



Florida Trail Association Project Paperwork Summary



Below is a list of forms required to be completed for FTA trail work projects. Crew Leaders are responsible for making sure the paperwork has been completed and the work is recorded in the volunteer hour entry system or is sent to the appropriate chapter official once the project ends.

Form Name	Purpose	Procedure
Volunteer Profile	Tracks individual volunteer hours and certifications.	Crew Leader: Make sure all volunteers fill out a profile online before your project OR have them fill one out on site. If filled out onsite, you will need to fill out a profile for them online or send the hard copy to FTA.
Trailhead Communications Plan (TCP)	Provides important logistical information in the event of an emergency.	Crew Leader: Make two copies of this sheet, one for the Communications Lead and one for Situation Manager. Update and re-use for future projects at same location.
Volunteer Sign-In Sheet/ Assumption of Risk	Releases FTA of liability.	Crew Leader: Responsible for making sure each volunteer signs in at the trailhead. Mail to FTA
Emergency Action Plan (EAP)	Delegates leadership roles in the event of an emergency.	Crew Leader: Assigns First Aid Lead, Communications Lead and Situation Manager. Recycle once project is completed
Tailgate Safety Session (TSS)	Provides a checklist of important topics to cover with your crew	Crew Leader: Use checklist to cover all pertinent project information for your crew. Recycle once project is completed
Job Hazard Analysis (JHA)	Ensures volunteers receive the information on task to be performed, possible hazards related to tasks, and abatement actions. Will include one or more of the following: <ul style="list-style-type: none">- Trail Maintenance- Mower and Brushcutter- Chain Saw Use- Crosscut Saw Use- Rigging- Canycom- COVID-19	Crew Leader: responsible for making sure each participant has signed appropriate JHA. Mail to FTA once project is completed
Project Report Form	Provides FTA with volunteer hours and project accomplishments.	Crew Leader: Fill out the hard copy and enter into hours entry system or send to designated chapter admin to report OR mail form to FTA Tallahassee ASAP (Can be submitted as an electronic Excel or PDF file via email).



Florida Trail Association Volunteer Profile



Contact Information

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____ Email _____

18 or older Yes No Race/Ethnicity (optional) _____

Password (for future ability to view profile online) _____

Voluntary Dietary Information (all information is kept confidential)

Allergies:

Dietary needs or foods and drinks that you prefer to include or exclude from your diet? **If none, please write none.**

Emergency Contact Information

Name _____ Relation _____

Cell Phone _____ Home Phone _____ Work Phone _____

Other Information

Are you a member of the Florida Trail Association? Yes ☐ No ☐

T-shirt size? _____

How did you hear about our volunteer opportunities?

_____ FTA Website

_____ Friend/Family Member

_____ FTA Email

_____ Local Newspaper/Radio

_____ FTA Recruiting/Booth Event

_____ Other _____

What region would you like to volunteer in? (Check all that apply)

_____ Panhandle

_____ Central

_____ North

_____ South

Affiliation: (FTA Chapter or local group) _____

Continue to other side

July 2013

Certifications

Are you certified in any of the following:

Certification	Expiration
_____ First Aid/CPR	_____
_____ Wilderness First Aid	_____
_____ Wilderness Advanced First Aid	_____
_____ Wilderness First Responder	_____
_____ WEMT	_____
_____ Chain Saw: S212-Bucking and Limbing	_____
_____ Crosscut Saw: S212– Bucking and Limbing	_____
_____ FTA Activity Leader	_____

Volunteer Interests and Experience

What volunteer positions interest you? (Check all that apply)

_____ Trail Maintainer	_____ Trail Scouting & Project Planning
_____ Trail Crew Cook	_____ Office Administration/Events
_____ Trail Crew Leader	_____ GPS Coordinator

Do you have any experience with any of the following? (Check all that apply)

_____ General Trail Maintenance	_____ Business Leadership and/or management
_____ Trail Design and Construction	_____ Leading Crews or Groups
_____ Rigging/Griphest	_____ GIS Mapping

Briefly describe your hiking, camping, and backpacking experience.

