

# Standard Operating Procedure 2: Training and Safety

*Version 1.0*

***In Protocol for Monitoring Mercury in Resident Lake Fish***

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## Revision History Log

The following table lists all edits and amendments to this document since the original publication date. Information entered in the log must be complete and concise. Users of this Standard Operating Procedure (SOP) will promptly notify the Southwest Alaska Network (SWAN) project manager and/or data manager about recommended and required changes. The project manager must review and incorporate all changes, complete the revision history log, and change the date and version number on the title page and in the header of the document file. For complete instructions, please refer to SOP 8 (Protocol Revision).

### Revision History Log:

| Previous Version # | Revision Date | Revision Author | Revision Description and Location in SOP | Justification for Revision | New Version # |
|--------------------|---------------|-----------------|------------------------------------------|----------------------------|---------------|
| —                  | —             | Bartz           | Initial creation                         | —                          | 1.0           |

Add rows as needed for each change or set of changes tied to an updated version number

## Acknowledgements

This SOP was adapted from a similar SOP in the Great Lakes Network (GLKN) protocol for monitoring mercury in dragonflies and fish (VanderMeulen et al. 2018). The original GLKN SOP was based on the GLKN Health and Safety Plan (Route et al. 2013), as well as documents by O’Ney (2005) and Lane and Fay (1997).

# Introduction

Prior to collecting data and samples, field crew members must be trained in relevant techniques and procedures. Familiarity with the protocol, as well as with boats, planes, equipment, and basic safety measures, is critical for successful monitoring of mercury (Hg) in resident lake fish. This SOP includes procedures for training in the specific skills and knowledge necessary for collecting good data and understanding those data as they relate to resident lake fish. Additionally, the crew must be trained in specific safety procedures to ensure their safety and that of others. The project manager will conduct or arrange for all training prior to sample collection.

## Training

It is desirable to begin training before the start of the field season to allow adequate time to review the field procedures and to obtain certifications in boat, plane, and firearm use. Training can be divided into two broad categories: that related to the protocol and that related to safety. The training listed below is mandatory for all SWAN personnel charged with monitoring Hg in fish.

### Protocol-Related Training

#### ***Protocol Review***

Reading through the entire protocol – i.e., the narrative, Standard Operating Procedures (SOPs), and Data Quality Standards (DQSs) – is a crucial step before initiating field work. The project manager will allow adequate time for all field personnel to complete this step to ensure the success of the project. Field-related SOPs will also be covered as part of the hands-on training, as described below.

#### ***Use of Electronic Devices***

Location information must be gathered via global positioning systems (GPS) for each site during each visit. Training in the use of a GPS will include navigating to a known location, acquiring location information, storing data, and downloading data. Details on the use of a GPS can be found in SOP 4. Field personnel will also receive hands-on training in the use of communication devices that will be employed during their field work (e.g., park radios and satellite phones).

#### ***Methods for Handling Fish Samples***

In addition to collecting fish, a field data sheet must be completed, and samples must be processed, packed and shipped to an analytical laboratory. Prior to the field season, the field crew will receive training in, and have opportunities to practice, the following:

- setting up the net pen;
- using the “Clean Hands-Dirty Hands” method to handle samples (detailed in SOP 3);
- packing samples for shipment;
- filling out sample labels, shipping labels, and chain-of-custody forms; and
- following QA/QC procedures (detailed in the DQSs; Bartz et al. 2018).

## Safety-Related Training

### Boat Training

Field personnel are required to obtain boat training prior to the start of the field season. Training and certification are acquired through the Motorboat Operator Certification Course (MOCC; Table 1). The project manager will arrange for training prior to the field season through one of the SWAN parks that offer it. Arrangements should be made well in advance of the field season.

### Aviation Training

Several aviation training courses are required for NPS staff who ride as passengers in park planes (Table 1). Courses include Basic Aviation Safety (A-100), Aviation Transportation of Hazardous Materials (A-110), and Aircraft Mishap Review (A-200). All are available either onsite at the parks or online at the Interagency Aviation Training website (<https://www.iat.gov/>). For NPS staff who travel regularly on float planes and work from floats, Water Ditching and Survival (A-312) is also required. This course is based partly in a classroom and partly in a pool. Note that park flights must be conducted under visual flight rules (VFR), as established by the Federal Aviation Administration.

### Operational Leadership Training

Operational Leadership training encourages NPS employees to prioritize their safety and the safety of their team. It also empowers them to participate in the decision making and risk management process, through the use of simple tools like the “Green-Amber-Red” (GAR) model. This training is mandatory for all SWAN employees who conduct field work (Table 1).

