23.45.6789"/>	<b>Beg. Milepost:</b> <input type="text" value="1N01"/>
<b>Trail Ending Termini:</b> <input type="text" value="123.89.7777/67.48.8888"/>	<b>End. Milepost:</b> <input type="text" value="1N04"/>
<b>Trail Inventory Length:</b> <input type="text" value="10"/> Miles	<b>Trail Mileage Source:</b> <input type="checkbox"/> Wheel <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Unknown

### TMO Trail Section

<b>1N19</b>	<b>Section Beg. Termini:</b> <input type="text" value="123.45.7890/23.45.6789"/>	<b>Beg. Milepost:</b> <input type="text" value="1N01"/>
<b>Sec.#</b>	<b>Section End. Termini:</b> <input type="text" value="123.89.7777/67.48.8888"/>	<b>End. Milepost:</b> <input type="text" value="1N04"/>

### Designed Use Objectives

(Check one)

**Trail Type**

Standard Terra Trail  
 Snow Trail  
 Water Trail

(Check one)

**Trail Class**

1 (Primitive/Undeveloped)  
 2 (Simple/Minor Development)  
 3 (Developed/Improved)  
 4 (Highly Developed)  
 5 (Fully Developed)

**ROS/WROS Class** (Check one)

<b>ROS</b>		<b>WROS</b>	
Non-Wilderness	<input type="checkbox"/> Urban	Wilderness	<input type="checkbox"/> WROS 1
	<input type="checkbox"/> Rural		<input type="checkbox"/> WROS 2
	<input type="checkbox"/> Roaded Modified		<input type="checkbox"/> WROS 3
	<input checked="" type="checkbox"/> Roaded Natural		<input type="checkbox"/> WROS 4
	<input type="checkbox"/> Semi-Primitive Motorized		<input type="checkbox"/> WROS 5
	<input type="checkbox"/> Semi-Primitive NonMotorized		<input type="checkbox"/> WROS 6
<input type="checkbox"/> Primitive			

**Designed Use**

(Check one)

Hiker / Pedestrian  
 Pack & Saddle  
 Bicycle  
 Motorcycle  
 All Terrain Vehicle (ATV)  
 Four-Wheel Drive Vehicle > 50"  
 \_\_\_\_\_  
 \_\_\_\_\_

Cross-Country Ski  
 Snowshoe  
 Snowmobile  
 \_\_\_\_\_

Watercraft - NonMotorized  
 Watercraft - Motorized

**Design Parameters**

(Fill in all that apply)

Tread Width (inches)  
 Target Grade (%)  
 Short Pitch Maximum (%) (up to 200' lengths)  
 Target Cross-Slope (%)  
 Clearing Width (feet)  
 Clearing Height (feet)  
 Switchback Radius (feet)  
 \_\_\_\_\_

**Target Frequency Per Year**

(Fill in all that apply)

Trail Opening  
 Tread Repair  
 Drainage Cleanout  
 Logging Out  
 Brushing  
 Snow Trail Grooming  
 Condition Survey  
 \_\_\_\_\_



# TRACS Trail Management Objectives

Trail Name: **Smokey Ridge Trail**

Trail Number: **1N19**

## Travel Management Strategies FSM 2353.19

### Managed Use

(Fill in all that apply)\*

	From Date (mm/dd)	To Date (mm/dd)
<input type="checkbox"/> Hiker / Pedestrian		
<input type="checkbox"/> Pack & Saddle		
<input type="checkbox"/> Bicycle		
<input checked="" type="checkbox"/> Motorcycle	10/2019	10/2020
<input checked="" type="checkbox"/> All Terrain Vehicle (ATV)	10/2019	10/2020
<input checked="" type="checkbox"/> 4WD Vehicle > 50"	10/2019	10/2020
<input type="checkbox"/> _____		
<input type="checkbox"/> Cross-Country Ski		
<input type="checkbox"/> Snowshoe		
<input type="checkbox"/> Snowmobile		
<input type="checkbox"/> _____		
<input type="checkbox"/> Watercraft-NonMotorized		
<input type="checkbox"/> Watercraft - Motorized		

### Prohibited Use

(Check if applicable)

	From Date (mm/dd)	To Date (mm/dd)
<input type="checkbox"/> All Motorized Use		

(Or, fill in all that apply)

	From Date (mm/dd)	To Date (mm/dd)
<input checked="" type="checkbox"/> Hiker / Pedestrian	10/2019	10/2020
<input checked="" type="checkbox"/> Pack & Saddle	10/2019	10/2020
<input checked="" type="checkbox"/> Bicycle	10/2019	10/2020
<input type="checkbox"/> Motorcycle		
<input type="checkbox"/> All Terrain Vehicle (ATV)		
<input type="checkbox"/> 4WD Vehicle > 50"		
<input type="checkbox"/> _____		
<input checked="" type="checkbox"/> Cross-Country Ski	10/2019	10/2020
<input checked="" type="checkbox"/> Snowshoe	10/2019	10/2020
<input checked="" type="checkbox"/> Snowmobile	10/2019	10/2020
<input type="checkbox"/> _____		
<input type="checkbox"/> Watercraft - NonMotorized		
<input type="checkbox"/> Watercraft - Motorized		

### Other Use

(Optional: Check any that apply)\*

	Accept	Discourage	Eliminate
<input type="checkbox"/> Hiker / Pedestrian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pack & Saddle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> All Terrain Vehicle (ATV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4WD Vehicle > 50"	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cross-Country Ski	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Snowshoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Snowmobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Watercraft - NonMotorized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Watercraft - Motorized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Special Considerations

(Check any that apply. Underline appropriate clarifier in parenthesis. Provide specifics and reference information below.)

<input type="checkbox"/>	Shared System (shared with other system road or trail)
<input type="checkbox"/>	Accessible per Current Agency Guidelines
<input type="checkbox"/>	Mechanized Tools or Equipment Prohibited
<input type="checkbox"/>	T&E or Sensitive Species Present (Plant / Wildlife)
<input type="checkbox"/>	Heritage Resource Present
<input type="checkbox"/>	Easement across Non-FS Land (Existing / Needed)
<input type="checkbox"/>	Existing Permit or Agreement (Trail-Specific / Area)
<input type="checkbox"/>	_____

### Remarks / Reference Information

Maintain trail roughness for 4x4 experience.

Line Officer: Name **Woodsy Owl**

Signature \_\_\_\_\_

Title **District Ranger**

Date **01/01/2020**





# TRACS Trail Management Objectives

Trail Name: **Smokey Ridge Trail**

Trail Number: **1N19**

## Remarks / Reference Information (Continuation Sheet)

(Type notes over this message. To insert spaces between lines of text in Excel, press Alt and Enter.)



# APPENDIX G-2

## Trail Management Objectives Template

### TRACS Trail Management Objectives

Region:  Forest:  District:

<b>Trail Name:</b> <input style="width: 95%;" type="text"/>	<b>Trail Number:</b> <input style="width: 95%;" type="text"/>
<b>Trail Beginning Termini:</b> <input style="width: 95%;" type="text"/>	<b>Beg. Milepost:</b> <input style="width: 95%;" type="text"/>
<b>Trail Ending Termini:</b> <input style="width: 95%;" type="text"/>	<b>End. Milepost:</b> <input style="width: 95%;" type="text"/>
<b>Trail Inventory Length:</b> <input style="width: 50%;" type="text"/> Miles	<b>Trail Mileage Source:</b> <input type="checkbox"/> Wheel <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Unknown

### TMO Trail Section

<input style="width: 100%;" type="text"/>	<b>Section Beg. Termini:</b> <input style="width: 95%;" type="text"/>	<b>Beg. Milepost:</b> <input style="width: 95%;" type="text"/>
<b>Sec.#</b>	<b>Section End. Termini:</b> <input style="width: 95%;" type="text"/>	<b>End. Milepost:</b> <input style="width: 95%;" type="text"/>

### Designed Use Objectives

(Check one)

**Trail Type**

Standard Terra Trail

Snow Trail

Water Trail

(Check one)

**Trail Class**

1 (Primitive/Undeveloped)

2 (Simple/Minor Development)

3 (Developed/Improved)

4 (Highly Developed)

5 (Fully Developed)

**ROS/WROS Class** (Check one)

<p><b>ROS</b></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Non-Wilderness</p> <p><input type="checkbox"/> Urban</p> <p><input type="checkbox"/> Rural</p> <p><input type="checkbox"/> Roaded Modified</p> <p><input type="checkbox"/> Roaded Natural</p> <p><input type="checkbox"/> Semi-Primitive Motorized</p> <p><input type="checkbox"/> Semi-Primitive NonMotorized</p> <p><input type="checkbox"/> Primitive</p>	<p><b>WROS</b></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Wilderness</p> <p><input type="checkbox"/> WROS 1</p> <p><input type="checkbox"/> WROS 2</p> <p><input type="checkbox"/> WROS 3</p> <p><input type="checkbox"/> WROS 4</p> <p><input type="checkbox"/> WROS 5</p> <p><input type="checkbox"/> WROS 6</p>
---	--

**Designed Use**

(Check one)

Hiker / Pedestrian

Pack & Saddle

Bicycle

Motorcycle

All Terrain Vehicle (ATV)

Four-Wheel Drive Vehicle > 50"

\_\_\_\_\_

\_\_\_\_\_

Cross-Country Ski

Snowshoe

Snowmobile

\_\_\_\_\_

Watercraft - NonMotorized

Watercraft - Motorized

**Design Parameters**

(Fill in all that apply)

Tread Width (inches)

Target Grade (%)

Short Pitch Maximum (%) (up to 200' lengths)

Target Cross-Slope (%)

Clearing Width (feet)

Clearing Height (feet)

Switchback Radius (feet)

\_\_\_\_\_

**Target Frequency**

Per Year

(Fill in all that apply)

Trail Opening

Tread Repair

Drainage Cleanout

Logging Out

Brushing

Snow Trail Grooming

Condition Survey

\_\_\_\_\_



# TRACS Trail Management Objectives

Trail Name:  Trail Number:

## Travel Management Strategies FSM 2353.19

### Managed Use

(Fill in all that apply)\*

	From Date (mm/dd)	To Date (mm/dd)
<input type="checkbox"/> Hiker / Pedestrian	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Pack & Saddle	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Bicycle	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Motorcycle	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> All Terrain Vehicle (ATV)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 4WD Vehicle > 50"	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> _____	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> _____	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Cross-Country Ski	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Snowshoe	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Snowmobile	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> _____	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Watercraft-NonMotorized	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Watercraft - Motorized	<input type="text"/>	<input type="text"/>

### Prohibited Use

(Check if applicable)

	From Date (mm/dd)	To Date (mm/dd)
<input type="checkbox"/> All Motorized Use	<input type="text"/>	<input type="text"/>

(Or, fill in all that apply)

	From Date (mm/dd)	To Date (mm/dd)
<input type="checkbox"/> Hiker / Pedestrian	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Pack & Saddle	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Bicycle	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Motorcycle	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> All Terrain Vehicle (ATV)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 4WD Vehicle > 50"	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> _____	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> _____	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Cross-Country Ski	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Snowshoe	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Snowmobile	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> _____	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Watercraft - NonMotorized	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Watercraft - Motorized	<input type="text"/>	<input type="text"/>

### Other Use

(Optional: Check any that apply)\*

	Accept	Discourage	Eliminate
<input type="checkbox"/> Hiker / Pedestrian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pack & Saddle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> All Terrain Vehicle (ATV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4WD Vehicle > 50"	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cross-Country Ski	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Snowshoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Snowmobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Watercraft - NonMotorized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Watercraft - Motorized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Special Considerations

(Check any that apply. Underline appropriate clarifier in parenthesis. Provide specifics and reference information below.)

<input type="checkbox"/> Shared System (shared with other system road or trail)
<input type="checkbox"/> Accessible per Current Agency Guidelines
<input type="checkbox"/> Mechanized Tools or Equipment Prohibited
<input type="checkbox"/> T&E or Sensitive Species Present ( <u>Plant / Wildlife</u> )
<input type="checkbox"/> Heritage Resource Present
<input type="checkbox"/> Easement across Non-FS Land ( <u>Existing / Needed</u> )
<input type="checkbox"/> Existing Permit or Agreement ( <u>Trail-Specific / Area</u> )
<input type="checkbox"/> _____

### Remarks / Reference Information

Line Officer: Name

Signature

Title

Date



# TRACS Trail Management Objectives

Trail Name:

Trail Number:

## Remarks / Reference Information (Continuation Sheet)

(Type notes over this message. To insert spaces between lines of text in Excel, press Alt and Enter.)

# APPENDIX H

## Standard Operating Procedures

Standard operating procedures (SOPs) are a set of step-by-step instructions compiled by the Forest Service to help staff and volunteers implement routine operations. SOPs help to achieve efficiency and effectiveness while reducing miscommunication and failure to comply with Forest Service policies and regulations.

1. The individual or group POC will ensure all required paperwork is submitted to the Forest Service Adopt-a-Trail Coordinator or Ranger District Volunteer Liaison within 48 hours of completing project and/or volunteer services. The POC will be responsible for forwarding all group questions and inquiries to the Forest Service Adopt-a-Trail Coordinator.
2. The group POC will ensure that all volunteers sign the Forest Service Volunteer Agreement Form OF301b and submission of the OF301b to the Forest Service Adopt-a-Trail Coordinator or Ranger District Volunteer Liaison within 48 hours of completing project and/or volunteer services.
3. The individual or group POC will record the number of volunteers and number of volunteer hours completed using Forest Service Volunteer Timesheet 1800-25 found in Appendices N-1 and N-2. The POC will also ensure all volunteers with the group fill out and sign with a pen (blue or black ink) and submit to the Forest Service Adopt-a-Trail Coordinator on a monthly basis.
4. The individual or group POC will submit before and after photographs with GPS locations and a Written Accomplishment Form to the Forest Service Adopt-a-Trail Coordinator within 48 hours after the work day.
5. The individual or group POC will communicate trail tread conditions that require use of heavy equipment for trail repair needs to the Forest Service Adopt-a-Trail Coordinator using Appendices C-1 and C-2. The POC will inform the Forest Service Adopt-a-Trail Coordinator of boulders, large diameter trees, large landslides and sloughs on roads and trails that require use of specialized equipment (chainsaws, winching, and heavy equipment).
6. The individual or group POC will request volunteer training needs for their group to the Forest Service Adopt-a-Trail Coordinator.
  - a. The Adopt-a-Trail Coordinator will schedule training per needs of the forest service and available resources.
7. The individual or group POC will inform the Forest Service Adopt-a-Trail Coordinator or Ranger District Volunteer Liaison of any other projects (other than trail tread work) to assist with materials that are needed to complete the task (paint, cleaning supplies, sign repair materials, etc.) using Appendices D-1 and D-2.
8. Report illegal activities to FICC Dispatch (909) 383-5654 and identify yourself as a Forest Service Volunteer. Report: illegal woodcutting, fireworks, illegal target shooters, people attending illegal campfires, dumped vehicles and other incidents that Dispatch can request Law Enforcement to respond. Not every incident needs to be reported.
  - a. Volunteers shall avoid all public contacts that involve any illegal activities.
  - b. Record and document the incident number and report information to the Forest Service Adopt-a-Trail Coordinator within 24 hours of the incident.
9. If medical assistance is needed, please contact FICC Dispatch (909) 383-5654 immediately.
  - a. Report any volunteer accidents resulting in injury to Forest Service Adopt-a-trail Coordinator or Ranger District Volunteer Liaison immediately once the injured volunteer's condition is stabilized.
  - b. Work with the Forest Service Adopt-a-Trail Coordinator or Ranger District Liaison to complete the Federal Employee's Notice for Traumatic Injury and Claim for Continuation of Pay/Compensation Form (CA-1) found in Appendices T-1 and T-2 as soon as possible.