Briefly describe your ability to use hand tools and perform arduous, manual labor.

What are you expecting from your experience while volunteering on the Trail?

Is there anything else you would like us to know about you?



Florida Trail Association Trailhead Communications Plan (TCP)



Crew Leader: Fill this out BEFORE arriving at trailhead. Bring two copies. At trailhead, give one copy to Communications Lead and put the other in the First Aid Kit (keep with a pen in a sealed waterproof bag.)

Agency Contact Information

Business Hours Contact:	_____	Phone Number:	_____
After Hours Contact:	_____	Phone Number:	_____
Dispatch:	_____	Phone Number:	_____
FTA Contact:	_____	Phone Number:	_____

Project Information

Trailhead and County:	_____	Best Location for Reception Near Worksite:	_____
Date/Time Going In:	_____		
Date/Time Coming Out:	_____		
Crew Leader Name:	_____	Crew Leader Cell #:	_____
Gate Code/Combination:	_____		

Location Information

Name of Trailhead:	_____	Road and Milepost:	_____
Nearest Intersection:	_____	County and State:	_____
GPS Coordinates:	_____	Nearest Town/City:	_____
Helicopter Landing Spot:	_____	Township and Range:	_____

Transport Injured to:

Nearest Hospital:	_____	Distance from Trailhead:	_____
Hospital Phone Number:	_____	Hospital Address:	_____

Driving directions from trailhead:

Cell Phone Instructions

911 calls from cell phones can land in a far-away regional center. The call-taker needs the following information immediately:

- Your wireless phone number in case disconnected
- The location you're calling from. See below.
- What type of emergency you have (medical, require ambulance; injury specifics)

In addition to 911, if you might need a helicopter. List local medical helicopter phone number(s) here:

Other Pertinent Information

Toll free: 1-877-HIKE-FLA
Local: 352-378-8823

FLORIDA TRAIL ASSOCIATION, INC.
ASSUMPTION OF RISK and SIGN IN SHEET

www.floridatrail.org
fta@floridatrail.org

Certain risks are inherent in any Florida Trail Association, Inc. (the "Association") activity. Each Association member, guest, or non-member participant agrees to accept personal responsibility for his or her safety, and the safety of minors accompanying such persons. The Association cannot ensure the safety of any participant on hikes or activities. In participating in Association activities, each such person agrees to hold harmless and free from blame the Activity Leader(s) and the Association, its officers, directors, and members, for any accident, injury, or illness which might be sustained from participating in hikes or other Association activities. **Neither the Association nor landowners are in any way liable for any injury or illness I might sustain while participating in an Association activity. I will and do hereby assume the above-mentioned risks and will hold Florida Trail Association, Inc., and the Activity Leader(s) listed below:**

Name(s) of Activity Leader(s) & Phone numbers

harmless from any and all liability and claims of every kind and nature whatsoever, which may arise from or in connection with my participation in those activities. I also agree that any photographs taken of me on this hike may be used to publicize the Florida Trail Association.

Activity Day & Date

Activity Title

Activity Location

I DO HEREBY CERTIFY BY MY SIGNATURE THAT I HAVE READ, DO UNDERSTAND, AND DO AGREE TO THE TERMS OF THIS DOCUMENT:

NOTE: Signature of parent/guardian is required if participant is under 18 years of age.

