



Benton MacKaye Trail Association

Maintenance Trip Report

DATE: _____ TRAIL NAME/SECTION: _____

CREW LEADER NAME: _____ IN WILDERNESS? _____

MALE/FEMALE

Check the box that applies.

	VOLUNTEER NAME (First, Last) Print Clearly	M/F	SIGNATURE	EMERGENCY CONTACT NAME	EMERGENCY CONTACT NUMBER	TRAVEL HOURS	WORK HOURS	Tailgate/ JHA Review (Yes) (No)		Photo Release (Yes) (No)	
1								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Volunteer Service Agreement and affirmed by the organization and USDA Forest Service. 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.

12								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply.

	MAINTENANCE ACTIVITIES	QUANTITY	NOTES
	Logging Out	each	
	Brushing	feet	
	Tread Maintenance	feet	
	Drainage Maintenance	each	
	Sign Maintenance	each	
	Trail Marking	each	
	Trail Construction Activities		
	Survey	feet	
	Clearing	feet	
	Tread Construction	feet	
	Drainage (dips, reverse grades, etc.)	each	
	Surfacing	feet	
	Structures	each	
	Signs and Signing	each	

Tailgate Safety Session

Person Leading Session: _____

Tailgate Topic Checklist (check off topics that were discussed).

	Hydration, food		Over exertion, take breaks when needed
	Required Personal Protection Equipment (PPE)		Bites (insects, bees, animal, snakes)
	Tool Safety (use type and proper tool for job)		Allergies (plants, bee stings, EpiPen, medical conditions)
	Proper Tool Handling (posture, sharp edges, spacing)		Poison ivy, sumac, oak plants
	Hiking on uneven terrain		Animal encounters
	Back Sprain		Falling objects (limbs, hazard trees, rocks, etc.)
	Blisters, hot spots, twisted ankles		UV Exposure
	Identified First Aid Kit		Overhanging branches
	Emergency Communication Process		Weather conditions
	Other recreational users on the trail		

Additional Safety Topics Covered

Crew Leader Signature: _____

Please email completed form to **BMTA** -- bmtahours@bmta.org **AND** to the appropriate District Tech below.

DISTRICT TECHS: BLUE RIDGE (Sections 1-6) -- Jesse.Lumsden at Jesse.Lumsden@usda.gov; CONASAUGA (Sections 8-10) -- Joe Sauls at joseph.sauls@usda.gov & Kevin Vasalinda at kevin.vasalinda@usda.gov; OCOEE (Sections 11- 14) -- Mason Boring at mason.boring@usda.gov; TELLICO (Sections 15, 16c, 16d, 16e & 17a, 17b, & 17c) Robert Alwood at robert.alwood@usda.gov; TUSQUITEE (Sections 16a-16b) --Sky Congleton at Sky.Congleton@usda.gov; and CHEOAH (Sections 17d, 18-19 Heath Emmons at heath.e.emmons@usda.gov;

NOTE: Section 7 is on private property -- send hours only to bmtahours@bmta.org.