# APPENDIX I

## San Bernardino National Forest Adopt-a-Trail Pre-Approved and Non Pre-Approved Work

### San Bernardino National Forest Adopt-a-Trail Pre-Approved Work

- Based on the trail condition survey (use form in Appendix D) and the TMO create an annual road/trail maintenance work plan for review and approval by the Forest Service Adopt-a-Trail Coordinator.
- Clear all over side drains and culverts of material and debris along your adopted road or trail.
- Grubbing, digging and filling ruts to re-establish trail tread width as indicated in the TMO using pre-approved hand tools.
- Maintain stickers, group name (logo), and clearance around all adopted trail signs, markers, kiosks, and carsonites.
- Brushing, lopping and pruning adopted trails to Forest Service standards found in the TMO using pre-approved hand tools.
- Remove litter from adopted routes and surrounding areas within 300' of road or trail.
- Remove any visible graffiti where easily accessible.
- Maintain any fence lines adjacent to adopted road or trail constructed to prevent motorized cross country travel.
- Remove debris from the adopted road or trail where pre-approved hand tools can be used, such as small rocks, small trees, and small slides or sloughs.
- Restore unauthorized trails using pre-approved hand tools (i.e rake loose soil, scatter slash).
- Monitor project and restoration sites along adopted trails during volunteer services. Report changed conditions to Forest Service Adopt-a-Trail Coordinator.
- Take a GPS location and photograph of any abandoned vehicles and contact Forest Service Adopt-a-Trail Coordinator.
- Take a GPS location and contact FICC Dispatch (909) 383-5654 to report:
  - Illegal fires
    - If the fire is hot, determine if the group can fully extinguish the fire. If determined you can extinguish:
      - Completely extinguish fire.
      - Continue to report to FICC for appropriate Forest Service response.
    - If fire is cold:
      - Break up illegal fire rings on, or adjacent to the adopted trail.
    - Record and document the incident number and report information to Forest Service Adopt-a-Trail Coordinator.
  - Stranded individual or motorist is unable to contact emergency services and needs assistance through the help of a communication device only.
    - Record and document the incident number and report information to Forest Service Adopt-a-Trail Coordinator.

### San Bernardino National Forest Adopt-a-Trail Pre-Approved Hand tools

- Polaski
- Shovel
- Pick mattock
- McLeod
- Rock Bar
- Lopper
- Pruning Saw

### San Bernardino National Forest Adopt-a-Trail NON Pre-Approved Work

- Cut overhanging limbs using a pole saw typically above the road/trail tread.

- Operating heavy equipment such as chainsaw, winching, SWECO, mini-excavator, and back-hoe.
- Removing large fallen trees, large rocks, landslides or sloughs and any other debris blocking the route.
- Falling hazardous trees or snags.
- Rendering aid or assistance to stranded individuals or motorists while providing volunteer service hours.
- Restoring unauthorized routes that have damaged vegetation, meadows, wet areas, stream crossings, etc.

Adopt-a-Trail Volunteers will work with the Forest Service Adopt-a-Trail Coordinator to request line officer approval to perform NON Pre-Approved Work.



## APPENDIX J-1

### Tool Loan Check-Out Form Example Tool Loan Check-Out Form

Arrangements can be made in advance for Adopt-a-Trail volunteers to borrow these tools.

---

Tool Loan Instructions:

- If you wish to borrow tools, please contact the Adopt-a-Trail Coordinator at least 2 days in advance of your planned trail work day.
  - Return borrowed cleaned tools promptly to the District Office no later than 2 days after the work day.
  - Notify the Adopt-a-Trail Coordinator if tools are lost, damaged or need sharpening.
- 

Name of group/group leader: **Smokey Trail Blazers**

Phone: **(909)123-4567**

Trail: **Smokey Ridge Trail**

Trail Tools borrowed (List tools and # borrowed):

1. **MCleod (1)**
2. **Polaski (3)**
3. **Shovel (6)**
- 4.
- 5.
- 6.

Date Loaned: **4/22/2020**

Date Returned: **4/22/2020**

Signature of Forest Service employee: \_\_\_\_\_

Signature of Borrower/Group Leader: \_\_\_\_\_





## APPENDIX J-2

### Tool Loan Check-Out Form Template

### Tool Loan Check-Out Form

Arrangements can be made in advance for Adopt-a-Trail volunteers to borrow these tools.

---

Tool Loan Instructions:

- If you wish to borrow tools, please contact the Adopt-a-Trail Coordinator at least 2 days in advance of your planned trail work day.
  - Return borrowed cleaned tools promptly to the District Office no later than 2 days after the work day.
  - Notify the Adopt-a-Trail Coordinator if tools are lost, damaged or need sharpening.
- 

Name of group/group leader:

Phone:

Trail:

Trail Tools borrowed (List tools and # borrowed):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Date Loaned:

Date Returned:

Signature of Forest Service employee: \_\_\_\_\_

Signature of Borrower/Group Leader: \_\_\_\_\_

# APPENDIX K-1

## Job Hazard Analysis Example

FS-6700-7 (11/99)

<p>U.S. Department of Agriculture Forest Service</p>	<p>1. WORK PROJECT/ACTIVITY Passenger to government vehilce and site visits</p>	<p>2. LOCATION  R-5</p>	<p>3. UNIT  Public Services</p>
<p>JOB HAZARD ANALYSIS (JHA) References-FSH 6709.11 and -12 (Instructions on Reverse)</p>	<p>4. NAME OF ANALYST  Volunteers and Service Program</p>	<p>5. JOB TITLE  Volunteer</p>	<p>6. DATE PREPARED  3/29/2018</p>
<p>7. TASKS/PROCEDURES</p>	<p>8. HAZARDS</p>	<p>9. ABATEMENT ACTIONS Engineering Controls * Substitution * Administrative Controls * PPE</p>	
<p>Passenger Safety</p>	<p>Distractions</p>	<p>Wear Seat Belt at all times, do not distract the driver, maintain music levels down, act appropriate in government vehicles.</p>	
<p>Personal Protective Gear/ Walking Surfaces</p>	<p>Slips, Twists, Falls</p>	<p>When on site beaware of your surroundings try to not slip or fall. Wear appropriate foot wear. Wear PPE as needed.</p>	
<p>Lifting</p>	<p>Back Injury</p>	<p>Ask for help if load is heavy. Do not try to lift or otherwise move material beyond ability; reduce weight of object by acking smaller parcels. Use hand carts to assist with moving items.</p>	
<p>Hydration</p>	<p>Dehydration</p>	<p>Drink water through the day and on a as needed basis</p>	
<p>Personal Security</p>	<p>Security</p>	<p>If you plan to work after hours, let someone know your intentions. Park your vehicle where you can take advantage of the shortest route to and from the building.</p>	
<p>10. LINE OFFICER SIGNATURE</p>	<p>11. TITLE</p>	<p>12. DATE</p>	
<p></p>	<p>Acting Deputy Director for Public Service</p>	<p>3/29/2018</p>	

Previous edition is obsolete

(over)

**JHA Instructions (References-FSH 6709.11 and .12)**

The JHA shall identify the location of the work project or activity, the name of employee(s) involved in the process, the date(s) of acknowledgment, and the name of the appropriate line officer approving the JHA. The line officer acknowledges that employees have read and understand the contents, have received the required training, and are qualified to perform the work project or activity.

Blocks 1, 2, 3, 4, 5, and 6: Self-explanatory.

**Block 7:** Identify all tasks and procedures associated with the work project or activity that have potential to cause injury or illness to personnel and damage to property or material. Include emergency evacuation procedures (EEP).

**Block 8:** Identify all known or suspect hazards associated with each respective task/procedure listed in block 7. For example:

- a. Research past accidents/incidents.
- b. Research the Health and Safety Code, FSH 6709.11 or other appropriate literature.
- c. Discuss the work project/activity with participants.
- d. Observe the work project/activity.
- e. A combination of the above.

**Block 9:** Identify appropriate actions to reduce or eliminate the hazards identified in block 8. Abatement measures listed below are in the order of the preferred abatement method:

- a. Engineering Controls (the most desirable method of abatement). For example, ergonomically designed tools, equipment, and furniture.
- b. Substitution. For example, switching to high flash point, non-toxic solvents.
- c. Administrative Controls. For example, limiting exposure by reducing the work schedule; establishing appropriate procedures and practices.
- d. PPE (least desirable method of abatement). For example, using hearing protection when working with or close to portable machines (chain saws, rock drills, and portable water pumps).
- e. A combination of the above.

**Block 10:** The JHA must be reviewed and approved by a line officer. Attach a copy of the JHA as justification for purchase orders when procuring PPE.

Blocks 11 and 12: Self-explanatory.

**Emergency Evacuation Instructions (Reference FSH 6709.11)**

Work supervisors and crew members are responsible for developing and discussing field emergency evacuation procedures (EEP) and alternatives in the event a person(s) becomes seriously ill or injured at the worksite.

Be prepared to provide the following information:

- a. Nature of the accident or injury (avoid using victim's name).
- b. Type of assistance needed, if any (ground, air, or water evacuation).
- c. Location of accident or injury, best access route into the worksite (road name/number), identifiable ground/air landmarks.
- d. Radio frequencies.
- e. Contact person.
- f. Local hazards to ground vehicles or aviation.
- g. Weather conditions (wind speed & direction, visibility, temperature).
- h. Topography.
- i. Number of individuals to be transported.
- j. Estimated weight of individuals for air/water evacuation.

The items listed above serve only as guidelines for the development of emergency evacuation procedures.

**JHA and Emergency Evacuation Procedures Acknowledgment**

We, the undersigned work leader and crew members, acknowledge participation in the development of this JHA (as applicable) and accompanying emergency evacuation procedures. We have thoroughly discussed and understand the provisions of each of these documents:

SIGNATURE      DATE

SIGNATURE      DATE

---

---

---

---

---

---

---

---

---

---

---

---

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# APPENDIX K-2

## Job Hazard Analysis Template

FS-6700-7 (11/99)

<p><b>U.S. Department of Agriculture Forest Service</b></p>	<p><b>1. WORK PROJECT/ACTIVITY</b></p>	<p><b>2. LOCATION</b></p>	<p><b>3. UNIT</b></p>
<p><b>JOB HAZARD ANALYSIS (JHA) References-FSH 6709.11 and -12 (Instructions on Reverse)</b></p>	<p><b>4. NAME OF ANALYST</b></p>	<p><b>5. JOB TITLE</b></p>	<p><b>6. DATE PREPARED</b></p>
<p><b>7. TASKS/PROCEDURES</b></p>	<p><b>8. HAZARDS</b></p>	<p><b>9. ABATEMENT ACTIONS</b> Engineering Controls * Substitution * Administrative Controls * PPE</p>	
<p><b>10. LINE OFFICER SIGNATURE</b></p>	<p><b>11. TITLE</b></p>	<p><b>12. DATE</b></p>	

Previous edition is obsolete

(over)

**JHA Instructions (References-FSH 6709.11 and .12)**

The JHA shall identify the location of the work project or activity, the name of employee(s) involved in the process, the date(s) of acknowledgment, and the name of the appropriate line officer approving the JHA. The line officer acknowledges that employees have read and understand the contents, have received the required training, and are qualified to perform the work project or activity.

Blocks 1, 2, 3, 4, 5, and 6: Self-explanatory.

**Block 7:** Identify all tasks and procedures associated with the work project or activity that have potential to cause injury or illness to personnel and damage to property or material. Include emergency evacuation procedures (EEP).

**Block 8:** Identify all known or suspect hazards associated with each respective task/procedure listed in block 7. For example:

- a. Research past accidents/incidents.
- b. Research the Health and Safety Code, FSH 6709.11 or other appropriate literature.
- c. Discuss the work project/activity with participants.
- d. Observe the work project/activity.
- e. A combination of the above.

**Block 9:** Identify appropriate actions to reduce or eliminate the hazards identified in block 8. Abatement measures listed below are in the order of the preferred abatement method:

- a. Engineering Controls (the most desirable method of abatement). For example, ergonomically designed tools, equipment, and furniture.
- b. Substitution. For example, switching to high flash point, non-toxic solvents.
- c. Administrative Controls. For example, limiting exposure by reducing the work schedule; establishing appropriate procedures and practices.
- d. PPE (least desirable method of abatement). For example, using hearing protection when working with or close to portable machines (chain saws, rock drills, and portable water pumps).
- e. A combination of the above.

**Block 10:** The JHA must be reviewed and approved by a line officer. Attach a copy of the JHA as justification for purchase orders when procuring PPE.

Blocks 11 and 12: Self-explanatory.

**Emergency Evacuation Instructions (Reference FSH 6709.11)**

Work supervisors and crew members are responsible for developing and discussing field emergency evacuation procedures (EEP) and alternatives in the event a person(s) becomes seriously ill or injured at the worksite.

Be prepared to provide the following information:

- a. Nature of the accident or injury (avoid using victim's name).
- b. Type of assistance needed, if any (ground, air, or water evacuation).
- c. Location of accident or injury, best access route into the worksite (road name/number), identifiable ground/air landmarks.
- d. Radio frequencies.
- e. Contact person.
- f. Local hazards to ground vehicles or aviation.
- g. Weather conditions (wind speed & direction, visibility, temperature).
- h. Topography.
- i. Number of individuals to be transported.
- j. Estimated weight of individuals for air/water evacuation.