Printed Name of Participant	Signature of Participant Do NOT Sign until day of Activity	Address	Telephone & E-mail	FTA MEMBER? (Y/N)	Travel Miles (One Way)	Recorded by event leader: Hours Worked
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						

If there are more participants than spaces on this form, use a second form. DO NOT use the back of this form.
Send the completed original form to the Florida Trail office at: Florida Trail Association, 1022 NW 2nd Street Gainesville, FL 32601



Florida Trail Association Emergency Action Plan (EAP)

(Complete with volunteers at each Tailgate Safety Session)

Crew Leader: *Delegate the following roles at the trailhead. This limits confusion that can accompany a serious accident. Show everyone where the EAP is kept, in case you become incapacitated.*

Title	Volunteer Assigned	Duties
Situation Manager		Usually the Crew Leader
Alternate Situation Manager		
First Aid Lead		Most medically experienced in crew; carries first aid kit and takes notes
Communications Lead		Carries radio/cell phone, ensures it is charged, tuned, and ready; carries Trailhead Communication Plan, calls for assistance

IN THE EVENT OF AN EMERGENCY, FOLLOW THESE STEPS:

1. The First Aid Lead initiates care for the patient(s). Get patient's medical and emergency contact information from Crew Leader. Write medical or SOAP notes.
2. Communications Lead uses Trailhead Communications Plan (TCP) and calls 911 or Dispatcher if needed. Relay pertinent medical or SOAP notes written by the First Aid Lead.
3. Evacuate, send medical and emergency contact information and medical or SOAP note with patient.
4. Get emergency treatment by a medical provider, if needed. (Inform agency authorities and FTA first, if possible. See Volunteer Injury Instructions: Treatment Procedures for details.)
5. Report injury to agency authorities and FTA. In non-emergency situations, this notification occurs before formal medical care is sought. See Volunteer Injury Instructions for FTA Contacts. Agency contacts are listed on TCP.
6. Contact the individual named on the injured person's sign-up sheet.
7. Documentation. At a minimum, a form CA-1 (Report of Injury) should be completed by the injured party for all injuries (even if medical treatment is not sought); and witness statements should be included. All injuries should be reported within 24 hours of occurrence.



Florida Trail Association Tailgate Safety Session



The Tailgate Safety Session is intended to assist FTA Crew Leaders in addressing all pertinent aspects of a project with their crew. FTA Crew Leaders are responsible for ensuring that all volunteers know what is expected of them on an FTA project. Crew leaders should gather participants to discuss appropriate behavior, set parameters for the project and discuss with their crew how to handle an emergency situation. During the first day of the project the Tailgate Safety Session and all project paperwork must be completed.

In the event that the project will span multiple days, FTA recommends that crew leaders debrief the crew each day and address safety and communication procedures as they arise.

Orientation and Welcome

- ☐ Crew Leader introduces his/herself. Ask all volunteers to do the same and share a bit about themselves and why they are there.
- ☐ Brief volunteers on what the project objective is, start and finish times, breaks, and what type of work will be done
- ☐ Have a map available. Show volunteers where they are. Address escape routes, access points, camp and worksite locations
- ☐ If it is a multi-day project, brief volunteers on camp etiquette, bathroom or living facilities, and who to ask if they need something

Emergency Preparedness:

- ☐ Designate a Situation Manager, 1st Aid Lead, and Communication Manager (see Emergency Action Plan EAP)
- ☐ How will you get your participants to medical attention if they are sick or injured?- Review Trailhead Communications Plan (TCP)
- ☐ All Volunteers must sign FTA's Assumption of Risk
- ☐ Fill out and sign appropriate JHA (s)
- ☐ Are there medical conditions the Crew Leader should know about? Ask Your volunteers- (allergies to bee stings, seizures?)
- ☐ Identify who is carrying first aid kits, their basic contents, where they are located, and what they look like
- ☐ Check for cell service and notify appropriate agency personnel or FTA staff person before doing work on the trail

Personal Protective Equipment (PPE):

- ☐ Hard hats, sturdy footwear, gloves, long pants, eye protection, long sleeves and other project specific protection
- ☐ Chainsaw: (see JHA) axe, wedges, chaps, hard hat, 8" leather boots, saw kit, long pants/sleeves, trauma kit

