OUTFITTER/GUIDE OPERATIONS PLAN

SHASTA-TRINITY NATIONAL FOREST

Name of Outfitter/Guide Company

(Insert Years This Operating Plan Covers

SUBMITTED BY: DATE:

REVIEWED BY: DATE:

Special Use Administrator

APPROVED BY: DATE:

District Ranger

The holder shall prepare an operating plan in consultation with the Authorized Officer or the Authorized Officer's Designated Representative and must cover all operations authorized by this permit. The operating plan must outline steps the holder will take to protect public health, safety, and the environment. The plan must include sufficient detail and standards to enable the Forest Service to monitor the holder's operations for compliance with the terms and conditions of this permit.

TABLE OF CONTENTS

CONTACT INFORMATION

Outfitter/Guide Company

Business Name:

Business Owner(s):

Type of Business (individual, partnership, corporation):

Mailing Address:

Phone Number:

Email Address:

Designated Representative and Point of Contact (If Applicable)

Position	Name	Phone Number	Email

Forest Service

Position	Name	Office Phone	Email
Permit Administrator	Kristian Schenk	530-925-0232	kristian.schenk@usda.gov
District Ranger*			

*Please only contact district ranger in cases of emergency

OUTFITTER/GUIDE OPERATIONS

Services Provided: **(List all the services your business provides)**

Operating Locations: **(List all the locations that you operate at on the Shasta-Trinity National Forest)**

Operating Season: **(List operating season for all locations if they differ by location. Example: Winter Skills/Mountaineering on Mount Shasta-December-July; Backpacking Mount Eddy to Castle Crags-May-July)**

Permission/Agreements to Operate On Private Land Inside Shasta-Trinity National Forest or Permitted Marinas:

(Include names of Private Land Owner you have permission to operate on inside the Shasta-Trinity National Forest boundaries and/or what Marinas you have permission to launch from for Shasta Lake, Trinity Lake and Lewiston Lake.

(Attach Written Permission and/or Written Agreements as Appendix D if Applicable)

Booking Agents:

(List booking agents you use)

(Please make sure all booking agents have the following disclosure on their website/brochure that states "The XYZ trips are led by XYZ Guide Service that operates under special use permit on the Shasta-Trinity National Forest and operates on a non-discriminatory basis")

Vehicles, Boats, Trailers (Include Description and License Numbers):

(List your vehicle, boats, trailers that you will be using on the Shasta-Trinity National Forest and include vehicles/boats/trailers of your guides as well. You can include this information in the guide table below if you have several guides)

TRIP ITINERARIES/TRIP DESCRIPTION

Trip description/itinerary (for each type of trip offered):

(Describe each type of trip you offer and what that trip looks like from start to finish.

Transportation provided: ( ) Yes ( ) No if yes, what type:

Meals provided: ( ) Yes ( ) No if yes, what type:

Equipment provided: ( ) Yes ( ) No if yes, what type:

Overnight trips provided: ( ) Yes ( ) No

RATES

Rates per person/per trip offered: **(include rate schedule for each trip)**

Do you offer any discounts? (i.e. group rate, returning customers): ( ) Yes ( ) No

Do you give out free trips (donated) or do any trading of services?: ( ) Yes ( ) No

Do you rent equipment? ( ) Yes ( ) No

If so, include rental schedule:

GUIDES

Guide Name	Employment Status*	Technical Skills Qualification (AMGA, IFMGA AIRE, AAA, NSP, ACA)	Type of Medical Training (First aid/CPR, Wilderness First Responder, Swift Water Rescue, EMT, other)

As of January 1, 2020, the Shasta-Trinity National Forest will no longer accept independent contractors as guides unless the business can prove that the independent contractor meets all three conditions of the ABC test described above. Workmen Comp Certificates may be requested for proof of employee status.