**Table 1.** Safety-related training required for SWAN field personnel.

| Training                    | Duration | Renewal       | Location <sup>1</sup> |
|-----------------------------|----------|---------------|-----------------------|
| Boat Operator (MOCC)        | 32 hours | Every 5 years | KATM / LACL           |
| Basic Aviation Safety       | 8 hours  | Every 3 years | KATM / online         |
| Transportation of HAZMAT    | 2 hours  | Every 3 years | Online                |
| Aircraft Mishap Review      | 2 hours  | Every 3 years | Online                |
| Water Ditching and Survival | 8 hours  | Every 3 years | KATM / OAS            |
| Bear Safety / Firearms      | 8 hours  | Annually      | KATM / LACL / AKRO    |
| Operational Leadership      | 16 hours | <sup>2</sup>  | KATM / AKRO           |

<sup>1</sup> KATM = Katmai National Park and Preserve; LACL = Lake Clark National Park and Preserve; OAS = Office of Aviation Services; AKRO = Alaska Regional Office.

<sup>2</sup> Operational Leadership is only required once.

### Bear Safety and Firearms Training

SWAN parks are home to large numbers of brown bears (*Ursus arctos*) and black bears (*U. americanus*). Bear encounters are especially likely in riparian areas, where bears spend much of their time and stream noise frequently masks human presence. Field personnel are required to obtain Bear

Safety training (Table 1). This training includes the safe handling and use of bear deterrent spray. Firearms training is also required for staff who handle or carry guns. Electric fences and bear resistant food containers are required for any field camps, and both are included as topics in Bear Safety training.

## **Safety**

Safety of personnel should always be the first concern in conducting a monitoring program. Numerous safety issues are associated with implementing a monitoring program with extensive field work. The greatest hazards encountered in sampling SWAN lakes are those associated with boat and plane transport. Other important hazards include wildlife encounters and severe weather. Field work requires situational awareness of these hazards and knowledge of basic safety procedures. Planning, training, and a safety-oriented attitude can reduce or eliminate many hazards.

### **USGS Field Manual**

Since many of the steps for monitoring fish Hg overlap those for monitoring water quality, this SOP is meant to be used in conjunction with Chapter A9 of the USGS National Field Manual (Lane and Fay 1997), which contains more complete information about potential hazards that personnel may encounter during field work and the procedures that, when implemented properly, will help ensure the safety and health of field crew members. A copy of this manual may be downloaded from <http://water.usgs.gov/owq/FieldManual/Chap9/content.html>. Topics addressed include:

- general references for federal policies and Department of Interior (DOI) safety guidelines;
- understanding and implementing a job hazard analysis (JHA);
- requirements related to use of personal protective equipment (PPE) on the job;
- safety training and certification requirements;
- safety issues associated with vehicles (road vehicles and trailers, watercraft, aircraft, etc.);
- safety issues associated with machinery;
- surface water activities (e.g., wading, boating, etc.);
- proper use, handling, transport, storage, and disposal of chemicals;
- environmental conditions caused by extremes in temperature and weather; and
- mandatory safety policies under the Occupational Safety and Health Act (OSHA), Environmental Protection Agency (EPA), and Department of Transportation (DOT).

In addition to consulting the USGS manual, the field crew should contact individual park's safety officers or resource managers for information on park safety plans, radio safety procedures, and local issues specific to each park, such as nuisance animals and insect-borne diseases.

## **Basic Safety Preparations for Field work**

### ***Job Hazard Analyses***

Job hazard analyses (JHAs), prepared by the project manager, will be reviewed with field personnel at the start of the season. The JHAs cover specific safety concerns and mitigation strategies.

Concerns include:

- boating on large, cold lakes and streams;
- flying in small park planes;
- using sharp equipment, such as lures and knives; and
- working, sometimes overnight, in remote backcountry areas where communication with dispatch can be challenging, encounters with bears can be frequent, and emergency rescue can be slow.

### ***Trip Plans***

For safety purposes, it is critical that NPS dispatch staff be aware of field work being conducted in the parks. SWAN employees are required to set up a chain of communication to provide dispatch staff with essential information in the event of an emergency. This information is entered into one or more types of trip plans (i.e., float plan, flight plan, backcountry plan), depending on the length of the trip and the method of travel. SWAN currently uses forms developed by the Alaska Region Communications Center (ARCC) — a.k.a. “Denali Dispatch” (Appendix 2.1). Blank forms and instructions are located on the T Drive at T:\\_Program\_Management\Field\_Operations\Emergency\_Plans. Copies of completed forms should be emailed to [arcc\\_submit\\_forms@nps.gov](mailto:arcc_submit_forms@nps.gov), and also to the SWAN project manager and [katm\\_dispatch@nps.gov](mailto:katm_dispatch@nps.gov) (if working in Katmai National Park and Preserve. Check the weather forecast for potential storms before departing, and remain alert for changing weather conditions while in the field. Online forecasts can be found at <http://www.weather.gov/> and <https://www.windty.com/>. Current conditions can be found at <http://mesowest.utah.edu/> and <http://www.wrh.noaa.gov/zoa/mwmap2.php?map=alaska>.

### ***Communication Methods***

Field crews must carry at least two methods of two-way communication and should determine the most effective methods in consultation with their supervisor and the park prior to the trip. The methods will vary by park and situation, but the most common will be a satellite phone and a DeLorme inReach®. Park radios and cell phones might or might not have reception at sampling sites and should be considered as back-up options. Park staff should be consulted regarding “dead zones” in radio and cell coverage.