Tool & Safety Talk:


- ☐ Explain and demonstrate the correct use of each type of tool or piece of equipment
- ☐ Address environmental and project specific hazards (widow makers, snakes, lifting procedures, etc.)
- ☐ Have all equipment and tools been properly maintained and in correct working order?
- ☐ Depending on activity, stay a minimum of 10 feet from other volunteers with tools (farther if operating machinery)
- ☐ Ask permission to pass, "bumping by" or "coming behind"
- ☐ Announce to the group when beginning work with machinery or swinging tools
- ☐ Keep track of each other. Tell a buddy if going off trail for any reason
- ☐ Don't overwork, take breaks, make sure no one has the "umbles" (mumbly, stumbly, grumbly)- **hydrate, eat, rest**
- ☐ Do volunteers need sun protection, insect protections, weather appropriate clothing, weather appropriate shelter?
- ☐ Do all participants have sufficient food, water, and personal medication?

Are there questions, problems, other site or project specific concerns?

JOB HAZARD ANALYSIS (JHA): References-FSH 6709.11 -12

4. NAME OF ANALYST: Shawn Thomas

5. JOB TITLE: FNST Administrator

7. TASK	8. HAZARD	9. ABATEMENT ACTIONS: Engineering Controls * Substitution * Administrative Controls * PPE
Hiking on the Trail	Dehydration Heat Illness Contaminated Water	• Increase fluids on hotter days or during extremely strenuous activity. Drink as much as 1 quart of water per hour when temperature is above 80 degrees. • Drink water from a municipal source, if none is available, use proper filtration/treatment methods including boiling for 1 minute, using a chemical treatment such as iodine tabs, or using a water filtration pump designed for the backcountry. • Review map or ask crew leader about water sources, keeping in mind their seasonality. • Observe team members for signs of dehydration and be able to recognize the signs and symptoms of heat cramps, exhaustion and stroke. Treat immediately once recognized. • Take frequent breaks in the shade as a form of prevention. • Remember that heat stroke is a medical emergency requiring evacuation.
Work on the Trail	Surface Conditions Trail Hazards Carrying	• Be aware of your surroundings and watch where you step. • Look over head for dead limbs and dead hung-up limbs (widow-makers). • Look for root-sprung trees and snags. • Be aware of and prepared for water crossings and swamps. When fording streams use a walking stick for an extra point of contact to provide stability, undo hip belt so pack can be shed if it snags or pulls you under water. • Maintain a safe walking distance between people (10 feet minimum). • Always sheath tools and carry them on the downhill side of the trail. • The person carrying the crosscut saw, or pole saw should walk last. • Wear protective clothing such as long-sleeve shirt, long pants, helmet, work gloves and eye cover to protect against heavy brush.
	Weather	• Know the weather forecasts. You can experience rain, lightning, sudden flooding, extreme heat and extreme drops in temperature on the FNST. • Be watchful throughout the day for changing weather. • Take appropriate multi-season gear and additional clothing.