The items listed above serve only as guidelines for the development of emergency evacuation procedures.

**JHA and Emergency Evacuation Procedures Acknowledgment**

We, the undersigned work leader and crew members, acknowledge participation in the development of this JHA (as applicable) and accompanying emergency evacuation procedures. We have thoroughly discussed and understand the provisions of each of these documents:

SIGNATURE      DATE

SIGNATURE      DATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# APPENDIX L



## San Bernardino National Forest

### Check-In and Check-Out Program: Written Plan

August 2019

Reviewed by Safety Officer

Dan Snow

*Dan Snow*  
Sign and Date  
8/7/2019

Reviewed by: Randy Meyer

President FD1 LL 2066, Chief Steward FD1 LL 1781

FSC Safety Committee Chair, NFFE Forest Service Council

Sign and Date

Approved by Forest Supervisor

*Jody Noiron*  
Jody Noiron  
8/7/19  
Sign and Date

# San Bernardino National Forest

## Check-In and Check-Out Program: Written Plan

### Program Purpose

The purpose of this program is to ensure the **San Bernardino National Forest** is in compliance with the Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.38 and FSM 6700 and 6709.11, chapter 10. This check-in and check-out program shall account for the location and safety of employees. The program is designed to ensure a set of protocols is in place to account for employees in the office and when they are away from their duty station. All employees, including hosted, virtual, and telework employees, and volunteers shall be included in the **San Bernardino National Forest** check-in and check-out program.

### Minimum Requirements

The program will include the following requirements:

- Workplace Assessment
- Protocols
- Training
- Recordkeeping
- Program Evaluation

### Workplace Assessment

A check-in and check-out workplace assessment of the **San Bernardino National Forest** was conducted February – May 2014 by the Forest Safety Committee. Seven items were considered in the assessment: types of employees, work environments and settings, working conditions, types of travel and field activities, availability and status of communication systems and equipment, availability of dispatch or other personnel, and availability of emergency response resources.

### Employees Covered

Types of employees include: All San Bernardino National Forest employees, volunteers, hosted and virtual personnel.

## ***Work Environments and Settings***

Work environments and settings include: office settings, administrative sites, and field settings. They may be rural (such as general forest), semi-rural, or urban, including telework. These environments may extend beyond Forest boundaries, and out-of-state, and occasionally include international assignments: (See also: ***Employee/Supervisor Discussion Matrix***, below.)

- Supervisors Office
- Work Centers
- Warehouses
- Fire Stations
- Teleworking Locations, including Private Residences
- Visitor Centers
- Recreation sites
- Trailheads
- Project Sites
- Wilderness
- Roadless Areas
- District Offices

The effectiveness of check-in and check-out procedures, and the ability of employees to provide status updates from their work locations may be affected by mountainous terrain, steep, rugged drainages, dense canopies, and weather conditions. Remoteness and lack of access to these locations could hamper emergency responses and extend response times should assistance be needed. Working temperatures can exceed 100 degrees in the daytime, and/or not rise above freezing for extended periods. Thunderstorms and rain can be frequent and intense, and snowfalls heavy for extended periods at other times of the year. Wildfires can quickly spread and have potential for compromising common safety measures at times during the typical seasonal fire season.

## ***Working Conditions***

Working conditions include: Office, field, water and four-season weather environments. Employees may work in pairs or crews of varying size, but may also work alone depending on the situation and assignment. Work may be stationary or transitory, on foot or in vehicles, or include aviation resources.

## ***Types of Travel and Field Activities***

Travel and field activities include: Motor vehicle travel on public and private roadways, including highways, paved and unpaved roads, four-wheel drive and off-highway vehicle routes, equestrian travel, and hiking on designated and non-designated routes, along with air travel helicopter/plane.

## ***Availability and Status of Communication Systems and Equipment***

Communication systems and equipment include: Employees have access to and can communicate with two-way radios (handheld & base), phone (hardline and wireless). Numerous employees have a satellite phone issued to them - All Fire leadership- Battalion Chiefs up through Forest Fire Management Officer.

## ***Availability of Dispatch or Other Personnel***

Availability of dispatch and other personnel includes: Federal Interagency Communications Center (FICC) is open and staffed 24 hours a day, seven days a week, including Holidays. Contact information: 909.383.5651



### **Availability of Emergency Response Resources**

Availability of emergency response resources includes: The San Bernardino has access to emergency first responders adjacent to the Forest on State, County and City jurisdictions. These resources offer 24/7 advance life support. The Forest also has responders assigned with basic life support capability on most firefighting modules.

### **Protocols**

The **San Bernardino National Forest** check-in and check-out program shall account for the location and safety of employees, virtual, hosted, and telework employee's, and volunteers with the following set of protocols.

### **Definitions**

The San Bernardino National Forest program will adhere to these definitions:

**FICC** – Federal Interagency Communications Center- Dispatch

**In-** Employee is at the regular duty station.

**In Service-** Employee, Fire module or Forest Protection or Law Enforcement Officer is in-route to a location or available in quarters as specified.

**Out/Field-** Going to the field, or other activities away from the office.

**Out/Teleworking-** At work, from alternate location under teleworking agreement.

**Out/Fire-** Employee is on fire assignment.

**Out/Travel-** Traveling off forest on State or Federal highways.

**Off-** Off duty.

**Out of Service-** Fire employee or Module, Forest Protection or Law Enforcement Officer is off duty.

**ETR-** Estimated Time of Return

**Emergency Responders-** Fire, Law Enforcement, Safety

**Field Going-** Non-Fire Related jobs

**Incidental Field Going-** Employees who occasionally visit the field

**FAM** - Fire and Aviation Management

**GOV** – Government Owned vehicle

**POV** – Privately Owned Vehicle

**POC** – Point of Contact

**LE** – Law Enforcement

**Duty Officer** – Designated Fire Staff or district emergency POC

### **Check-In and Check-Out Procedures**

The San Bernardino National Forest recognizes that the variety of activities, personnel, and work schedules may restrict the application of uniform requirements to all situations, and suggests that the following "Employee/Supervisor Discussion Matrix" be used to assist in developing Check-in/Out protocols for those employees. Some departments and/or functions may use their own Check-in/Out policies if the requirements are not less than this minimum policy (See supplemental amendment).

The San Bernardino National Forest Check-in and Check-out procedures consist of two types of working categories. These categories are determined on a situational basis.

#### **1. Activities and employees requiring active status and tracking by FICC**

Fire, Law Enforcement (LEO/ LE), Forest Protection Officers (FPO), Lookouts and personnel working in remote locations i.e. Wilderness Ranger or Trail Workers staying out overnight.

- If night operations or back country overnight activity requires the use of FICC, prior arrangements need to be made with FICC and Supervisor.
- Special activities that might require FICC tracking (to be determined by FICC)

#### **Check In/Out for Law Enforcement and FAM personnel**

- Employees and modules will go In/Out of service through Dispatch unless prior arrangements have been made with FICC and/or Duty Officer.
- Employees and modules will track their locations through Dispatch and using ETR when out in the field.

#### **Off-Forest Assignments**

- Prior to departure, the module will send Dispatch a manifest of all personnel and vehicle door numbers that will be traveling to an assignment. Also identified are projected travel routes and estimated times of arrival (ETA). Double check your resource order prior to departure. This also applies to single resource personnel. All personnel will notify FICC upon their return.

## **2. Employees and activities requiring Check In/Out with direct supervisor or POC (Not with FICC)**

Examples include: administrative travel, occasional field travel, virtual and teleworking employees i.e. Engineering, Resources, Recreation, Off Highway vehicles (OHV) and all other Volunteer programs.

- Employees/volunteers will use Low-tech white board, front desk, status boards, or Outlook calendar including their estimated time of return (ETR). Supervisors will be responsible for the in/out status of their employees/volunteers.

Employees will communicate with their Supervisors about their whereabouts.

- Employees/volunteers will have confirmed communication with their Supervisors or POC about their whereabouts including Check-In/Out.
- If the supervisor or POC has changed, the current or new POC is responsible to communicate such change to the employee/volunteer and ensure confirmation that the change is understood.
- If an employee/volunteer becomes overdue or missing, the supervisor or POC will make an attempt to locate that employee (i.e. phone, radio or even check parking area for their Government/personal vehicle etc.) then the supervisor or POC will notify their immediate supervisor or upper management (Staff Officer or Line Officer) depending on the situation and determine the appropriate response. If all attempts fail, FICC will be notified and the Overdue and missing response procedures will be implemented. (see below)

**Regardless of your function you should always notify FICC in the event of an Emergency.**

Contact FICC by phone, radio or fax.

(909) 383.5651 Fax (909) 383.5587 Radio: Rx 171.4750 - Tx 168.1500 (tone 1-14)

### **Activities and employees following active status and tracking by FICC (FAM, LE and Backcountry Overnight)**

**Each day** at 18:00, FICC does on the air Status Checks for all employees or units that have gone in-service that day, but not out of service.

**FICC** will initiate overdue and missing response procedures for employees.

Overdue and missing response procedures are written in FICC Standard Operations Guide (SOG), In-service 3.2.11, Status Checks 3.2.12

#### **If Non Response:**

If any employee fails to answer status, "No Contact" will be documented on incident card and on status sheet indicating that an attempt was made. Contact will then be attempted using the following order: Radio contacts will continue, Cell Phone, Office phone, text messages, other radio users that may have information on location of employee, sending back-up to last known location, home phone.

If there is still no response, the employee's supervisor will be contacted without delay.

At this point all steps will be documented on an incident card. Notification will also be made to the Center (Asst.) Manager and / or Operations Director who is supervising the dispatch floor.

### **Weekend and Afterhours Protocol**

Employees will follow the primary check-in and check-out procedures on weekends and afterhours.

### **Travel Status Protocol**

When in travel status employees will provide immediate supervisor or designated POC a travel itinerary, weather traveling by ground or air. Itinerary may include jet ports/airlines, lodging accommodations and ETA's for arrival to destination and return home.

### **Protocol for Hosted, Virtual, and Telework Employees**

Hosted, virtual, and telework employees will follow the same check-in and check-out procedures as employees.

### **Protocol for Volunteers**

Volunteers will follow the same check-in and check-out procedures as employees. See page 9 for details.

### **Training**

**San Bernardino National Forest** employees, virtual, hosted, telework employees, and volunteers must be properly instructed in the contents and use of check-in and check-out procedures.

Training will include:

- Overview of the written check-in and check-out plan
- Overview and demonstration of the primary check-in and check-out system
- Overview and operation of communication equipment such as radios cell/ satellite phones. Initial training on use.

### **Recordkeeping**

**The Forest Safety Officer** will keep a signed copy of the written plan as well as post it to the Forest Website. FICC will keep employee status logs.

### **Program Evaluation**

The **San Bernardino National Forest Check-in/Out program** will be reviewed and updated on an annual basis for outdated information and ineffective procedures. If necessary, the plan will be updated and new signatures obtained. It is the Employee/volunteer and Supervisors responsibility to communicate what appropriate type of Check-In/Out process will be used for a particular activity or function. This document is not intended to cover all activities due to the complexity of an activity or function. Those Check-In/Out procedures should be reviewed by a staff officer and turned into the Forest Safety Officer for a supplemental amendment to this policy.

**Suggested Employee / Supervisor Discussion Matrix**

<b>Work Environment</b>	<b>Situation</b>	<b>Minimum Employee Accountability</b>	<b>Minimum Supervisor Accountability</b>	<b>Available Tools/ Technology</b>	<b>Minimum Host Unit Accountability</b>
<b>Urban</b>	Office setting. Working at duty station.	No formal check-in or check-out required; status recorded.	Knows who is in the office.	Low-tech white board, front desk; status boards; dispatch; Outlook calendar.	
<b>Urban and rural/forest</b>	Office and field setting. Leaving and returning to duty station daily.	Check-out when leaving office and check back in when returning to duty station. Travel plan identified; advise if plan changes; Additional check ins may be required based on travel mode (snowmobile, ATV, boat, plane, helicopter). Check in and out with local field units.	Knows whereabouts of employees. Able to confirm return to duty station. Knows procedures if employee does not check back in at end of day.	Low tech white board, front desk; Outlook calendar; dispatch.	
<b>Urban and rural/forest (virtual and telework)</b>	Virtual employees and teleworking. Working at a hosted unit or at home.	No formal check in or check out required; status recorded.	Knows when and where employees are working.	Status boards; dispatch; Outlook group calendar; Communicator	
<b>Urban and rural/off forest</b>	Multi-day travel. In travel status-solo or group; populated settings. Meetings and training.	Check out when leaving duty station and when arriving at travel destination. Daily check in not required. Check in when return to duty station.	Knows whereabouts of employees. Able to confirm return to duty station. Knows procedures if employee does not check back in at end of trip.	Phone, email, cell phone, radio, dispatch	

Work Environment	Situation	Minimum Employee Accountability	Minimum Supervisor Accountability	Available Tools/ Technology	Minimum Host Unit Accountability
<b>Working Solo-Backcountry and Remote</b>	Working solo: Backcountry and remote field project work. Multi-day travel. Working "off road." Working alone. Field camp setting.	Check out when leaving duty station with "travel plan." Check in at set time "window" at the beginning and end of each shift; advise if travel plans change; check in when return back to duty station.	Knows whereabouts of employees. Able to confirm daily location and final return to duty station. Knows procedures if employee does not check in at established timeframes and if employee does not return back to duty station.	Radio, satellite phone, cell phone, dispatch	
<b>Working With Crew or Pairs-Backcountry and Remote</b>	Working in crew: Backcountry and remote field project work. Multi-day travel. Working "off-road." Working in crew situation. Field camp setting.	Check out when leaving duty station with "travel plan." Check in at set time "window" daily; advise if travel plans change; check in when return back to duty station.	Knows procedures if employee does not check in at established timeframes and if employee does not return back to duty station.	Radio, satellite, cell phone, dispatch	
<b>International Travel</b>	Travel out of country. Travel plans coordinated and tracked through IP and in-country safety officers. Filed with State Department.	Check out when leaving duty station and when "leaving country." Check in with duty station upon arrival to travel destination. Daily check in not required. Check in "in country" and when return to duty station.	Knows procedures if employee does not check in at established timeframes and if employee does not return back to duty station.	Low-tech white board, front desk; status boards; Outlook calendar, phone.	