### ***Safety Equipment Checklists***

Checklists are helpful for ensuring that personnel have the appropriate safety equipment available during field trips. Items shown in Tables 2 and 3 are the basic necessities for boat-based field work. The project manager and field crew should review these checklists and determine which items are necessary.

**Table 2.** Checklist of basic safety gear for Hg monitoring field work.

| ✓                        | Basic Safety Gear                                                                           |
|--------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Waders and wading boots                                                                     |
| <input type="checkbox"/> | Personal floatation device (PFD)                                                            |
| <input type="checkbox"/> | Hearing protection (for boat and plane travel)                                              |
| <input type="checkbox"/> | Well-stocked first aid kit and manual                                                       |
| <input type="checkbox"/> | Flashlight and spare batteries                                                              |
| <input type="checkbox"/> | Two or more communication devices (i.e., park radio, satellite phone, cell phone, inReach®) |
| <input type="checkbox"/> | Extra clothing (wool or synthetic) and rain gear                                            |
| <input type="checkbox"/> | Hat, gloves, sunscreen, and sunglasses                                                      |
| <input type="checkbox"/> | Insect repellent and/or head net                                                            |
| <input type="checkbox"/> | Food and water                                                                              |
| <input type="checkbox"/> | Tool box with basic tools                                                                   |
| <input type="checkbox"/> | List of emergency phone numbers and contacts                                                |
| <input type="checkbox"/> | Map and compass                                                                             |
| <input type="checkbox"/> | USGS NFM Ch.A9. Safety in Field Activities                                                  |

## Emergencies

In a true emergency, seek medical care as soon as possible and worry about forms, payments, and other procedures after the situation has stabilized. For all non-emergency medical treatments, a supervisor must authorize medical treatment by completing a CA-16 form (Authorization for Exam/Treatment) and submitting it to a medical provider.

Accidents and/or injuries that occur on the job must be reported on either a CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) or CA-2 (Federal Employee's Notice of Occupational Disease and Claim for Compensation) filled out on the Safety Management Information System (SMIS) website: <https://www.smis.doi.gov>. The injured employee fills out the form online and the supervisor is notified by email that his/her portion of the claim is ready to be filled out. Once completed by the supervisor, the claim is forwarded to the park claims coordinator and regional safety officer, who review and forward the claim to the Office of Worker's Compensation Program (OWCP).

The following paper forms can aid in gathering information for reporting an accident and/or injury that occurred on the job and can be obtained from the U.S. Office of Personnel Management (OPM)

website (<http://www.opm.gov/>): CA-10 (What a Federal Employee Should Do When Injured at Work), OWCP1500 (Health Insurance Claim Form), and CA-17 (Duty Status Report).

**Table 3.** Checklist of safety equipment for the use of watercraft.

| ✓                        | Safety Equipment for Watercraft Navigation                                       |
|--------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> | Charts, maps, and compass                                                        |
| <input type="checkbox"/> | GPS and depth finder                                                             |
| <input type="checkbox"/> | Dead-man's switch                                                                |
| <input type="checkbox"/> | Navigation lights                                                                |
| <input type="checkbox"/> | Radio (VHF, AM, FM, and WEATHER)                                                 |
| <input type="checkbox"/> | Special lighting/flagging (if boat activities might pose a hazard to the public) |
| <input type="checkbox"/> | Visual distress signals (Coast Guard approved)                                   |
| <input type="checkbox"/> | Whistles or horns                                                                |
| <input type="checkbox"/> | Type IV throwable rescue device (e.g., ring buoy with line)                      |
| <input type="checkbox"/> | Personal flotation devices for each passenger (Coast Guard approved)             |
| <input type="checkbox"/> | Anchor and lines (spare)                                                         |
| <input type="checkbox"/> | Bucket for use as a bailer                                                       |
| <input type="checkbox"/> | Paddle                                                                           |
| <input type="checkbox"/> | First aid kit (Coast Guard approved)                                             |
| <input type="checkbox"/> | Flashlights and batteries                                                        |
| <input type="checkbox"/> | Fire extinguishers                                                               |
| <input type="checkbox"/> | Spare parts (anchor, fuel, propeller, extra lines, cotter pin)                   |
| <input type="checkbox"/> | Tool and repair kits                                                             |
| <input type="checkbox"/> | List of conversion factors and abbreviations                                     |

Employees have a reasonable expectation of privacy; however, the NPS is responsible for assisting employees in the event of a medical emergency. To do so, we must be aware of emergency contacts, as well as allergies, medications, or health conditions that would help medical staff perform their duties. All SWAN employees must complete an Emergency Contact Form, and they have the option to complete a Medical Information Form (Appendix 2.2).