	Getting Lost Foot Damage Animals	• Identify safe routes and local conditions. • Hike in a group. Designate a meeting spot should someone become separated. If one has to depart from the trail, advise the crew. • Make sure visual contact is kept at forks in the trail. • Avoid hiking in the dark. • Wear appropriate hiking boots and socks. • Take in to account terrain, especially water, the work and the weather. • Watch for snakes, under logs, shady areas or sunning in open areas. Look before stepping over logs. • Be able to identify venomous snakes. In case of a bite, provide first-aid and seek medical attention immediately. Do not attempt to remove the venom by biting or cutting the area. • Be "Bear Aware" and use proper food storage devices and techniques.
	Biting and Stinging Insects	• Identify crew members with sting allergies and carry sting kits containing epinephrine. • Be aware of potential for hives in brush or hollow logs, but also in the ground. • Use appropriate insect repellants on skin and clothing. • Clothing should fit tightly at wrists, ankles and waist. Tuck in shirt tails. • Inspect your skin daily for ticks and insects, bathing or changing clothes after every work day. • Remove embedded ticks properly and seek treatment promptly if tick-borne illness develops later.
	Poison Ivy Sumac	• Identify crew members who are allergic and keep them out of work environments where plants are present. • Educate crew members on how to identify poisonous plants. • wear gloves when working in brush. • Be able to identify signs of a reaction, immediately treat skin and clothing.
	Sharp Tools Tool Use	• Carry tools on the downside hill side with scabbard or cover on. • Carry sharpened edge of tool downward and away from your body. • Be aware of others around you and space yourselves when hiking. • Do not carry tools on shoulders with the exception of crosscuts. • Properly maintain and care for tools. Keep tools sharp. Do not use a tool with a loose handle. • Wear proper PPE at all times. • Be aware of others working around you. • Have firm footing and be balanced when swinging. • Never throw a tool. • When not in use, shield any sharp edges.
	Overhead	• Watch for loose limbs. • Be careful of standing dead trees and snags. • Avoid working at any unsafe site. Ensure all crew members are aware of hazard.
Hunting Season	User Conflict	• Wear Hunter's Orange during hunting season. • Post signs near work sites to warn hunters of employee and crew locations. • Reschedule jobs to work outside of hunting season dates when possible
Communication	Phones Radios	• Carry a cell phone with a fully charged battery, but be aware that cell phones do not work along many sections of FNST. • Know the location of the nearest working land line and spot with cell phone reception. • If available, carry a satellite phone. • Radios are generally not available, but some agency partners may be able to provide them. • Ensure radio has properly programmed frequencies, is in working order, and has an extra set of batteries. • Know repeaters and best locations to radio during an emergency. • Know dispatch hours as they may not be regular evenings/ weekends.
Emerg. Response	Check-in out	• Be sure to leave your itinerary with someone that includes where you will be working and your expected return. • Some agencies may require that you check in before the project and check out after the project with a designated representative. • Know the location of the closest hospital and the closest road intersection or easily identifiable meeting point where an ambulance can reach. • Inform crew members of these locations before beginning work activity. • In an emergency situation call 911 FIRST, then contact designated FTA or Agency partner staff.
10. LINE OFFICER SIGNATURE		11. TITLE
		Forest Supervisor
		12. DATE
		12/10/18