Work Environment	Situation	Minimum Employee Accountability	Minimum Supervisor Accountability	Available Tools/ Technology	Minimum Host Unit Accountability
Incident Management/ Emergency Response	Law Enforcement and Investigations (LE&I ) and FAM	Utilize established check-out and check-in procedures, based on assignment and location. Fire resources at home unit, check out and check in with dispatch when they go on shift and off shift. LE&I resources, check out and check in with dispatch and local law enforcement dispatch centers. Follow established check-out and check-in procedures when assigned to an incident.	Incident Management or Emergency Response	Radio, satellite phone, cell phone, dispatch	Utilize established check-out and check-in procedures, based on assignment and location. Fire resources at home unit, check out and check in with dispatch when they go on shift and off shift. LE&I resources, check out and check in with dispatch and local law enforcement dispatch centers. Follow established check-out and check-in procedures when assigned to an incident.

**Protocols for Volunteers and Volunteer Supervisors**

All volunteers will have an on-duty supervisor or Point of Contact (POC) when in volunteer status.

Volunteer Supervisors are responsible for tracking all volunteers while they are in volunteer status (in/out), and for all issued radio call signs to volunteers. Forest policy requires that all call signs go through FICC for compliance.

Volunteers will follow the same check-in and check-out procedures as employees.

**Activities that require volunteers to check in/out with FICC:** Lookout hosts (on duty or Staying in Tower overnight) and volunteers staying overnight in wilderness areas. Back country travel plans should be completed and sent to FICC in advance. Traveler and Supervisor shall confirm travel with FICC.



# APPENDIX M-1

## Adopter Work Report Example

### ADOPTER WORK REPORT

One report per section of trail and per trip

SAN BERNARDINO NATIONAL FOREST ADOPT-A-TRAIL PROGRAM

Work Party Leader: Smokey Bear  Adopter or Co-Adopter

Group Name: Smokey Trail Blazers

Trail Name: Green Ridge Trail Trail on AT:  Yes  No

Section Name: Green Ridge Trail Section 1

Each Individual\*     Adopter     Adopter/Co-Adopter Split

\*Unless the individual is a registered volunteer in the Adopt-A-Trail program, we cannot count their hours separately from the adopters' hours. They need to fill out a full volunteer agreement for the San Bernardino National Forest.

Volunteer Full Name	Date	Tailgate Safety Attendance	Start Time	Stop Time	Work Hours
Woodsy Owl	4/22/2020	Yes	10:00 AM	3:00 PM	5
Joe John	4/22/2020	Yes	9:00 AM	3:00 PM	6
Sandra Long	4/22/2020	Yes	9:00 AM	3:00 PM	6
Gwen Smith	4/22/2020	Yes	9:00 AM	2:00 PM	5
Smokey Bear	4/22/2020	Yes	9:00 AM	3:00 PM	6
<b>Total volunteers in group: 5</b>					<b>Total Hours: 28</b>

Basic Maintenance Work Completed (Please specify exact numbers; do not say "all")			
Drainage Cleaned	#	Trail Definition	
Wood Waterbar and its outflow ditch ( <b>WWB</b> )		Brushing	20 feet
Rock Waterbar and its outflow ditch ( <b>RWB</b> )		Rehab unauthorized trails	feet
Dip (across tread) and its outflow ditch ( <b>DIP</b> )		Remove litter	5 miles
Side Ditch (off tread) ( <b>SD</b> )		Install and maintain signs and bulletin boards	1 sign
Stream Channeling ( <b>SCH</b> )		Maintain tools and equipment	
Rock Crossover ( <b>RXR</b> )			

**Other Notes:** Please list any suggestions, questions, assistance requests, and any new issues or challenging trail problems like damaged trails signs and large blowdowns.

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# APPENDIX M-2

## Adopter Work Report Template

### ADOPTER WORK REPORT

One report per section of trail and per trip

SAN BERNARDINO NATIONAL FOREST ADOPT-A-TRAIL PROGRAM

Work Party Leader: \_\_\_\_\_  Adopter or Co-Adopter

Group Name: \_\_\_\_\_

Trail Name: \_\_\_\_\_ Trail on AT:  Yes  No

Section Name: \_\_\_\_\_

Each Individual\*     Adopter     Adopter/Co-Adopter Split

\*Unless the individual is a registered volunteer in the Adopt-A-Trail program, we cannot count their hours separately from the adopters' hours. They need to fill out a full volunteer agreement for the San Bernardino National Forest.

Volunteer Full Name	Date	Tailgate Safety Attendance	Start Time	Stop Time	Work Hours
<b>Total volunteers in group:</b>					<b>Total Hours:</b>

Basic Maintenance Work Completed (Please specify exact numbers; do not say "all")			
Drainage Cleaned	#	Trail Definition	
Wood Waterbar and its outflow ditch ( <b>WWB</b> )		Brushing	feet
Rock Waterbar and its outflow ditch ( <b>RWB</b> )		Rehab unauthorized trails	feet
Dip (across tread) and its outflow ditch ( <b>DIP</b> )		Remove litter	miles
Side Ditch (off tread) ( <b>SD</b> )		Install and maintain signs and bulletin boards	#
Stream Channeling ( <b>SCH</b> )		Maintain tools and equipment	
Rock Crossover ( <b>RXR</b> )			

**Other Notes:** Please list any suggestions, questions, assistance requests, and any new issues or challenging trail problems like damaged trails signs and large blowdowns.

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# APPENDIX N-1

## Volunteer Timesheet - FS-1800-25 Example

### Volunteer Timesheet

**Name of Volunteer/Group:** Smokey Trail Blazers      **Name of Supervisor:** Jane Smith

**Month / Year:** April 2020      **Department/Resource Area:** Trails

Enter the actual clock hours and total hours volunteered next to the corresponding date.  
If no hours were volunteered, enter a "0" or leave blank.

Date	Hours	Total	Date	Hours	Total	Date	Hours	Total
1			12			23		
2			13			24		
3			14	10		25		
4			15			26		
5	20		16			27		
6			17			28		
7			18			29		
8			19			30		
9			20	20		31		
10			21					
11			22					

**TOTAL HOURS FOR THE MONTH:**      50

### SIGNATURES

**Volunteer:** Smokey Trail Blazers      **Date:** January 31, 2020

**Supervisor:** Jane Smith      **Date:** January 31, 2020

**COMMENTS / ADDITIONAL INFORMATION:**

**Note:** Information from this timesheet will be used for the Volunteers Annual Report, form FS-1800-24  
**Burden Statement**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**Privacy Act Statement**

Collection and use is covered by Privacy Act System of Records USDA/OP-1 and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA Forest Service for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.

**Volunteer Timesheet - FS-1800-25 Template**

**Volunteer Timesheet**

Name of Volunteer/Group: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
 Month / Year: \_\_\_\_\_ Department/Resource Area: \_\_\_\_\_

Enter the actual clock hours and total hours volunteered next to the corresponding date.  
 If no hours were volunteered, enter a "0" or leave blank.

Date	Hours	Total	Date	Hours	Total	Date	Hours	Total
1			12			23		
2			13			24		
3			14			25		
4			15			26		
5			16			27		
6			17			28		
7			18			29		
8			19			30		
9			20			31		
10			21					
11			22					

TOTAL HOURS FOR THE MONTH: \_\_\_\_\_

**SIGNATURES**

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMENTS / ADDITIONAL INFORMATION:**

**Note:** Information from this timesheet will be used for the Volunteers Annual Report, form FS-1800-24  
**Burden Statement**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**Privacy Act Statement**

Collection and use is covered by Privacy Act System of Records USDA/OP-1 and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA Forest Service for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.

# APPENDIX O

## Volunteer Task and Training Checklist

<b>Task</b>	<b>Supervisor/Date</b>	<b>Adoptee/Date</b>
Volunteer Agreement: OF301a or OF301b		
Emergency Contact Information Provided to Dispatch		
Check In/Out Procedures Set Up		
Volunteer Guidebook – Provided and Read		
AAT Manual – Provided and Read		
JHA Reviewed, Signed, and on File		
Safety Expectations & Accomplishment Reporting (Tailgate Form) Reviewed and Provided to Adoptee		
1st Aid/CPR Documentation		
Blood Borne Pathogens Training		
Hazardous Materials Communication Training		
FS Volunteer Orientation – Must Attend Once Every 5 Years		
Map of Adopted Trail Provided		
Equipment and tools issued and documented on AD-107		
(Adopt-A-Trail Crew Leaders Only)-Observation of Adoptee Facilitating Project Day(s) by Supervisor to Ensure Adoptee Can Perform Safety & Technical Tasks		
Adoptee Understands PPE Requirements, Safety Protocols, Check In/Out Procedures, Accomplishment Reporting, and Knows How to Contact Supervisor		
Annual Site Visit By FS Personnel		

# APPENDIX P-1

## Volunteer Emergency Contact Information Example

### VOLUNTEER EMERGENCY CONTACT INFORMATION

This information is confidential and will be kept confidential. Necessary information will be shared only with appropriate Forest Service and/or medical personnel on an as-needed basis.

---

VOLUNTEER'S NAME: **Smokey Bear**

VOLUNTEER POSITION: **4X4 Trail Volunteer**

SUPERVISOR/CREW LEADER: **Jane Smith**

HOME ADDRESS: **123 Tree Lane, San Bernardino, CA, 12345**

PHONE: **(909)123-4567**

MEDICAL INSURANCE: **Critter Medical Group**

ALLERGIES: **None**

In case of Emergency, please notify the following:

RELATIONSHIP	NAME	ADDRESS	PHONE/CELL	E-MAIL
Neighbor	Hopper Rabbit	234 Tree Lane	909-785-9999	<a href="mailto:hopperrabbit@gmail.com">hopperrabbit@gmail.com</a>
Friend	Night Fox	567 Pine Road	909-243-8888	<a href="mailto:nightfox@gmail.com">nightfox@gmail.com</a>
Professor	Wise Owl	876 Treetop Drive	909-435-7777	<a href="mailto:wizeowl@gmail.com">wizeowl@gmail.com</a>

# APPENDIX P-2

## Volunteer Emergency Contact Information Template

### VOLUNTEER EMERGENCY CONTACT INFORMATION

This information is confidential and will be kept confidential. Necessary information will be shared only with appropriate Forest Service and/or medical personnel on an as-needed basis.

---

VOLUNTEER'S NAME:

VOLUNTEER POSITION:

SUPERVISOR/CREW LEADER:

HOME ADDRESS:

PHONE:

MEDICAL INSURANCE:

ALLERGIES:

In case of Emergency, please notify the following:

RELATIONSHIP	NAME	ADDRESS	PHONE/CELL	E-MAIL

# APPENDIX Q

## Forest Service Liaison Contact Information

### Director of Public Services/ Trail Adoption

Tucker O'dell

(909)382-2618

[Odell.tucker@usda.gov](mailto:Odell.tucker@usda.gov)

#### **Mountaintop Ranger District**

**Primary: OHV Tech**

Chailenn Young

(909)382-2704

[Chailenn.young@usda.gov](mailto:Chailenn.young@usda.gov)

**Secondary: Public Services Officer- Vacant**

**Final: District Ranger**

Marc Stamer

(909)382-2728

[Marc.stamer@usda.gov](mailto:Marc.stamer@usda.gov)

#### **San Jacinto Ranger District**

**Primary: OHV Tech**

Stacey Wellman

(951)201-7512

[Stacey.wellman@usda.gov](mailto:Stacey.wellman@usda.gov)

**Secondary: Public Services Officer**

Andy Smith

(951)203-2650

[Andrew.e.smith@usda.gov](mailto:Andrew.e.smith@usda.gov)

**Last: District Ranger**

Julie Hall

(909)382-2924

[Julie.hall2@usda.gov](mailto:Julie.hall2@usda.gov)

#### **Front Country Ranger District**

**Primary: Public Services Officer**

Travis Mason

(909)382-2716

[Travismason@usda.gov](mailto:Travismason@usda.gov)

**Secondary: OHV Tech**

Johnny Moreno

(909)382-2763

[Johnny.moreno@usda.gov](mailto:Johnny.moreno@usda.gov)

**Final: District Ranger**

Joseph Rechsteiner email

(909)382-2763

[Joseph.rechsteiner@usda.gov](mailto:Joseph.rechsteiner@usda.gov)

#### **Emergency/Dispatch**

911 or (909)383-5654

# APPENDIX R

## Adopt-A-Trail Group Contact Information

### Green-Sticker Contacts:

Group Name	Point of Contact	Phone	Email	District
Orange County Duallies	Ronald Sobchik	714-335-9810	<a href="mailto:ron.sobchik@gmail.com">ron.sobchik@gmail.com</a>	MT
Inland Empire 4 Wheel Drive Club	Ken Ehlers	951-317-0169	<a href="mailto:kene102331@aol.com">kene102331@aol.com</a>	MT
Lost Jeeps SoCal	Jennafer Hart	714-349-9843	<a href="mailto:revntink@gmail.com">revntink@gmail.com</a>	MT
NAXJA	Sequoia Armstrong	310-621-1639	<a href="mailto:sequoia@sequoiasite.com">sequoia@sequoiasite.com</a>	FC/MT
Capo Valley Four Wheelers	Mary Yoon	714-328-0333	<a href="mailto:yoonlogistics1@gmail.com">yoonlogistics1@gmail.com</a>	MT
GadZuks	Guy Longley	626-201-1582	<a href="mailto:oldguy4x4@yahoo.com">oldguy4x4@yahoo.com</a>	MT
Orange County 4 Play	Barry Hampton	714-931-6892	<a href="mailto:hampton_b@yahoo.com">hampton_b@yahoo.com</a>	MT
Dirt Devils	Rick Walter	951-505-7028	<a href="mailto:rick03tj@gmail.com">rick03tj@gmail.com</a>	MT
Hemet Jeep Club	Michael Ledbetter	951-306-5243	<a href="mailto:mike.ledbetter@verizon.net">mike.ledbetter@verizon.net</a>	SJ
La Familia				MT
OC Overland				MT
Overland Trail Enthusiasts				MT
SoCal FJ Cruisers				MT
Southern California Club Xterra				MT
La Familia Side by Side Club				MT
Riverside 4 Wheelers				MT