## Literature Cited

- Bartz, K. K., C. J. Sergeant, and D. D. VanderMeulen. 2018. Data quality standards for monitoring mercury in resident lake fish – Version 1.0: Southwest Alaska Inventory and Monitoring Network. Natural Resource Report NPS/SWAN/NRR—2018/1731. National Park Service, Fort Collins, Colorado.
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- O’Ney, S. E. 2005. Standard operating procedure #3: Safety and health, Version 1.0. *In* Regulatory water quality monitoring protocol: Version 1.0: Greater Yellowstone Inventory & Monitoring Network. National Park Service, Bozeman, Montana.
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## Appendix 2.1

|                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                      |                            |                                               |  |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------|----------------------------|-----------------------------------------------|--|
| <b>Email Form</b> or send to <a href="mailto:arcc_submit_forms@nps.gov">arcc_submit_forms@nps.gov</a> |                                                                                                                                                                                                               | NPS ARCC RFLDP V 2.0.1 11/11/2015                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                      |                            |                                               |  |
| <b>ARCC</b><br><b>AK Region Float Plan</b>                                                            |                                                                                                                                                                                                               | <b>Dates of Mission</b><br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> to <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> | <b>Check-In Times</b><br>AM Check-In: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> PM Check-In: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Radio Identifier:</b><br><small>(Use when contacting TBA)</small> | <b>Park:</b>                                         |                            |                                               |  |
| Leader                                                                                                | Trip Leader Name:                                                                                                                                                                                             |                                                                                                                                                                                                           | Supervisor Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                      |                            |                                               |  |
|                                                                                                       | Trip Leader Phone:                                                                                                                                                                                            |                                                                                                                                                                                                           | Supervisor Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                      |                            |                                               |  |
|                                                                                                       | Trip Leader Sat:                                                                                                                                                                                              |                                                                                                                                                                                                           | SPOT/PLB (Serial # or Name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                      |                            |                                               |  |
| Party Information                                                                                     | Party Member Name:                                                                                                                                                                                            |                                                                                                                                                                                                           | Party Member Clothing Color:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                      |                            |                                               |  |
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| Vessel Information                                                                                    | Vessel Name:                                                                                                                                                                                                  |                                                                                                                                                                                                           | Length:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                      |                            |                                               |  |
|                                                                                                       | Color:                                                                                                                                                                                                        |                                                                                                                                                                                                           | Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                      |                            |                                               |  |
|                                                                                                       | Additional Markings:                                                                                                                                                                                          |                                                                                                                                                                                                           | Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                      |                            |                                               |  |
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|                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                                                           | Days of Food:<br>Gallons of Fuel:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                      |                            |                                               |  |
| Additional Transport.                                                                                 | <input type="checkbox"/> Aircraft<br><small>(You MUST file a flight plan.)</small><br>N-Number: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>                         |                                                                                                                                                                                                           | <input type="checkbox"/> Car or Truck<br>Make: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div><br>Model: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div><br>Color: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div><br>Plate: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div><br>Name: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div><br>Location: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> |                                                                      | Additional remarks:                                  |                            |                                               |  |
|                                                                                                       | <input type="checkbox"/> Additional Watercraft<br><small>(You MUST file separate float plan.)</small><br>Name: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>          |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                      |                            |                                               |  |
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| Mission                                                                                               | Mission purpose and objectives:                                                                                                                                                                               |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                      |                            |                                               |  |
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| Equipment                                                                                             | <input type="checkbox"/> Compass                                                                                                                                                                              |                                                                                                                                                                                                           | <input type="checkbox"/> Space Blanket                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | <input type="checkbox"/> Marine VHF Radio            |                            | <input type="checkbox"/> USCG Req. Equip.     |  |
|                                                                                                       | <input type="checkbox"/> Signal Mirror/Flares                                                                                                                                                                 |                                                                                                                                                                                                           | <input type="checkbox"/> PFD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      | <input type="checkbox"/> NPS Radio                   |                            | <input type="checkbox"/> Vessel Mounted EPIRB |  |
|                                                                                                       | <input type="checkbox"/> Whistle                                                                                                                                                                              |                                                                                                                                                                                                           | <input type="checkbox"/> Survival Kit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      | <input type="checkbox"/> Maps or Charts              |                            | <input type="checkbox"/> Weapon(s):           |  |
|                                                                                                       | <input type="checkbox"/> Immersion Suit                                                                                                                                                                       |                                                                                                                                                                                                           | <input type="checkbox"/> Vessel Mounted Sat Phone (# or Name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                      |                            |                                               |  |
|                                                                                                       | Description of additional clothing and equipment (jacket, tent, pack, etc.):                                                                                                                                  |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                      |                            |                                               |  |
| Detailed Itinerary/Comments                                                                           | Include detailed route information, via points, etc.                                                                                                                                                          |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                      |                            |                                               |  |
|                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                      |                            |                                               |  |
| Dispatch                                                                                              | <b>Primary Dispatch</b><br>ARCC                                                                                                                                                                               |                                                                                                                                                                                                           | <b>Dispatch Transfer Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                      |                            |                                               |  |
|                                                                                                       | Transfer To ARCC:<br>Date: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> *Time: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> |                                                                                                                                                                                                           | Transfer From ARCC:<br>Date: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> *Time: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      | Brief Comment (Use box above for additional detail): |                            |                                               |  |
| <b>PHONE: (907) 683-9555</b>                                                                          |                                                                                                                                                                                                               | <b>EMAIL: <a href="mailto:DENA_CommCenter@NPS.GOV">DENA_CommCenter@NPS.GOV</a></b>                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                      | <b>FAX: (907) 683-9640</b> |                                               |  |
| Sat Phone: 8816-3145-8390                                                                             |                                                                                                                                                                                                               | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Clear Form</div>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                      |                            |                                               |  |

Figure 2.1.1. Float plan for the Alaska Region Communications Center (ARCC).