All guides that have their own website/brochure must have the Civil Rights Statement as well as stating all trips on the Shasta-Trinity National Forest are through the permitted business. (see Civil Rights section below with the required information for the website/brochure)

SAFETY

Guide Technical and Medical Minimum Requirements and Training

(List the guide minimum technical and medical qualifications for each activity type your business offers and attach certificates as appropriate in Appendix. Do you provide any training for your guides and how often? Don't forgot the mandated reporter training for child abuse recognition and reporting as well as training about civil rights requirements, safety plan and other components of this operating plan.) If you are the owner/guide you still need to add the minimum technical and medical requirements you will maintain i.e. medical certs., state licenses., mandated reporter training, etc.

Communication

(Many areas in Northern California lack cell coverage so a back-up plan is required. Many guide companies have GPS/satellite devices such As SPOT II Satellite GPS Messenger, satellite phones or other personal locator beacon type equipment. What is your communication plan?)

Medical Emergency Response

(List the safety gear you provide on the trips and what response you will have in the event of a medical emergency. What is your process if the guide is the individual that needs a medical response?)

Evacuation Procedure

(It is important to have evacuation procedures figured out for medical or natural hazard scenarios at all locations that you guide. This should include addresses to the nearest hospitals.)

Incident Notification Process

Emergency Reporting Procedures: The Permit Holder and their employees/contractors will be trained in proper emergency reporting procedures and will be instructed to provide essential information, e.g. a call back number at their location.

1. Incident Notification. The holder shall be required to contact the authorized officer as soon as practicable after the following incidents that occur on National Forest System (NFS) lands within the authorized area:
    a. Any incident resulting in death, permanent disability, or personal injuries that are life threatening or that are likely to cause permanent disability;
    b. Any failure of a structural, mechanical, electrical component and its primary connection, or operator error, which impairs the operation or function of a passenger roadway in a way that could affect public safety, or any road way incident that requires reporting to State authorities;
    c. A search and rescue operation to locate a person; or
    d. Any incident that had or has high potential for serious personal injury, significant property damage, or significant environmental or other natural resource damage, including but not limited to avalanches, landslides, flooding, fire, structural failures or release of hazardous substances.
2. Contents of Notification. When notifying the authorized officer of an incident, the holder shall be required to specify when, where, and how it occurred, and who was present or affected by the event.

Call DISTRICT RANGER at 530- or KRISTIAN SCHENK at 530-925-0232 within 24 hours of an incident. You can leave a message with a brief description of what happened and what actions were taken. Please follow up with written documentation by emailing DISTRICT RANGER at @usda.gov and kristian.schenk@usda.gov.

BACKGROUND CHECKS/REPORTING CHILD ABUSE

Background Checks

Does your business provide a service for minors unaccompanied by their parent or legal guardian? ( ) Yes ( ) No

IF yes, has your business gone through the CA State background check process?

( ) Yes ( ) No

Contact Information for Local Law Enforcement and Child Protective Services Agency

Name	County	Phone Number
CA Emergency Response Child Abuse Reporting Hotline	Shasta	530-225-5144
CA Emergency Response Child Abuse Reporting Hotline	Siskiyou	530-841-4200 or 530-842-7009
CA Emergency Response Child Abuse Reporting Hotline	Trinity	530-623-1314
Law Enforcement		911

Training of Employees/Contractors for Child Abuse Recognition and Reporting

Child Abuse and Neglect Reporting Act (11164-11174.3) requires people that provide any service to a minor (with or without their parent or legal guardian) to undergo training on how to properly report child abuse and recognize signs of it. For more information on this law see the following link:

http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=PEN&division=&title=1.&part=4.&chapter=2.&article=2.5

The State of California requires the following training to be completed which will fulfill the Forest Service requirement for child abuse recognition and reporting training. All guides that will lead trips with minors (with or without their legal guardian) will be required to take this free online training course and the associated refreshers when they expire:

https://mandatedreporterca.com/

Provide the date that this training will be completed by:

Sample of Child Reporting Suspected Child Abuse or Neglect

AUTHORITY:
Crime Control Act of 1990 (42 U.S.C. 13031)

Information on suspected child abuse or neglect that the holder or the holder's agent obtains should be reported to [the local law enforcement or child protective services agency, as designated in 28 CFR Part 81, Subpart A] with authority to take emergency action to protect children who are abused or neglected. Retain a copy for your records. Some of the information obtained in this type of reporting may be subject to protection by the Privacy Act 5 U.S.C. sec. 552a.