### Non-Green Sticker Contacts:

Group Name	Point of Contact	Phone	Email	District
MyJeepRocks.com	Ryan Primosch	562-301-8573	<a href="mailto:resqueryan@msn.com">resqueryan@msn.com</a>	MT
Funshine Girls	June Smith	714-342-5689	<a href="mailto:funshinejeepgirls@yahoo.com">funshinejeepgirls@yahoo.com</a>	MT
SoCal Broncos	Danny Bogner	951-741-5024	<a href="mailto:bogshotrods@charter.net">bogshotrods@charter.net</a>	MT
HYE Krawlers Jeep Club	Shant Bashian	626-710-6455	<a href="mailto:hkoffroad@yahoo.com">hkoffroad@yahoo.com</a>	MT
Drifters	Don Rybarczyk	909-987-7543	<a href="mailto:rybie2@yahoo.com">rybie2@yahoo.com</a>	MT
SoCal TLCA	Jim Harlow	714-262-0273	<a href="mailto:kimberlyharlow@gmail.com">kimberlyharlow@gmail.com</a>	MT
Waywegos Four Wheel Drive Club	Ray Leuschner	626-390-3537	<a href="mailto:raycj5@earthlink.net">raycj5@earthlink.net</a>	MT
West Coast 4 Wheel Drive Club	Steve Gardiner	714-283-2073	<a href="mailto:steveg@digitalisc.com">steveg@digitalisc.com</a>	MT



Freelanders 4x4 Club				
4X Geotrails				
Bear Valley 4x4				
Tustin Hummer Base Camp				
Big Bear Amateur Radio Club				
Tustin Hummer Base Camp				
SCTLA				
Inland Jeep Freeks				
Riverside 4 Wheelers				
Big Bear Valley Historical Society				
Hiill-n-Gully Riders				
GetJeepN				
CDA Hi-Desert				
Bear Valley 4x4 Club	Don Alexander	909-486-8522	<a href="mailto:don@backcounrty4x4.com">don@backcounrty4x4.com</a>	MT
West Coast 4x4 Club				
Scouts West Inc.				
Overlander's 4x4 Club				
San Diego Scouts West	William Sousa	619-471-7030	<a href="mailto:williamsousa@cox.net">williamsousa@cox.net</a>	SJ

# APPENDIX S-1

# Volunteer and Service Accomplishment Report Example

## USDA Forest Service VSReports FS-1800-16 Report Reporting Deadline: October 15, 2020

### 1. Reporting Unit: San Bernardino National Forest

Deputy Area	Public Services	Region/Station/ Area	0512	Forest/Grasslands/Unit	San Bernardino National Forest	Ranger District	Green Tree Ranger District
Project Start Date	1/1/2020	Project End Date	9/30/2020				

<b>2. Project Title / Name:</b>	Smokey Ridge Trail Project/4x4 Trail Volunteers
<b>3. Participant Remuneration:</b>	Non-monetary
<b>4. Program:</b>	Volunteers, 1830
<b>5. Budget Line Item:</b>	NFRW - FS RECREATION/HERITAGE/WI

### 6. Focus Areas (select from 1 to 3 priorities, selections are optional)

<b>Focus Area One</b>	Trails	<b>Focus Area Two</b>	Improve landscape conditions	<b>Focus Area Three</b>	
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A. FUNCTIONAL AREA:				Hours	Value	Person Years	Note: Calculations shown here are based on the rate below. Rate can be changed to current year value to view accurate calculations. VSReports has the latest rate configured and only needs the hours.	
Enter hours only; value and person years will automatically populate								
<b>Ecosystem, Forest &amp; Natural Resource Management</b>								
Data Management Analysis				0.00	\$0.00	0.00	Hourly Rate: \$ 25.43	
Education and Outreach				0.00	\$0.00	0.00		
Interpretation				0.00	\$0.00	0.00		
Grazing and rangeland monitoring and improvements				0.00	\$0.00	0.00		
Miscellaneous forest products and timber and salvage sales				0.00	\$0.00	0.00		
Reforestation, rehabilitation, restoration and monitoring				0.00	\$0.00	0.00		
<b>Engineering, Road Maintenance, Safety &amp; Sustainable Ops</b>								
Data Management Analysis				0.00	\$0.00	0.00		
Decommissioning, maintenance and improvement of roads				0.00	\$0.00	0.00		
Design, construction, maintenance and improvement of facilities				0.00	\$0.00	0.00		
Green Team and energy conservation projects				0.00	\$0.00	0.00		
Safety and health inspections, training and certifications				0.00	\$0.00	0.00		
<b>Heritage Resources</b>								
Archives, excavation, site surveys, stabilization and tours				0.00	\$0.00	0.00		
Data Management Analysis				0.00	\$0.00	0.00		
Education and Outreach				0.00	\$0.00	0.00		
Interpretation				0.00	\$0.00	0.00		
Heritage facility projects				0.00	\$0.00	0.00		
Passport in Time projects				0.00	\$0.00	0.00		
<b>Information Resources &amp; Business Operations</b>								
Administrative/business operations support				0.00	\$0.00	0.00		
Data Management Analysis				0.00	\$0.00	0.00		
Education and Outreach				0.00	\$0.00	0.00		
Geographic information systems, geospatial data, website support				0.00	\$0.00	0.00		
Digital media and communications				0.00	\$0.00	0.00		
<b>Lands, Minerals, Geology &amp; Special Uses</b>								
Boundary surveys, reclamation, abandoned mines				0.00	\$0.00	0.00		
Data Management Analysis				0.00	\$0.00	0.00		
Education and Outreach				0.00	\$0.00	0.00		
Mapping, inventory, monitoring of geological resources				0.00	\$0.00	0.00		
<b>Recreation Management</b>								
Avalanche forecasting, snow surveys, assessments				0.00	\$0.00	0.00		
Backcountry/front country trail patrols				0.00	\$0.00	0.00		
Campground hosts/facility caretakers				0.00	\$0.00	0.00		
Cave and karst monitoring, surveys and protection				0.00	\$0.00	0.00		
Education and Outreach				0.00	\$0.00	0.00		
Interpretation				0.00	\$0.00	0.00		
Data Management Analysis				0.00	\$0.00	0.00		
Developed and dispersed resource maintenance and improvement				0.00	\$0.00	0.00		
Front desk, public information, visitor services				0.00	\$0.00	0.00		
Snowmobile, ski trail grooming				0.00	\$0.00	0.00		
Volunteer coordination/non-profit boards/partnerships				0.00	\$0.00	0.00		
Wilderness trail maintenance and construction				0.00	\$0.00	0.00		
Wilderness, wild and scenic river management and monitoring				0.00	\$0.00	0.00		
Trail maintenance and construction (non-wilderness)				400.00	\$10,172.00	0.22		
<b>Research and Development</b>								
Education and Outreach				0.00	\$0.00	0.00		

**USDA Forest Service VSReports FS-1800-16 Report**  
**Reporting Deadline: October 15, 2020**

Invasive Species	0.00	\$0.00	0.00
Inventory and Monitoring	0.00	\$0.00	0.00
Recreation	0.00	\$0.00	0.00
Resource Management and Use	0.00	\$0.00	0.00
Research and Administration	0.00	\$0.00	0.00
Water, Air, and Soil	0.00	\$0.00	0.00
Wildland Fire and Fuels	0.00	\$0.00	0.00
Wildlife & Fish	0.00	\$0.00	0.00
<b>State &amp; Private Forestry and Fire</b>			
Data Management Analysis	0.00	\$0.00	0.00
Sustainable Development		\$0.00	
Education and Outreach	0.00	\$0.00	0.00
Interpretation		\$0.00	
Fire Aviation Management	0.00	\$0.00	0.00
Fire prevention activities and education outreach	0.00	\$0.00	0.00
Forest and grassland stewardship and restoration	0.00	\$0.00	0.00
Forest Health Protection	0.00	\$0.00	0.00
Tribal Relations and Engagement	0.00	\$0.00	0.00
Urban and Community Forestry	0.00	\$0.00	0.00
Urban support and development projects	0.00	\$0.00	0.00
Wild land/urban interface fuels management	0.00	\$0.00	0.00
<b>Veg, Watershed &amp; Air, Natural Resources Management</b>			
Air quality monitoring/management	0.00	\$0.00	0.00
Botanical gardens, rare plant surveys, monitoring, protection	0.00	\$0.00	0.00
Data Management Analysis	0.00	\$0.00	0.00
Education and Outreach	0.00	\$0.00	0.00
Interpretation	0.00	\$0.00	0.00
Invasive plants and animal activities	0.00	\$0.00	0.00
Water/soil improvements and stewardship projects	0.00	\$0.00	0.00
<b>Wildlife, Fish, and Threatened &amp; Endangered Species</b>			
Data Management Analysis	0.00	\$0.00	0.00
Education and Outreach	0.00	\$0.00	0.00
Interpretation	0.00	\$0.00	0.00
Restoration and rehabilitation activities	0.00	\$0.00	0.00
Threatened & endangered species monitoring, surveys and protection	0.00	\$0.00	0.00
<b>Total</b>	<b>400.00</b>	<b>\$10,172.00</b>	<b>0.22</b>

<b>B. AGE DATA</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Percentage</b>	Enter number of people who contributed the hours reported in section A by male and female in the appropriate age group.
UNDER 15	0	0	0	0.00%	
15-18	0	0	0	0.00%	
19-24	0	0	0	0.00%	
25-35	1	0	1	25.00%	
36-54	0	2	2	50.00%	
55 Plus	1	0	1	25.00%	
Unknown	0	0	0	0.00%	
<b>Total</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>100.00%</b>	

<b>C. ETHNICITY AND RACE DATA</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Percentage</b>	Enter number of people who contributed the hours reported in section A by male and female in the appropriate ethnic group.
Although reporting of race and ethnicity data by program participants is optional, please make every effort to encourage volunteers, partners and other program participants to report this information. Demographic information is essential to our ability to understand who we are engaging in our programs and the development of outreach strategies which could enhance and expand participation by underrepresented groups.					
White (Non-Hispanic)	0	1	1	25.00%	
Black or African American (Non-Hispanic)	1	0	1	25.00%	
Hispanic or Latino	0	1	1	25.00%	
Native American/Alaskan Native	1	0	1	25.00%	
Asian/Pacific Islander	0	0	0	0.00%	
Other	0	0	0	0.00%	
Unknown	0	0	0	0.00%	
<b>Total</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>100.00%</b>	

<b>D. OTHER DEMOGRAPHIC DATA</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Persons with Disabilities	0	0	0
Veterans Designation	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>E. PROGRAM MANAGEMENT COST DATA</b>						
<b>Category</b>	<b>WO/Region/Station</b>	<b>Forest/Lab/RS</b>	<b>District/JCC</b>	<b>Subtotal</b>	<b>Partner</b>	<b>Total</b>
Participant Wages/Stipends/Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Volunteer Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Materials/Supplies	\$0.00	\$3,000.00	\$500.00	\$3,500.00	\$0.00	\$3,500.00

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Equipment/Vehicles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration/Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$3,000.00</b>	<b>\$500.00</b>	<b>\$3,500.00</b>	<b>\$0.00</b>	<b>\$3,500.00</b>

**F. VOLUNTEER GROUP / PARTNER ORGANIZATION INFORMATION**

Organization Name: **Smokey Trail Blazers**

Agreement #: **21-VS-11051200-0001**

Address: **123 Tree Lane, Forest City, CA 91234**

Primary Contact: **Smokey Bear**

Phone: **909-123-4567** Fax: **909-987-6543** E-mail: **smokeybear@gmail.com**

Secondary Contact: **Woodsy Owl**

Phone: **909-987-6542** Fax: **909-234-9876** E-mail: **woods/owl@gmail.com**

Total No. of Volunteers 4 Total No. of Hours 400

Organization Name:

Agreement #:

Address:

Primary Contact:

Phone: Fax: E-mail:

Secondary Contact:

Phone: Fax: E-mail:

Total No. of Volunteers \_\_\_\_\_ Total No. of Hours \_\_\_\_\_

**USDA Forest Service VSReports FS-1800-16 Report**  
**Reporting Deadline: October 15, 2020**

**1. Reporting Unit:**

Deputy Area		Region/Station/ Area		Forest/Grasslands/Unit		Ranger District	
Project Start Date		Project End Date					

**2. Project Title / Name:**

**3. Participant Remuneration:**

**4. Program:**

**5. Budget Line Item:**

**6. Focus Areas (select from 1 to 3 priorities, selections are optional)**

Focus Area One	Focus Area Two	Focus Area Three			
<b>A. FUNCTIONAL AREA:</b>			<b>Hours</b>	<b>Value</b>	<b>Person Years</b>
<small>Enter hours only; value and person years will automatically populate</small>					
<b>Ecosystem, Forest &amp; Natural Resource Management</b>					
Data Management Analysis			0.00	\$0.00	0.00
Education and Outreach			0.00	\$0.00	0.00
Interpretation			0.00	\$0.00	0.00
Grazing and rangeland monitoring and improvements			0.00	\$0.00	0.00
Miscellaneous forest products and timber and salvage sales			0.00	\$0.00	0.00
Reforestation, rehabilitation, restoration and monitoring			0.00	\$0.00	0.00
<b>Engineering, Road Maintenance, Safety &amp; Sustainable Ops</b>					
Data Management Analysis			0.00	\$0.00	0.00
Decommissioning, maintenance and improvement of roads			0.00	\$0.00	0.00
Design, construction, maintenance and improvement of facilities			0.00	\$0.00	0.00
Green Team and energy conservation projects			0.00	\$0.00	0.00
Safety and health inspections, training and certifications			0.00	\$0.00	0.00
<b>Heritage Resources</b>					
Archives, excavation, site surveys, stabilization and tours			0.00	\$0.00	0.00
Data Management Analysis			0.00	\$0.00	0.00
Education and Outreach			0.00	\$0.00	0.00
Interpretation			0.00	\$0.00	0.00
Heritage facility projects			0.00	\$0.00	0.00
Passport in Time projects			0.00	\$0.00	0.00
<b>Information Resources &amp; Business Operations</b>					
Administrative/business operations support			0.00	\$0.00	0.00
Data Management Analysis			0.00	\$0.00	0.00
Education and Outreach			0.00	\$0.00	0.00
Geographic information systems, geospatial data, website support			0.00	\$0.00	0.00
Digital media and communications			0.00	\$0.00	0.00
<b>Lands, Minerals, Geology &amp; Special Uses</b>					
Boundary surveys, reclamation, abandoned mines			0.00	\$0.00	0.00
Data Management Analysis			0.00	\$0.00	0.00
Education and Outreach			0.00	\$0.00	0.00
Mapping, inventory, monitoring of geological resources			0.00	\$0.00	0.00
<b>Recreation Management</b>					
Avalanche forecasting, snow surveys, assessments			0.00	\$0.00	0.00
Backcountry/front country trail patrols			0.00	\$0.00	0.00
Campground hosts/facility caretakers			0.00	\$0.00	0.00
Cave and karst monitoring, surveys and protection			0.00	\$0.00	0.00
Education and Outreach			0.00	\$0.00	0.00
Interpretation			0.00	\$0.00	0.00
Data Management Analysis			0.00	\$0.00	0.00
Developed and dispersed resource maintenance and improvement			0.00	\$0.00	0.00
Front desk, public information, visitor services			0.00	\$0.00	0.00
Snowmobile, ski trail grooming			0.00	\$0.00	0.00
Volunteer coordination/non-profit boards/partnerships			0.00	\$0.00	0.00
Wilderness trail maintenance and construction			0.00	\$0.00	0.00
Wilderness, wild and scenic river management and monitoring			0.00	\$0.00	0.00
Trail maintenance and construction (non-wilderness)			0.00	\$0.00	0.00
<b>Research and Development</b>					
Education and Outreach			0.00	\$0.00	0.00