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NPS ARCC RFLIP V 4.0.1 11/11/2015

|                                                                                                                                                                                     |                                                                                                                 |                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                                                                                                                             |                                                                                                                                                                                                                                                   |                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>ARCC</b><br><b>AK Region Flight Plan</b>                                                                                                                                         |                                                                                                                 | Dates of Mission: <div style="border: 1px solid black; width: 40px; height: 15px;"></div> to <div style="border: 1px solid black; width: 40px; height: 15px;"></div>                                                                                                                                                 |                                                                                                 | DOI Flight Manager: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>                                                                                |                                                                                                                                                                                                                                                   | Park: <div style="display: inline-block; vertical-align: top;"><input type="checkbox"/> Fleet<br/><input type="checkbox"/> Vendor</div> |  |
| 1. TYPE<br><input type="checkbox"/> VFR<br><input type="checkbox"/> IFR<br><input type="checkbox"/> DVFR                                                                            | 2. AIRCRAFT IDENTIFICATION<br><b>N-</b> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> | 3. AIRCRAFT TYPE<br>SPECIAL EQUIPMENT <div style="border: 1px solid black; width: 80px; height: 20px;"></div>                                                                                                                                                                                                        | 4. TRUE AIRSPEED<br><div style="border: 1px solid black; width: 40px; height: 20px;"></div> KTS | 5. DEPARTURE POINT<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div>                                                                              | 6. DEPARTURE TIME <input type="checkbox"/> (L) <input type="checkbox"/> (Z)<br>PROPOSED <div style="border: 1px solid black; width: 60px; height: 20px;"></div> ACTUAL* <div style="background-color: #cccccc; width: 60px; height: 20px;"></div> | 7. CRUISING ALTITUDE<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div>                                        |  |
| 8. ROUTE OF FLIGHT (USE BOX 26 FOR FLIGHT LEGS)<br><div style="border: 1px solid black; width: 100%; height: 20px;"></div>                                                          |                                                                                                                 |                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                                                                                                                             |                                                                                                                                                                                                                                                   |                                                                                                                                         |  |
| 9. DESTINATION<br>Airport <div style="border: 1px solid black; width: 100px; height: 20px;"></div><br>City <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |                                                                                                                 | 10. EST. TIME ENROUTE<br>HOURS <div style="border: 1px solid black; width: 40px; height: 20px;"></div> MINUTES <div style="border: 1px solid black; width: 40px; height: 20px;"></div>                                                                                                                               |                                                                                                 | 11. PILOT NAME <div style="border: 1px solid black; width: 100px; height: 20px;"></div> PILOT PHONE <div style="border: 1px solid black; width: 80px; height: 20px;"></div> |                                                                                                                                                                                                                                                   | 14. PEOPLE ON ABOARD<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div>                                        |  |
| 12. PROJECT MANAGER <div style="border: 1px solid black; width: 100px; height: 20px;"></div>                                                                                        |                                                                                                                 | 13. PARK AVIATION MANAGER <div style="border: 1px solid black; width: 100px; height: 20px;"></div>                                                                                                                                                                                                                   |                                                                                                 |                                                                                                                                                                             |                                                                                                                                                                                                                                                   |                                                                                                                                         |  |
| 15. FUEL ON BOARD<br>HOURS <div style="border: 1px solid black; width: 40px; height: 20px;"></div> MINUTES <div style="border: 1px solid black; width: 40px; height: 20px;"></div>  |                                                                                                                 | 16. ALTERNATE AIRPORT(S)<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div>                                                                                                                                                                                                                 |                                                                                                 | 17. REMARKS (INCLUDE PROJECT AND AVIATION MANAGER PHONE NUMBERS IF NOT ON FILE)<br><div style="border: 1px solid black; width: 100%; height: 40px;"></div>                  |                                                                                                                                                                                                                                                   |                                                                                                                                         |  |
| 18. AIRCRAFT COLOR<br><div style="border: 1px solid black; width: 60px; height: 20px;"></div>                                                                                       | 19. GEAR CONFIGURATION<br><div style="border: 1px solid black; width: 60px; height: 20px;"></div>               | 20. MISSION PURPOSE<br><div style="border: 1px solid black; width: 100%; height: 20px;"></div><br><input type="checkbox"/> PT TO PT <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> HIGH RECON <input type="checkbox"/> OTHER: <div style="border: 1px solid black; width: 60px; height: 20px;"></div> |                                                                                                 |                                                                                                                                                                             |                                                                                                                                                                                                                                                   | 21. CRM SCORE (OPTIONAL)<br><div style="border: 1px solid black; width: 40px; height: 20px;"></div>                                     |  |
| <small>*FOR ARCC OFFICE USE ONLY</small>                                                                                                                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                                                                                                                             |                                                                                                                                                                                                                                                   |                                                                                                                                         |  |