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.

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.

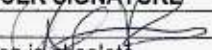
The items listed above serve only as guidelines for the development of emergency evacuation procedures.

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

U.S. Department of Agriculture Forest Service	1. WORK PROJECT/ACTIVITY Mower and Brushcutter Operation under 12-SV-11080500-005	2. LOCATION Florida National Scenic Trail	3. UNIT NF's in FL
JOB HAZARD ANALYSIS (JHA) References-FSH 6709.11 and -12	4. NAME OF ANALYST Shawn Thomas	5. JOB TITLE FNST Administrator	6. DATE PREPARED 02-07-2019
7. TASKS/PROCEDURES	8. HAZARDS	9. ABATEMENT ACTIONS Engineering Controls * Substitution * Administrative Controls * PPE	
Pre-use Inspection of Equipment	Loose objects	<ul style="list-style-type: none"> • Inspect equipment blades, sheels, guards, handle and engine for loose, worn, broken or missing parts. Reference equipment operations manual for parts and maintenance. 	
Operator	Lack of familiarity with equipment	<ul style="list-style-type: none"> • New operators should be trained on-site by experienced operators, review and ference owner operation manual. • No one should operate equipment alone. 	
Fueling Area	Spills, Fire	<ul style="list-style-type: none"> • Allow equipment to cool for at least 5 minutes before re-fueling. • Use fuel spout or funnel. Ensure correct fuel mixture. • Fill only from known and properly marked fuel containers. • Wear eye protection to prevent splash to eyes. • Clean up spills and flush from skin. • Protect fueling area for at least 25 feet from ignition sources or smoking. 	
Work Area	Damage to mower, injury to operator or bystanders Slopes	<ul style="list-style-type: none"> • Clear area of all personnel and inspect route to be travelled for downed trees, debris that should be removed from equipment path or provide tripping hazard. • Stop operation to allow people to pass as needed. • Guards shall never be removed or modified. • Equipment shall not be operated on slopes exceeding 30%. • The center of gravity for equipment varies greatly and trail terrain is apt to change. 	
Maintenance	Prevention of hazards and bodily harm	<ul style="list-style-type: none"> • Out of service equipment must be clearly marked while stored. • Review manufacturer's recommended maintenance procedures and complete annually, and as needed. • At minimum, remove sparkplug wire before service or repair. • Wear appropriate PPE including; eye protection, gloves, long sleeved shirts 	
Operating Equipment	Bodily injury, cuts	<ul style="list-style-type: none"> • Keep hands and feet from under mower and away from cutting blades. Wear proper PPE including; eye protection, gloves, hardhat, hearing protection, long sleeve shirt, boots with sturdy sole, and cut resistant material • Never lift or tip a running piece of equipment. • Turn off before clearing debris or making adjustments. 	
Loading mowers in to truck or trailer	Back injury or bodily harm	<ul style="list-style-type: none"> • Lift with legs, not back, always use two people with a firm hold. • Ensure trailer/ramps are in good working condition and properly secured. 	
Trailer Towing	Vehicle Damage	<ul style="list-style-type: none"> • Park where backing is not necessary. Set parking brake, block tires if on a slope. walk around vehicle before backing and use a spotter if backing is necessary. 	
See- Trail Maint. JHA, Trailhead Specific Comm. Plan (TCP) and EmeResponse Plan (ERP)		<ul style="list-style-type: none"> • Refer to the FNST General Trail Maintenance JHA for hazards and mitigation for environmental hazards, hiking and working in the backcountry, and also communication and emergency response 	
10. LINE OFFICER SIGNATURE		11. TITLE	12. DATE
		Forest Supervisor	2/8/10
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:

- Research past accidents/incidents.
- Research the Health and Safety Code, FSH 6709.11 or other appropriate literature.
- Discuss the work project/activity with participants.
- Observe the work project/activity.
- 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:

- Engineering Controls (the most desirable method of abatement). For example, ergonomically designed tools, equipment, and furniture.
- Substitution. For example, switching to high flash point, non-toxic solvents. Work Leader
- Administrative Controls. For example, limiting exposure by reducing the work schedule; establishing appropriate procedures and practices.
- 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).
- 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:

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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FLORIDA TRAIL ASSOCIATION
Volunteer Participant Waiver and Release for Minors

_____ has my (our) permission to participate in
Name of Minor

a trail maintenance project on the Florida Trail near (enter project location, dates, and times).

I/we understand and acknowledge that trail maintenance poses risks to my child, including the risk of bruises, scrapes, cuts, sprains, and serious injury or death.

I/we also attest that my child is physically fit to participate in trail maintenance.

I/we hereby certify that the minor is my son / daughter (circle one) and that his/her date of birth is _____ and I/we do hereby certify that to the best of my/our knowledge and belief said minor is in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the staff to secure proper treatment for my child. I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we have completed an Emergency Medical Release Form for the above named minor, which includes all allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician.

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless Florida Trail Association, US Forest Service and all officers, directors, employees, agents and volunteers of the organization, including the owners and leasers of premises used to conduct the event acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation and/or my participation in the above noted event.

I/we understand that the federal agency volunteer programs do 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 acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in the activity described above.

1. _____
Signature Print Name Date

2. _____
Signature Print Name Date

Address City State Zip Phone (with area code)

Alternate Adult:

Signature Print Name Date

Address City State Zip Phone (with area code)