



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"/>

TOTAL		
OVERALL TOTAL		

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) -- Miranda Hagemann at myranda.hagemann@usda.gov; CONASAUGA (Sections 8-10) -- Joe Sauls at joseph.sauls@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) --Todd Sharkey at todd.sharkey@usda.gov and Heath Emmons at heath.e.emmons@usda.gov; 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.