|                               |                                                                                                                         |  |                                                                                                                                                                                                                                                 |  |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Additional Information</b> | 22a. AIRCRAFT HOME BASE (COMPANY, LOCATION)<br><div style="border: 1px solid black; width: 150px; height: 20px;"></div> |  | 24. TYPE OF TRACKING (ARCC MUST HAVE ACCESS PRIOR TO FLIGHT)<br><input type="checkbox"/> AFF <input type="checkbox"/> **Spidertracks <input type="checkbox"/> **Other: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |  |
|                               | 22b. HOME BASE/COMPANY PHONE <div style="border: 1px solid black; width: 80px; height: 20px;"></div>                    |  | <small>**If not labeled with aircraft tail number, what is the tracking unit's identifier?</small>                                                                                                                                              |  |
|                               | 23. AIRCRAFT SAT PHONE<br><div style="border: 1px solid black; width: 150px; height: 20px;"></div>                      |  | 25. ADDITIONAL INFORMATION<br><div style="border: 1px solid black; width: 150px; height: 40px;"></div>                                                                                                                                          |  |

| 26. FLIGHT SEGMENTS |                                                                         |                                                                         |                                                                         |
|---------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
|                     | Leg - Start                                                             | Leg - End                                                               | Passenger/Cargo/Trip Information:                                       |
| 1)                  | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 2)                  | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 3)                  | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 4)                  | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 5)                  | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 6)                  | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 7)                  | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 8)                  | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 9)                  | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 10)                 | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 11)                 | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 12)                 | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 13)                 | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| 14)                 | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |

EMAIL: DENA\_CommCenter@nps.gov  
Sat Phone: 8816-3145-8390

PHONE: (907) 683-9555

FAX: (907) 683-9640

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| 27. OPTIONAL MANIFEST |                 |                            |                              |         |
|-----------------------|-----------------|----------------------------|------------------------------|---------|
|                       | Passenger Info: | Gear Info:                 | Hazmat:                      | Weight: |
| 1)                    |                 |                            | <input type="checkbox"/> YES |         |
| 2)                    |                 |                            | <input type="checkbox"/> YES |         |
| 3)                    |                 |                            | <input type="checkbox"/> YES |         |
| 4)                    |                 |                            | <input type="checkbox"/> YES |         |
| 5)                    |                 |                            | <input type="checkbox"/> YES |         |
| 6)                    |                 |                            | <input type="checkbox"/> YES |         |
| 7)                    |                 |                            | <input type="checkbox"/> YES |         |
| 8)                    |                 |                            | <input type="checkbox"/> YES |         |
| 9)                    |                 |                            | <input type="checkbox"/> YES |         |
| 10)                   |                 |                            | <input type="checkbox"/> YES |         |
| 11)                   |                 |                            | <input type="checkbox"/> YES |         |
| 12)                   |                 |                            | <input type="checkbox"/> YES |         |
| Add. Cargo:           |                 |                            | <input type="checkbox"/> YES |         |
| HAZMAT:               |                 | Maximum Allowable Payload: |                              |         |
|                       |                 | Actual Outbound Payload:   |                              | 0       |
| 28. REMARKS           |                 |                            |                              |         |
|                       |                 |                            |                              |         |

  

| 29. OPTIONAL MANIFEST |                 |                            |                              |         |
|-----------------------|-----------------|----------------------------|------------------------------|---------|
|                       | Passenger Info: | Gear Info:                 | Hazmat:                      | Weight: |
| 1)                    |                 |                            | <input type="checkbox"/> YES |         |
| 2)                    |                 |                            | <input type="checkbox"/> YES |         |
| 3)                    |                 |                            | <input type="checkbox"/> YES |         |
| 4)                    |                 |                            | <input type="checkbox"/> YES |         |
| 5)                    |                 |                            | <input type="checkbox"/> YES |         |
| 6)                    |                 |                            | <input type="checkbox"/> YES |         |
| 7)                    |                 |                            | <input type="checkbox"/> YES |         |
| 8)                    |                 |                            | <input type="checkbox"/> YES |         |
| 9)                    |                 |                            | <input type="checkbox"/> YES |         |
| 10)                   |                 |                            | <input type="checkbox"/> YES |         |
| 11)                   |                 |                            | <input type="checkbox"/> YES |         |
| 12)                   |                 |                            | <input type="checkbox"/> YES |         |
| Add. Cargo:           |                 |                            | <input type="checkbox"/> YES |         |
| HAZMAT:               |                 | Maximum Allowable Payload: |                              |         |
|                       |                 | Actual Outbound Payload:   |                              | 0       |
| 30. REMARKS           |                 |                            |                              |         |
|                       |                 |                            |                              |         |

**Z**  
to

EMAIL: DENA\_CommCenter@nps.gov

PHONE: (907) 683-9555

FAX: (907) 683-9640

Sat Phone: 8816-3145-8390

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**Figure 2.1.2.** Flight plan for the Alaska Region Communications Center (ARCC).