**Note: Calculations shown here are based on the rate below. Rate can be changed to current year value to view accurate calculations. VSReports has the latest rate configured and only needs the hours.**

Hourly Rate: \$ 25.43

**USDA Forest Service VSReports FS-1800-16 Report**  
**Reporting Deadline: October 15, 2020**

Invasive Species	0.00	\$0.00	0.00
Inventory and Monitoring	0.00	\$0.00	0.00
Recreation	0.00	\$0.00	0.00
Resource Management and Use	0.00	\$0.00	0.00
Research and Administration	0.00	\$0.00	0.00
Water, Air, and Soil	0.00	\$0.00	0.00
Wildland Fire and Fuels	0.00	\$0.00	0.00
Wildlife & Fish	0.00	\$0.00	0.00
<b>State &amp; Private Forestry and Fire</b>			
Data Management Analysis	0.00	\$0.00	0.00
Sustainable Development		\$0.00	
Education and Outreach	0.00	\$0.00	0.00
Interpretation		\$0.00	
Fire Aviation Management	0.00	\$0.00	0.00
Fire prevention activities and education outreach	0.00	\$0.00	0.00
Forest and grassland stewardship and restoration	0.00	\$0.00	0.00
Forest Health Protection	0.00	\$0.00	0.00
Tribal Relations and Engagement	0.00	\$0.00	0.00
Urban and Community Forestry	0.00	\$0.00	0.00
Urban support and development projects	0.00	\$0.00	0.00
Wild land/urban interface fuels management	0.00	\$0.00	0.00
<b>Veg, Watershed &amp; Air, Natural Resources Management</b>			
Air quality monitoring/management	0.00	\$0.00	0.00
Botanical gardens, rare plant surveys, monitoring, protection	0.00	\$0.00	0.00
Data Management Analysis	0.00	\$0.00	0.00
Education and Outreach	0.00	\$0.00	0.00
Interpretation	0.00	\$0.00	0.00
Invasive plants and animal activities	0.00	\$0.00	0.00
Water/soil improvements and stewardship projects	0.00	\$0.00	0.00
<b>Wildlife, Fish, and Threatened &amp; Endangered Species</b>			
Data Management Analysis	0.00	\$0.00	0.00
Education and Outreach	0.00	\$0.00	0.00
Interpretation	0.00	\$0.00	0.00
Restoration and rehabilitation activities	0.00	\$0.00	0.00
Threatened & endangered species monitoring, surveys and protection	0.00	\$0.00	0.00
<b>Total</b>	<b>0.00</b>	<b>\$0.00</b>	<b>0.00</b>

<b>B. AGE DATA</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Percentage</b>	Enter number of people who contributed the hours reported in section A by male and female in the appropriate age group.
UNDER 15	0	0	0	0.00%	
15-18	0	0	0	0.00%	
19-24	0	0	0	0.00%	
25-35	0	0	0	0.00%	
36-54	0	0	0	0.00%	
55 Plus	0	0	0	0.00%	
Unknown	0	0	0	0.00%	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	

<b>C. ETHNICITY AND RACE DATA</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Percentage</b>	Enter number of people who contributed the hours reported in section A by male and female in the appropriate ethnic group.
Although reporting of race and ethnicity data by program participants is optional, please make every effort to encourage volunteers, partners and other program participants to report this information. Demographic information is essential to our ability to understand who we are engaging in our programs and the development of outreach strategies which could enhance and expand participation by underrepresented groups.					
White (Non-Hispanic)	0	0	0	0.00%	
Black or African American (Non-Hispanic)	0	0	0	0.00%	
Hispanic or Latino	0	0	0	0.00%	
Native American/Alaskan Native	0	0	0	0.00%	
Asian/Pacific Islander	0	0	0	0.00%	
Other	0	0	0	0.00%	
Unknown	0	0	0	0.00%	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	

<b>D. OTHER DEMOGRAPHIC DATA</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Persons with Disabilities	0	0	0
Veterans Designation	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>E. PROGRAM MANAGEMENT COST DATA</b>						
<b>Category</b>	<b>WO/Region/Station</b>	<b>Forest/Lab/RS</b>	<b>District/JCC</b>	<b>Subtotal</b>	<b>Partner</b>	<b>Total</b>
Participant Wages/Stipends/Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Volunteer Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Materials/Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Equipment/Vehicles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration/Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**F. VOLUNTEER GROUP / PARTNER ORGANIZATION INFORMATION**

Organization Name: \_\_\_\_\_

Agreement #: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Total No. of Volunteers \_\_\_\_\_ Total No. of Hours \_\_\_\_\_

Organization Name: \_\_\_\_\_

Agreement #: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Total No. of Volunteers \_\_\_\_\_ Total No. of Hours \_\_\_\_\_

# APPENDIX T-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation Example

U.S. Department of Labor  
Office of Workers' Compensation Programs



## Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

### Employee Data

1. Name of employee (Last, First, Middle) Bear, Smokey			2. Social Security Number 123-45-6789		
3. Date of birth Mo. Day Yr. August 9, 1944	4. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone (123) 456-7800	6. Grade as of date of injury Level Step		
7. Employee's home mailing address (include street address, city, state, and ZIP code) 123 Green Tree Road City Forest City ZIP Code 91234				8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input checked="" type="checkbox"/> Other	

### Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine) Pacific Crest Trail			
10. Date injury occurred Mo. Day Yr. June 01, 2019	Time <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr. June 01, 2019	12. Employee's occupation Volunteer

13. Cause of injury (Describe what happened and why)  
Using hand saw to brush trail and accidentally cut through skin on my thumb.

14. Nature of injury (identify both the injury and the part of the body, e.g., fracture of left leg) Deep cut on the right thumb	a. Occupation code	
	b. Type code	c. Source code
	OWCP Use - NOI Code	

### Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Worker's Compensation Program (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf *Smoky Bear* Date 06/01/2019

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete this receipt attached to this form and return it to you for your records.

### Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury)  
Woody Owl- We were brushing trail when I noticed Smokey Bear using a small hand saw. He was bent over pulling on a branch with his left arm and using the hand saw with his right. He must have had a moment of realization when I saw him jump up and clench his thumb. It appeared that he accidentally cut him thumb using the hand saw. We quickly reached for the first aid kit to clean and bandage his thumb and was then escorted to the nearest medical facility.

Name of witness Woody Owl Signature of witness *Woody Owl* Date signed 06/01/2019

Address 345 Tree Top Lane City Forest City ZIP Code 91234



**Official Supervisor's Report: Please complete information requested below:**

**Supervisor's Report**

17. Agency name and address of reporting office (include street address, city, state, and ZIP code)  
 USDA Forest Service

OWCP Agency Code  
11

OSHA Site Code  
0520

City  
1323 Club Drive Vallejo

ZIP Code  
94123

18. Employee's duty station (include street address, city, state and ZIP code)  
 987 River Way

City  
Forest City

ZIP Code  
91234

19 Employee's retirement coverage  CSRS  FERS  Other, (identify)

20. Regular work hours From: 7:00  a.m.  p.m. To: 1:00  a.m.  p.m. 21. Regular work schedule  Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.

22. Date of Injury Mo. Day Yr. June 01, 2019 23. Date notice received Mo. Day Yr. June 2, 2019 24. Date stopped work Mo. Day Yr. June 01, 2019 Time: 12:00  a.m.  p.m.

25. Date pay stopped Mo. Day Yr. N/a 26. Date 45 day period began Mo. Day Yr. July 23, 2019 27. Date returned to work Mo. Day Yr. July 30, 2019 Time: 7:00  a.m.  p.m.

28. Was employee injured in performance of duty?  Yes  No (If "No," explain)

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?  Yes (If "Yes," explain)  No

30. Was injury caused by third party?  Yes  No (If "No," go to Item 32,) 31. Name and address of third party (include street address, city, state, and ZIP code)  
 N/a  
 City N/a ZIP Code

32. Name and address of physician first providing medical care (include street address, city, state, ZIP code)  
 Kaiser Medical Office

City ZIP Code 91234 33. First date medical care received Mo. Day Yr. 34. Do medical reports show employee is disabled for work?  Yes  No

35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses?  Yes  No (If "No," explain)

36. If the employing agency controverts continuation of pay, state the reason in detail.  
 Volunteer is not paid 37. Pay rate when employee stopped work  
 Per N/a

**Signature of Supervisor and Filing Instructions**

38. A supervisor who knowingly certifies to any false statement, misrepresentation concealment of fact, etc. in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print)  
 Wise Bear

Signature of supervisor *Wise Bear* Date  
 June 04, 2019

Supervisor's Title  
 Recreation Officer Office phone  
 (909) 456-7894

39. Filing instructions  No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)  No lost time, medical expense incurred or expected: forward this form to OWCP  Lost time covered by leave, LWOP, or COP: forward this form to OWCP  First Aid Injury

## Instructions for Completing Form CA-1

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. Some of the items on the form which may require further clarification are explained below.

### Employee (or person acting on the employees' behalf)

#### 13) Cause of injury

Describe in detail how and why the injury occurred. Give appropriate details (e.g.: If you fell, how far did you fall and in what position did you land?)

#### 14) Nature of injury

Give a complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg; cut on right index finger).

#### 15) Election of COP/Leave

If you are disabled for work as a result of this injury and filed CA-1 within thirty days of the injury, you may be entitled to receive continuation of pay (COP) from your employing agency. COP is paid for up to 45 calendar days of disability, and is not charged against sick or annual leave. If you elect sick or annual leave you may not claim compensation to repurchase leave used during the 45 days of COP entitlement.

### Supervisor

As the time the form is received, complete the receipt of notice of injury and give it to the employee. In addition to completing Items 17 through 39, the supervisor is responsible for obtaining the witness statement in Item 16 and for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form should be sent to OWCP within 10 working days after is received.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

If the employing agency controverts COP, the employee should be notified and the reason for controversion explained to him or her.

#### 17) Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

#### 18) Duty station street address and zip code

The address and zip code of the establishment where the employee actually works.

#### 19) Employers Retirement Coverage.

Indicate which retirement system the employee is covered under.

#### 30) Was injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer whose defective product causes an employee's injury, could all be considered third parties to the injury.

#### 32) Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

#### 33) First date medical care received

The date of the first visit to the physician listed in Item 31.

#### 36) If the employing agency controverts continuation of pay, state the reason in detail.

COP may be controverted (disputed) for any reason; however, the employing agency may refuse to pay COP only if the controversion is based upon one of the nine reasons given below:

- a) The disability was not caused by a traumatic injury.
- b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;
- c) The employee is not a citizen or a resident of the United States or Canada;
- d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;
- e) The injury was proximately caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication;
- f) The injury was not reported on Form CA-1 within 30 days following the injury;
- g) Work stoppage first occurred 45 days or more following the injury;
- h) The employee initially reported the injury after his or her employment was terminated; or
- i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

### Employing Agency - Required Codes

#### Box a (Occupation Code), Box b (Type Code), Box c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, "Recordkeeping and Reporting Guidelines."

#### OWCP Agency Code

This is a four-digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.



**Benefits for Employees under the Federal Employees' Compensation Act (FECA)**

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following benefits for job-related traumatic injuries:

- (1) Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. (To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury and provide medical evidence in support of disability within 10 days of submission of the CA-1. Where the employing agency continues the employee's pay, the pay must not be interrupted unless one of the provision's outlined in 20 CFR 10.222 apply.
- (2) Payment of compensation for wage loss after the expiration of COP, if disability extends beyond such point, or if COP is not payable. If disability continues after COP expires, Form CA-7, with supporting medical evidence, must be filed with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious defringement of the head, face, or neck.
- (4) Vocational rehabilitation and related services where directed by OWCP.
- (5) All necessary medical care from qualified medical providers. The injured employee may choose the physician who provides initial medical care. Generally, 25 miles from the place of injury, place of employment, or employee's home is a reasonable distance to travel for medical care.

An employee may use sick or annual leave rather than LWOP while disabled. The employee may repurchase leave used for approved periods. Form CA-7b, available from the personnel office, should be studied BEFORE a decision is made to use leave.

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Chapter 20, Part 10) or pamphlet CA-810.

**Privacy Act**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

**Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.**

**Receipt of Notice of Injury**

This acknowledges receipt of Notice of Injury sustained by (Name of injured employee)

Bear, Smokey

Which occurred on (Mo. Day, Yr.) June 01, 2019

At (Location)

Pacific Crest Trail

Signature of Official Superior

Title

District Ranger

Date (Mo. Day, Yr.)