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|                                             |                                                                                                                  |                                                                                        |                                                       |                                                       |                                           |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|
| <b>ARCC</b><br><b>Backcountry Itinerary</b> |                                                                                                                  | <b>Dates of Mission</b><br>to                                                          | <b>Check-In Times</b><br>AM Check-In: PM Check-In:    | <b>Radio Identifier:</b><br>(Use when contacting 700) | <b>Park:</b>                              |
| <b>Leader</b>                               | Trip Leader Name:                                                                                                |                                                                                        | Supervisor Name:                                      |                                                       |                                           |
|                                             | Trip Leader Phone:                                                                                               |                                                                                        | Supervisor Phone:                                     |                                                       |                                           |
|                                             | Trip Leader Sat (# or Name):                                                                                     |                                                                                        | SPOT/PLB (Serial # or Name):                          |                                                       |                                           |
| <b>Party Information</b>                    | Party Member Name:                                                                                               |                                                                                        | Party Member Clothing Color:                          |                                                       |                                           |
|                                             |                                                                                                                  |                                                                                        |                                                       |                                                       |                                           |
|                                             |                                                                                                                  |                                                                                        |                                                       |                                                       |                                           |
|                                             |                                                                                                                  |                                                                                        |                                                       |                                                       |                                           |
|                                             |                                                                                                                  |                                                                                        |                                                       |                                                       |                                           |
|                                             |                                                                                                                  |                                                                                        |                                                       |                                                       |                                           |
|                                             |                                                                                                                  | <b>Equipment Carried:</b>                                                              |                                                       |                                                       |                                           |
|                                             |                                                                                                                  | <input type="checkbox"/> Compass <input type="checkbox"/> Avalanche Beacon             |                                                       |                                                       |                                           |
|                                             |                                                                                                                  | <input type="checkbox"/> Radio <input type="checkbox"/> Weapon(s):                     |                                                       |                                                       |                                           |
|                                             |                                                                                                                  | <input type="checkbox"/> Whistle <input type="checkbox"/> Tent (describe): Tent Color: |                                                       |                                                       |                                           |
|                                             |                                                                                                                  | <input type="checkbox"/> Space Blanket <input type="checkbox"/> GPS Fly Color:         |                                                       |                                                       |                                           |
|                                             |                                                                                                                  | <input type="checkbox"/> Signal Devices <input type="checkbox"/> Pack (color):         |                                                       |                                                       |                                           |
| <b>Transportation</b>                       | <input type="checkbox"/> Aircraft<br>(You MUST file a flight plan.)                                              |                                                                                        | <input type="checkbox"/> Car or Truck                 |                                                       | <b>Color/Descriptions:</b><br><div></div> |
|                                             | N-Number:                                                                                                        |                                                                                        | Make:                                                 |                                                       |                                           |
|                                             |                                                                                                                  |                                                                                        | Model:                                                |                                                       |                                           |
|                                             | <input type="checkbox"/> Motor V.<br>(You MUST file a float plan.)                                               |                                                                                        | Color:                                                |                                                       |                                           |
|                                             | Name:                                                                                                            |                                                                                        | Plate:                                                |                                                       |                                           |
|                                             |                                                                                                                  |                                                                                        | Location:                                             |                                                       |                                           |
|                                             |                                                                                                                  | <input type="checkbox"/> Foot                                                          | <input type="checkbox"/> Packraft/Raft                |                                                       |                                           |
|                                             |                                                                                                                  | <input type="checkbox"/> ATV                                                           | <input type="checkbox"/> Kayak/Canoe                  |                                                       |                                           |
|                                             |                                                                                                                  | <input checked="" type="checkbox"/> Ski/Snowshoe                                       | Days of Fuel:                                         |                                                       |                                           |
|                                             |                                                                                                                  | <input type="checkbox"/> Snowmachine                                                   | Days of Food:                                         |                                                       |                                           |
|                                             |                                                                                                                  | <input type="checkbox"/> Dog Sled                                                      | Num. of Dogs:                                         |                                                       |                                           |
| <b>Mission</b>                              | Mission purpose and objectives:                                                                                  |                                                                                        |                                                       |                                                       |                                           |
| <b>Risk</b>                                 | Risk management considerations (glacier travel, river crossings, helicopter operations, etc.):                   |                                                                                        |                                                       |                                                       |                                           |
| <b>Dead Spots</b>                           | Describe any potential radio dead spots:                                                                         |                                                                                        |                                                       |                                                       |                                           |
| <b>Detailed Itinerary</b>                   | Comprehensive Itinerary (Use next page for additional legs, detailed route information, via points, camps, etc): |                                                                                        |                                                       |                                                       |                                           |
|                                             | Leg - Start                                                                                                      | Leg - End                                                                              | Additional Information                                |                                                       |                                           |
|                                             | 1)                                                                                                               |                                                                                        |                                                       |                                                       |                                           |
|                                             | 2)                                                                                                               |                                                                                        |                                                       |                                                       |                                           |
|                                             | 3)                                                                                                               |                                                                                        |                                                       |                                                       |                                           |
|                                             | 4)                                                                                                               |                                                                                        |                                                       |                                                       |                                           |
| 5)                                          |                                                                                                                  |                                                                                        |                                                       |                                                       |                                           |
| <b>Dispatch</b>                             | <b>Primary Dispatch</b>                                                                                          |                                                                                        | <b>Dispatch Transfer Information</b>                  |                                                       |                                           |
|                                             | ARCC                                                                                                             |                                                                                        | Brief Comment (Use next page for additional details): |                                                       |                                           |
|                                             |                                                                                                                  | Transfer To ARCC:                                                                      |                                                       | Transfer From ARCC:                                   |                                           |
|                                             |                                                                                                                  | Date: *Time:                                                                           |                                                       | Date: *Time:                                          |                                           |

\*Use 24-hour time.

PHONE: (907) 683-9555

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|                                      |                  |                    |                    |                                                 |
|--------------------------------------|------------------|--------------------|--------------------|-------------------------------------------------|
| <b>ARCC</b><br>Backcountry Itinerary | Dates of Mission | Check-In Times     |                    | Radio Identifier:<br>(Use when contacting 700.) |
|                                      | _____ to _____   | AM Check-In: _____ | PM Check-In: _____ |                                                 |

|                          |             |
|--------------------------|-------------|
| Supplemental Information | Comments:   |
|                          | <div></div> |

PHONE: (907) 683-9555

EMAIL: DENA\_CommCenter@NPS.GOV

FAX: (907) 683-9640

Sat Phone: 8816-3145-8390

Clear Form

|    |
|----|
|    |
|    |
|    |
| to |
|    |

Figure 2.1.3 Backcountry plan for the Alaska Region Communications Center (ARCC).

## Appendix 2.2



### United States Department of the Interior

#### National Park Service

Lake Clark National Park and Preserve

Admin/HQ Office

240 W 5<sup>th</sup> Ave., Anchorage AK 99501

Phone (907) 644-3626 Fax (907) 644-3810

Field Office

General Delivery, Port Alsworth, AK 99653

Phone (907) 781-2218 Fax (907) 781-2119



March 22, 2016

To: LACL and SWAN Employees  
From: LACL Administrative Assistant  
Subject: Emergency Contact Information

In order to insure our records reflect current information regarding your emergency contact(s), please complete the form below and return it to LACL's Administrative Assistant as soon as possible. This document will be saved in a locked file and will be accessible only to LACL's Administrative Assistant and Program Managers in the event of an emergency. If you check the box at the end of this document, the email will be deleted and the document will not be saved in the locked file, however your name and phone numbers will be provided to DENA Dispatch for emergency purposes only (please direct any questions about this to LACL's Chief Ranger).

#### EMPLOYEE'S INFORMATION:

|                   |                   |                      |
|-------------------|-------------------|----------------------|
| Last Name         | First Name        | Middle               |
| Street Address    | City              | State                |
|                   |                   | Zip Code             |
| Home Phone Number | Cell Phone Number | Additional Number(s) |

#### IN CASE OF EMERGENCY, PLEASE NOTIFY:

|                   |                   |                      |
|-------------------|-------------------|----------------------|
| Last Name         | First Name        | Middle               |
| Street Address    | City              | State                |
|                   |                   | Zip Code             |
| Home Phone Number | Cell Phone Number | Additional Number(s) |
| Relationship      |                   |                      |

☐ I do not authorize LACL Administration to save this information in a locked file.

Figure 2.2.1. Emergency Contact Form.

## Medical Information Form (retain in office)

Name

Date of birth

Local mailing address

Local phone number

Cell phone number

Emergency contact  
information #1

Relationship:

Emergency contact  
information #2

Relationship:

Allergies and medical  
issues of concern

Medications currently  
being taken

☐ Check here and provide additional information on the back or on attached sheets if there are other issues you feel emergency personnel need to know to properly care for you in an emergency.

☐ By checking this box and signing below, the employee indicates their preference to not share personal medical information with the National Park Service, Southwest Alaska Network Office. The employee understands that his/her refusal may delay or hinder necessary care if he/she has an undisclosed underlying medical condition or drug allergy. The employee is free to change their mind at any time and submit a completed form.

Employee

Date

*Completion of this form is voluntary and does not influence any hiring decision or performance evaluation. It is strictly to be used in case of an emergency when the person named above is unable to provide such information to emergency personnel. This form will be kept in a locked file at the Network office and will be destroyed by the employee at the end of their term of employment.*

**Figure 2.2.2.** Medical Information Form.