June 5, 2019

\*U.S. GPO: 1999-454-845/12704

# APPENDIX T-2 Federal Employee's Notice for Traumatic Injury and Claim for Continuation of Pay/Compensation Template

U.S. Department of Labor  
Office of Workers' Compensation Programs



## Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

**Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.**

**Witness: Complete bottom section 16.**

**Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.**

### Employee Data

1. Name of employee (Last, First, Middle)			2. Social Security Number		
3. Date of birth Mo. Day Yr.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone	6. Grade as of date of injury Level Step		
7. Employee's home mailing address (include street address, city, state, and ZIP code) City State ZIP Code			8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other		

### Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)

10. Date injury occurred Mo. Day Yr.	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr.	12. Employee's occupation
---	--	--	---------------------------

13. Cause of injury (Describe what happened and why)

14. Nature of injury (identify both the injury and the part of the body, e.g., fracture of left leg)	a. Occupation code	
	b. Type code	c. Source code
	OWCP Use - NOI Code	

### Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

- a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.
- b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Worker's Compensation Program (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

**Signature of employee or person acting on his/her behalf** \_\_\_\_\_ **Date** \_\_\_\_\_

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

**Have your supervisor complete this receipt attached to this form and return it to you for your records.**

### Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Name of witness	Signature of witness	Date signed
Address	City	State ZIP Code

**Official Supervisor's Report: Please complete information requested below:**

**Supervisor's Report**

17. Agency name and address of reporting office (include street address, city, state, and ZIP code)	OWCP Agency Code
	OSHA Site Code

City	State	ZIP Code
------	-------	----------

18. Employee's duty station (include street address, city, state and ZIP code)	City	State	ZIP Code
--	------	-------	----------

19 Employee's retirement coverage     CSRS     FERS     Other, (identify)

20. Regular work hours	From: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	To: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	21. Regular work schedule	<input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.
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22. Date of Injury Mo. Day Yr.	23. Date notice received Mo. Day Yr.	24. Date stopped work Mo. Day Yr.	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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25. Date pay stopped Mo. Day Yr.	26. Date 45 day period began Mo. Day Yr.	27. Date returned to work Mo. Day Yr.	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
-------------------------------------	---	--	---

28. Was employee injured in performance of duty?     Yes     No (If "No," explain)

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?     Yes (If "Yes," explain)     No

30. Was injury caused by third party?  <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," go to Item 32.)	31. Name and address of third party (include street address, city, state, and ZIP code)  City _____ State _____ ZIP Code _____
---	--

32. Name and address of physician first providing medical care (include street address, city, state, ZIP code)  City _____ State _____ ZIP Code _____	33. First date medical care received Mo. Day Yr.
---	---

34. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses?     Yes     No (If "No," explain)

36. If the employing agency controverts continuation of pay, state the reason in detail.	37. Pay rate when employee stopped work Per _____
--	--

**Signature of Supervisor and Filing Instructions**

38. A supervisor who knowingly certifies to any false statement, misrepresentation concealment of fact, etc. in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print) \_\_\_\_\_

Signature of supervisor \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Title \_\_\_\_\_ Office phone \_\_\_\_\_

39. Filing instructions     No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)  
 No lost time, medical expense incurred or expected: forward this form to OWCP  
 Lost time covered by leave, LWOP, or COP: forward this form to OWCP  
 First Aid Injury

## Instructions for Completing Form CA-1

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. Some of the items on the form which may require further clarification are explained below.

### Employee (or person acting on the employees' behalf)

#### 13) Cause of injury

Describe in detail how and why the injury occurred. Give appropriate details (e.g.: If you fell, how far did you fall and in what position did you land?)

#### 14) Nature of injury

Give a complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg; cut on right index finger).

#### 15) Election of COP/Leave

If you are disabled for work as a result of this injury and filed CA-1 within thirty days of the injury, you may be entitled to receive continuation of pay (COP) from your employing agency. COP is paid for up to 45 calendar days of disability, and is not charged against sick or annual leave. If you elect sick or annual leave you may not claim compensation to repurchase leave used during the 45 days of COP entitlement.

### Supervisor

As the time the form is received, complete the receipt of notice of injury and give it to the employee. In addition to completing Items 17 through 39, the supervisor is responsible for obtaining the witness statement in Item 16 and for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form should be sent to OWCP within 10 working days after is received.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

If the employing agency controverts COP, the employee should be notified and the reason for controversion explained to him or her.

#### 17) Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

#### 18) Duty station street address and zip code

The address and zip code of the establishment where the employee actually works.

#### 19) Employers Retirement Coverage.

Indicate which retirement system the employee is covered under.

#### 30) Was injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer whose defective product causes an employee's injury, could all be considered third parties to the injury.

#### 32) Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

#### 33) First date medical care received

The date of the first visit to the physician listed in Item 31.

#### 36) If the employing agency controverts continuation of pay, state the reason in detail.

COP may be controverted (disputed) for any reason; however, the employing agency may refuse to pay COP only if the controversion is based upon one of the nine reasons given below:

- a) The disability was not caused by a traumatic injury.
- b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;
- c) The employee is not a citizen or a resident of the United States or Canada;
- d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;
- e) The injury was proximately caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication;
- f) The injury was not reported on Form CA-1 within 30 days following the injury;
- g) Work stoppage first occurred 45 days or more following the injury;
- h) The employee initially reported the injury after his or her employment was terminated; or
- i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

### Employing Agency - Required Codes

#### Box a (Occupation Code), Box b (Type Code), Box c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, "Recordkeeping and Reporting Guidelines."

#### OWCP Agency Code

This is a four-digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

**Benefits for Employees under the Federal Employees' Compensation Act (FECA)**

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following benefits for job-related traumatic injuries:

- (1) Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. (To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury and provide medical evidence in support of disability within 10 days of submission of the CA-1. Where the employing agency continues the employee's pay, the pay must not be interrupted unless one of the provision's outlined in 20 CFR 10.222 apply.
- (2) Payment of compensation for wage loss after the expiration of COP, if disability extends beyond such point, or if COP is not payable. If disability continues after COP expires, Form CA-7, with supporting medical evidence, must be filed with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious defrangement of the head, face, or neck.
- (4) Vocational rehabilitation and related services where directed by OWCP.
- (5) All necessary medical care from qualified medical providers. The injured employee may choose the physician who provides initial medical care. Generally, 25 miles from the place of injury, place of employment, or employee's home is a reasonable distance to travel for medical care.

An employee may use sick or annual leave rather than LWOP while disabled. The employee may repurchase leave used for approved periods. Form CA-7b, available from the personnel office, should be studied BEFORE a decision is made to use leave.

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Chapter 20, Part 10) or pamphlet CA-810.

**Privacy Act**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

**Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.**

**Receipt of Notice of Injury**

This acknowledges receipt of Notice of Injury sustained by (Name of injured employee)

Which occurred on (Mo. Day, Yr.)

At (Location)

Signature of Official Superior

Title

Date (Mo. Day, Yr.)

\*U.S. GPO: 1999-454-845/12704

# APPENDIX U

## San Bernardino National Forest Trails List

ID	Name	Club Name	Sponsor
6S13H	THOMAS MT. YP #2		
2N63	4000 FOOT		
7S05A	A SPUR		
1N05C	AIRPLANE FLAT (CABAZON RIM)	American Adventurist	Available
1N16	ALDER CREEK		
1N16A	ALDER CREEK SPUR		
2N23	ALLISON RANCH		
5S04	ALVIN MEADOWS		
5S04A	ALVIN MEADOWS SPUR		
4S19	ANGELUS HILL		
4S19A	ANGELUS HILL SPUR		
2N76YB	ANTELOPE CK SPUR(OHV)		
2N76Y	ANTELOPE CREEK (OHV)		
2N76YA	ANTELOPE CREEK SPUR		
6S11	APPLE CANYON CAMP		
6S11A	APPLE CANYON CAMP YP #2		
6S11B	APPLE CANYON CAMP YP #3		
5S12	APPLE CANYON PARKING		
2N53	APPLEWHITE		
2N02	ARRASTRE CREEK	SoCal Club Xterra	Nexen Tire and Metacloak
2N02H	ARRASTRE CREEK SPUR		
2N02A	ARRASTRE CREEK SPUR		
2N02B	ARRASTRE CREEK SPUR		
2N02F	ARRASTRE CREEK SPUR		
2N02G	ARRASTRE CREEK SPUR		
2N75	ASH MEADOWS		
2N52	B P & L		
2N49	BAILEY CANYON (MONUMENT PEAK)	NAXJA	MetalCloak
1N72	BALD COVE (4WD)		
3N21	BALDY MESA		
5S08	BALDY MOUNTAIN		
5S08A	BALDY MOUNTAIN EAST SPUR		
5S08B	BALDY MOUNTAIN SE SPUR		
2N04	BALKY HORSE	NAXJA	Nexen Tire
2N04A	BALKY HORSE SPUR A	NAXJA	Nexen Tire
2N04B	BALKY HORSE SPUR B	NAXJA	Nexen Tire
2N04C	BALKY HORSE SPUR C		



2N28Y	BANFF (OHV)	Inland Empire 4 Wheelers	Available
2S25	BANNING SPUR		
4S56	BAY TREE LOOP		
2N73	BAYLIS PARK PICNIC AREA		
1N37	BEAN FLAT	Geared Four Fun	Available
1N37A	BEAN FLAT SPUR	Geared Four Fun	Available
2N86B	BEAR VIEW		
5S07	BEE CANYON (OHV)		
1N54A	BELLYACHE SPRINGS		
5S24A	BERRY		
2N09C	BERTHA PEAK (4WD)		
2N07	BIG BEAR RANGER STATION		
2N05	BIG BEAR VIEW (21079)		
3N06C	BIG HORN		
1N39A	BIG MEADOWS		
2S01A	BIG OAKS POWERHOUSE		
3N92	BIG PINE FLAT		
3N92A	BIG PINE FLAT SPUR		
1N34	BIG TREE CUCAMONGA	Scouts West	Available
4S01	BLACK MOUNTAIN		
6S17	BLACKBURN RIDGE		
2N61	BLUE CUT		
2N71	BLUE QUARTZ		
2N71A	BLUE QUARTZ SPUR		
2N86A	BLUFF MESA GROUP CG		
2N42Y	BLUFF TS		
2N42YA	BLUFF TS SPUR		
5S05A	BONITA TS SPUR		
5S05	BONITA VISTA		
2N10B	BOULDER GROUP CAMPGROUND		
2N76	BREEZY POINT		
2N99	BRISTLECONE		
2N01A	BROOM FLAT SPUR		
2N01B	BROOM FLAT SPUR		
2N01	BROOM FLATS		
7S13	BULL CANYON		
7S12	BULL CANYON PARKING		
1N36	BULLOCK SPUR		
3N49	BUREAU POWER & LIGHT		
3N02	BURNT FLAT	So Cal Brancos	Nexen Tire
3N50	BURNT FLATS (OHV/4WD)		
2N03	BURNT MILL		
2N13B	BUTLER PEAK		

6S09	BUTTERFLY		
2N12	BYPASS (OHV)		
3N62	CACTUS FLAT		
7S05B	CACTUS SPRING		
7S11	CAHUILLA TEWANET OVERLOOK		
2N49A	CAJON MOUNTAIN LOOKOUT		
1N53	CAMP ANGELUS		
1N12A	CAMP ANGELUS HELIPORT		
1N51	CAMP ANGELUS STATION		
2N15X	CAMP CEDAR CREST		
1N62Y	CAMP OSCEOL		
2N17	CAMP OSITO	Tustin Hummer Base Camp	Available
2N24Y	CAMP PAIVIKA		
1N45A	CAMP RIVER GLEN		
2N03X	CAMP SEELEY		
1N60	CAMP TULAKES		
3N59	CARBINE FLAT (OHV)		
3N59B	CARBINE FLAT SPUR B (4WD)		
3N59D	CARBINE FLAT SPUR (4WD)		
3N59E	CARBINE FLAT SPUR (4WD)		
3N59C	CARBINE FLAT SPUR (4WD)		
3N59A	CARBINE FLAT SPUR A (4WD) (LUNA MOUNTAIN)	So Cal FJ Cruisers	Available
2N85	CASTLE LOOP		
3N39	CATERPILLAR (OHV)		
2N87	CHALK		
3N97	CIENEGA LARGA		
3N97A	CIENEGA LARGA SPUR A		
3N97C	CIENEGA LARGA SPUR C		
3N51	CIRCLE MOUNTAIN		
1N09	CITY CREEK		
1N54	CLARKS GRADE	Lost Jeep So Cal	Available
1N94	CLARKS TIE		
2N47	CLEGHORN RIDGE (OHV)	Joint Adopted: Drifters, NAXJA	Eibach Spring
2N47A	CLEGHORN SPUR		
2N30	CLOUDLAND CUTOFF (OHV)		
2N40	CLOUDLAND TRUCK TRAIL (OHV)		
2N22	COLD BROOK CAMPGROUND		
3N06A	COLD WATER CANYON	Overlanders	Available
5S02	COLDWATER CANYON		
1N80	CONVERSE STATION		
1N02	COON CREEK JUMPOFF		

1N95	COON CREEK RIDGE		
1N02B	COON CREEK SPUR		
6S16	COTTONWOOD		
2N98Y	COUGAR CREST		
1N28	COUNCIL CAMP CAMPGROUND		
3N14	COXEY	Desert Deer Hunters	Available
3N95	COXEY CREEK		
3N14A	COXEY SPUR		
3N14N	COXEY SPUR		
3N14E	COXEY SPUR		
3N14B	COXEY SPUR B		
3N14C	COXEY SPUR C		
3N14G	COXEY SPUR G		
3N14K	COXEY SPUR K		
2N31Y	CRAB FLAT LOOP (OHV)		
3N34	CRAB FLATS (DISHPAN SPRINGS)	Dirt Devils of Southern California	Fabtech
3N34B	CRAB FLATS SPUR		
2N13D	CRAFTS PEAK		
1N44	DEER CANYON		
2N94	DEER LODGE		
3N80	DELAMAR		
3N12	DELAMAR MOUNTAIN		
3N12A	DELAMAR MOUNTAIN SPUR A		
3N12B	DELAMAR MOUNTAIN SPUR B		
3N12C	DELAMAR MOUNTAIN SPUR C		
3N12D	DELAMAR MOUNTAIN SPUR D		
3N24	DESERT FRONT (OHV)		
3N34D	DEVILS HOLE (OHV)		
2N31	DISPOSAL		
3N77	DRY CANYON SPUR (OHV)		
1N96D	DRY CREEK		
1N42B	DRY CREEK TS		
1N96F	DRY CREEK TS		
1N34C	DUSTIN SPRING		
2N20	EAST END		
1N84	EAST FLATS		
2S24A	EAST FORK MIAS CANYON		
4S10	EAST INDIAN CREEK (OHV)		
3N22	ELLIOT RANCH		
1N05	FISH CREEK MEADOWS	American Adventurist	Available
1N05A	FISH CREEK MEADOWS SPUR		

1N05B	FISH CREEK MEADOWS SPUR		
5S13	FISHERMAN FUELBREAK (4WD)		
5S05B	FLEMING SPUR B		
5S05C	FLEMING SPUR C		
6S05	FOBES RANCH		
1N07	FORSEE CREEK		
1N82	FORSEE RIDGE		
1N27	FRANKISH PEAK		
1N09D	FREDALBA CREEK		
4S16	FULLER MILL CREEK PA		
4S01CA	FULLER RIDGE YP #1		
4S01C	FULLER SPUR C		
3N54	FURNACE		
2N15	GLORY RIDGE		
2N15A	GLORY RIDGE SPUR		
3N31YA	GOBBLER'S KNOB SPUR A		
6S53	GOFF FLAT		
3N05	GOLD FEVER		
2N12Y	GOLD HILL MINE		
3N69	GOLD MOUNTAIN (4WD)	Joint Adopted: West Coast Four Wheel Drive Club, Bear Valley 4x4 Club	Nexen Tire and All J Products
3N69A	GOLD MOUNTAIN SPUR (4WD)		
5S23	GOVERNMENT MEADOWS		
4N16	GRAPEVINE CANYON		
2N92	GREEN CANYON		
2N93A	GREEN CANYON SPUR		
3N16S	GREEN FLATS TS		
2N54	GREEN VALLEY BYPASS		
2N83	GREEN VALLEY EDISON	Southern California Big Dawgs	Available
2N13H	GREEN VALLEY TS SPUR		
2N19D	GREEN VALLEY TS SPUR		
2N13I	GREEN VALLEY TS SPUR		
4S03	HALL DECKER		
2N06A	HAMILTON CREEK		
2N59Y	HANGMAN		
3N43	HARVEY MINE		
1N75	HATHAWAY WEST		
1N38	HEART BAR PEAK	Jeep Addicts	Available
3N32	HEPBURN MINE		
1N86	HILL RANCH	Lost Jeep So Cal	Rock-Tech Off Road
3N89	HITCHCOCK		
6S18	HOG LAKE		

3N08	HOLCOMB CREEK (4WD)		
3N93	HOLCOMB CREEK (4WD)	My Jeep Rocks	4x4 sPOD
3N16	HOLCOMB VALLEY (WEST)	Overland Trail Enthusiasts	Nexen Tire
3N16E	HOLCOMB VALLEY CAMPGROUND (EAST)	Funshine Girls	Available
3N16A	HOLCOMB VALLEY SPUR		
3N16B	HOLCOMB VALLEY SPUR		
3N16C	HOLCOMB VALLEY SPUR		
3N16J	HOLCOMB VALLEY SPUR		
3N16L	HOLCOMB VALLEY SPUR		
2N26Y	HOOK CREEK		
3N17A	HORSE SPRINGS CAMPGROUND (WHITE)	Orange County 4Play	JE Reel Driveline
3N66	HORSETHIEF		
3N03A	HORSETHIEF FLAT (OHV)	Inland Empire 4 Wheelers	Nexen Tire
3S09	HURLEY FLATS		
5S06	IDYLLWILD CONTROL		
4S21	INDIAN MOUNTAIN (OHV)	Hemet Jeep Club	Available
3N61	JACOBY CANYON	Gadzuku's 4x4 Club	Available
3N10	JOHN BULL FLAT	So Cal Brancos	Joint Management: Currie Enterprises , Big Bear Jeep Experience
3N10A	JOHN BULL FLAT SPUR		
3N10B	JOHN BULL FLAT SPUR		
6S89	JUAN DIEGO (OHV)		
7S04	JUAN DIEGO FLAT (OHV)		
1N96	KELLER PEAK		
2N86	KIDD CREEK		
2N08	KNICKERBOCKER	Tustin Hummer Base Camp	Available
2N84	LITTLE BEAR SPRING	So Cal TLCA	Available
2N84A	LITTLE BEAR SPRING SPUR A	So Cal TLCA	Available
2N84B	LITTLE BEAR SPRING SPUR B	So Cal TLCA	Available
2N19	LITTLE GREEN VALLEY	US Marine Corps	Available
2N19A	LITTLE GREEN VALLEY SPUR A	US Marine Corps	Available
2N19B	LITTLE GREEN VALLEY SPUR B		
2N19C	LITTLE GREEN VALLEY SPUR C		
3N14D	LITTLE PINE FLATS		
1N26	LITTLE SAND CREEK		
2N06X	LOWER LARGA FLAT	So Cal FJ Cruisers	Available
2N06XA	LOWER LARGA FLAT SPUR	So Cal FJ Cruisers	Available
3N31	LOWER LYTLE CREEK DIVIDE		
1N09A	MANZANITA FLATS		
6S53A	MARTINEZ		
2N22Y	MAY VAN CANYON		
4S05	MELLOR RANCH (OHV)		

2S24	MIAS CANYON		
2N51Y	MID SECTION	Tustin Hummer Base Camp	Available
2N58	MIDDLE FORK LYTLLE CREEK		
2N58A	MIDDLE FORK SPUR		
2S06	MILE HIGH		
2N10	MILL CREEK		
1N42	MILL PEAK		
1N42A	MILL PEAK SPUR		
2S05	MILLARD CANYON		
2N37	MILLER CANYON (OHV)	La Familia SxS	Available
3N36	MONARCH FLAT (4WD)		
3N36A	MONARCH FLAT SPUR (4WD)		
2N58Y	MOONRIDGE		
1S14	MORTON FRONT LINE		
1S13	MORTON RIDGE		
1N22A	MUD FLAT		
3N65	NELSON RIDGE		
3N12E	NORTH DELAMAR (SPUR)	SCTLA	Available
2N35Y	NORTH FORK		
3N17D	NORTH PEAK		
2N97Y	OLD POLIQUE CANYON		
2N68	OLD SNOW SLIDE		
2N68A	OLD SNOW SLIDE SPUR		
2N68B	OLD SNOW SLIDE SPUR		
1N01A	ONYX		
3N38B	OVERLOOK		
5S28	OVERLOOK SPUR		
3N06B	PAIUTE		
2N17X	PILOT FUELBREAK (OHV)	Joint Adoption: OC Overland, So Cal Hummer Association, So Cal Dirty	Resistance Offroad
2N33	PILOT ROCK (OHV)	Lost Jeep So Cal	Available
2N36	PILOT ROCK RIDGE (OHV)	La Familia SxS	Available
2S04	PINE BENCH		
2N08A	PINEKNOT SPUR		
3N34F	PINNACLES STAGING AREA OHV		
3N35	PIONEER		
3N35A	PIONEER SPUR		
3N35B	PIONEER SPUR		
1N01	PIPES CANYON	Freelanders 4x4 Club	Available
1S07	PISGAH PEAK		
1S07A	PISGAH PEAK SPUR		
2N29Y	PLANTATION	Inland Empire 4 Wheelers	Available
3N25	PLANTATION		

4S55	PLANTATION		
1N21	PLUNGE CREEK		
2N09	POLIQUE CANYON		
3N55	POWERLINE		
1N04	RADFORD FRONT LINE	California Deer Association	Available
2N06	RADFORD TRUCK TRAIL	Riverside Highlanders	Metalcloak
2N59	RAINBOW (OHV)		
4S06C	RANGER PEAK		
2N70Y	RATTLESNAKE CANYON (OHV)	Riverside 4 Wheelers	Nexen Tire
1N04A	RATTLESNAKE CREEK		
5S10	RED HILL		
6S22	RED MOUNTAIN (OHV)	Hemet Jeep Club	
6S22A	RED MOUNTAIN SPUR		
5S18	REED VALLEY		
3N06Y	ROCK CAMP FUEL BREAK (OHV)		
2N02C	ROSE MINE		
2N63Y	ROUND VALLEY		
5S15	ROUSE HILL		
2N25	ROUSE RANCH		
5S09	SAN JACINTO RIDGE		
1N34D	SAN SEVAINE CAMPGROUND	Scouts West	
2N11	SANTA ANA DIVIDE	4XGeotrails	Rock-Tech Off Road
2N11C	SANTA ANA DIVIDE SPUR		
2N11A	SANTA ANA DIVIDE SPUR	4XGeotrails	Rock-Tech Off Road
1N45	SANTA ANA RIVER(742650)		
7S02	SANTA ROSA MOUNTAIN	Scouts West San Diego	Available
7S02B	SANTA ROSA MOUNTAIN		
7S05	SAWMILL		
2N43	SAWPIT CANYON		
2N13X	SAWPIT CONNECTOR		
1N64	SEVEN PINES		
3N29	SHARPLESS RANCH		
2N56	SHEEP CANYON		
2N97	SIBERIA CREEK		
2N27Y	SKYLINE (OHV)	Inland Empire 4 Wheelers	Available
3N33	SLADE CANYON		
1N64A	SLIDE LAKE		
3N48	SMALLEY RANCH		
3N07Y	SMART SPRING		
3N03	SMARTS RANCH (OHV)	Inland Empire 4 Wheelers	Nexen Tire
3N03E	SMARTS RANCH SPUR		

3N03F	SMARTS RANCH SPUR		
3N03G	SMARTS RANCH SPUR		
3N03H	SMARTS RANCH SPUR (4WD)		
3N03C	SMARTS RANCH SPUR C		
3N03D	SMARTS RANCH SPUR D		
2N13	SNOW SLIDE	Bear Valley 4x4 Club	Nexen Tire & All J Products
5S11	SOUTH RIDGE		
5S11A	SOUTH RIDGE SPUR		
5S11B	SOUTH RIDGE SPUR		
3N53	SOUTHERN PACIFIC		
2N24	ST. BERNARD		
1N86B	STETSON HOLLOW (BARTON CREEK SPUR)		Rock-Tech Off Road
3N06	STOCKTON FLATS		
3N06A	Coldwater canyon	UNK aat CLUB	
3n06b	Piute Cayon	Unk AAT Club	
1N03	SUGARLOAF MEADOW		
2N21	SUGARLUMP	Big Bear Amateur Radio Club	Available
2N46	SUGARPINE SPRINGS		
2N49C	SUGARPINE SPUR		
2N82	SWITZER PARK PICNIC AREA		
2N14X	SWITZER WELL		
1N31	SYCAMORE STATION		
6S13	THOMAS MTN		
2N90	TIP TOP MOUNTAIN	Capo Vally 4x4 Club	Available
2N90A	TIP TOP MOUNTAIN SPUR A	Capo Vally 4x4 Club	Available
2N90B	TIP TOP MOUNTAIN SPUR B	Capo Vally 4x4 Club	Available
2N90C	TIP TOP MTN SPUR C		
2N34	TUNNEL TWO		
2N34A	TUNNEL TWO SPUR		
2N93H	UPPER CIENAGA SECTION A		
3N31Y	UPPER LYTLE CREEK DIVIDE		
3S08	VISTA GRANDE		
3N57	WHISKY SPRINGS		
3N17	WHITE MOUNTAIN	Orange County 4Play	JE Reel Driveline
1N19	WILDHORSE		
2N93	WILDHORSE MEADOW		
2N93D	WILDHORSE MEADOW SPUR		
2N93E	WILDHORSE MEADOW SPUR		
2N93F	WILDHORSE MEADOW SPUR		



1N19A	WILDHORSE SPUR		
2S23	WILLIAMS RANCH		
3N34X	WILLOW BYPASS (OHV)		
3N02Y	WILLOW CANYON		
1S22A	WILSHIRE HELIPORT		
1S22	WILSHIRE PEAK (4WD)		
3N11A	WRIGHT MINE	Orange County 4Play	Available
3N11	WRIGHT MINE (OHV)	Orange County 4Play	Available
3N11B	WRIGHT MINE SPUR		
3N11C	WRIGHT MINE SPUR		

# APPENDIX V

## Definitions and Acronyms

Trail. A route 50 inches or less in width or a route over 50 inches wide that is identified and managed as a trail (36 CFR 212.1).

Forest Trail. A trail wholly or partly within or adjacent to and serving the National Forest System that the Forest Service determines is necessary for the protection, administration, and utilization of the National Forest System and the use and development of its resources (36 CFR 212.1).

National Forest System Trail. A forest trail, other than a trail which has been authorized by a legally documented right-of-way held by a state, county, or other local public road authority (36 CFR 212.1).

Obstruction. Any natural or unnatural material, which because of its shape, size, location, or existence which impedes, detours, prohibits or otherwise disturbs the normal movement of traffic along the travelway.

Travelway. A way for passage of vehicles, conveyances, persons, or domestic livestock (stock driveways), developed by construction or use.

Trailway. The portion of a trail within the limits of the excavation and embankment.

- a. Trailbed. The surface on which the base course or surfacing may be constructed and which for trails without surfacing serves as the trail tread.
- b. Trail Tread. The portion of a trail upon which traffic moves.

Trailhead. The transfer point between a trail and a road, water body, or airfield, which may have developments that facilitate transfer from one mode of transportation to another. For purposes of the FSTAG (FSM 2353.27), a trailhead is a site designed and developed to provide staging for trail use and does not include:

- a. Junctions between trails where there is no other access; or
- b. Intersections where a trail crosses a road or users have developed an access point, but no improvements have been provided beyond minimal signage for public safety.

Drainage Dip. A water diversion improvement directing water to the outslope, consisting primarily of a simple trench constructed at a 45-degree angle to the trail.

Waterbar. A water diversion improvement utilizing logs, rocks, concrete, or other long lasting materials constructed at a 45-degree angle to the trail tread which directs water towards the outslope.

Off-Highway Vehicle (OHV). Any motor vehicle designed for or capable of crosscountry travel on or immediately over land, water, sand, snow, ice, marsh, swampland, or other natural terrain (36 CFR 212.1). An off-highway motor vehicle as specified in CVC Section 38006 and/or street licensed motor vehicle while being used on lands to which CVC Division 16.5 applies.

Annual Maintenance. Work performed to maintain serviceability, or repair failures during the year in which they occur. Includes preventive and/or cyclic maintenance performed in the year in which it is scheduled to occur. Unscheduled or catastrophic failures of components or assets may need to be repaired as a part of annual maintenance.

Repair. Work to restore a damaged, broken, or worn-out fixed asset, component, or item of equipment to normal operating condition. Repairs may be done as annual maintenance or deferred maintenance activities.

Rehabilitation. Renovation or restoration of an existing fixed asset or any of its components in order to restore the functionality or life of the asset. Because there is no significant expansion or change of purpose for the fixed asset, the work primarily addresses deferred maintenance.

Clearing Limit. The area over and beside the trail tread that is cleared of trees, limbs, and other obstructions.

- a. Clearing Height. The height of the clearing limit measured vertically from the trail tread.
- b. Clearing Width. The width of the clearing limit measured perpendicular to the trail.

Cross Slope. The percentage of rise to length when measuring the trail tread from edge to edge perpendicular to the direction of travel.

Design Clearing. The clearing limit determined to be appropriate to accommodate the Managed Uses of a trail.

- a. Design Clearing Height. The minimum clearing height determined to be appropriate to accommodate the Managed Uses of a trail.
- b. Design Clearing Width. The minimum clearing width determined to be appropriate to accommodate the Managed Uses of a trail.

Trail Clearing. Trail Clearing will include removing all trees, logs, limbs, branches, shrubs, rocks, dirt, cleaning out existing drainage dips and waterbars, and removal of slides or sloughs that may present erosion potential by their continued existence. Trail corridors are to be kept passable through the process of clearing downed material and other obstructions. Refer to Maintenance Standards in Appendix A and approved work in Appendix N.

Brushing. The process of removing small-diameter trees, brush, and shrubs within a specified limit. Refer to Maintenance Standards in Appendix A and approved work in Appendix N.