Date of Initial Call(s):
January 1, 2013

Name, Title, Organization, Address, Telephone Numbers, Fax Number, and E-Mail Address of Persons Contacted:
John Doe, Sargent, Smith County Police, 100 Broad Street, Arlington, VA, 703-555-5000, 703-555-5001, John.Doe@smithcountypolice.com

Action Taken in Response:
Report opened and filed

Date of Follow-Up Call(s) or Other Contacts:
February 1, 2013

Name, Title, Organization, Address, Telephone Numbers, Fax Number, and E-Mail Address of Persons Contacted:
John Doe, Sargent, Smith County Police; 100 Broad Street, Arlington, VA; 703-555-5000; 703-555-5001, John.Doe@smithcountypolice.com

Action Taken in Response:
Report closed and filed

Permit Holder's Name, Address, and Telephone Numbers:
James Smith, Smith County Recreation; 120 Broad Street, Arlington, VA; 703-555-5100; 703-555-5101, James.Smith@smithcountyrecreation.com

Child's Complete Name, Including	Middle Initial	Gender	Age	Date of Birth
Jane L. Doe		Female	10	May 1, 2002

Child's Address and Telephone Numbers:
555 Main Street, Arlington, VA; 703-555-5201

Name of Child's Parents or Guardian: Thomas Doe
Relationship: Father

Parents' or Guardian's Address and Telephone Numbers:
555 Main Street, Arlington, VA; 703-555-5201

Name of Persons Suspected of Abuse or Neglect: Fred Thomas
Relationship: Counselor

Address and Telephone Numbers of Persons Suspected of Abuse or Neglect:
755 Broad Street, Arlington, VA; 703-555-5301

Check all that apply:
(X) Physical Injury ( ) Sexual Abuse ( ) Emotional Neglect or Abuse
( ) Physical Neglect ( ) Other (specify):

_____

State the nature and extent of the current injury, neglect, or sexual abuse to the child in question and the circumstances leading to the suspicion that the child is a victim of abuse or neglect:
Counselor punched child in public view of the class he was supervising

If known, provide information concerning any previous injury, sexual abuse, or neglect experienced by this child or other children in this child's family, including any previous action taken in response:
None known

State other information that may be helpful in establishing the cause of the child's status:
No information available

Signature and Title of Person Making Report: Signed Here **Date:** January 1, 2013
Distribution: [Insert the name, address, telephone number, facsimile number, and e-mail address of local law enforcement or child protective services agency, as designated in 28 CFR Part 81, Subpart A]

CIVIL RIGHTS REQUIREMENTS

Does your business have public reception areas or other areas visible to the public?

( ) Yes ( ) No

Does your business have a brochure? ( ) Yes ( ) No

Does your business have a website? ( ) Yes ( ) No

Your website MUST have the following information on it:

"This business operates under special use permit with the Shasta-Trinity National Forest

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

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

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

This institution is an equal opportunity provider."

Your brochure MUST have the following information on it:

"This institution is an equal opportunity provider and operates under Special Use Permit on the Shasta-Trinity National Forest."

FOREST SERVICE EXPECTATIONS FOR OUTFITTER/GUIDE SERVICES

Operations

1. All permit requests/renewal and permit re-authorization documentation will be provided to the Special Use Administrator during the "Open Season". This includes Operating Plans, Fee Worksheets, and Proof of Insurance.

2. Company will support the Forest Service mission by providing accurate information regarding Forest Service management of the area as well as environmental, geological, historical, archaeological, botanical, wildlife and Native American culture information.
3. All activities will practice minimum impact techniques (such as Leave No Trace and Tread Lightly).
4. Company will assist the Forest Service in caring for, maintaining, and restoring roads, trails, parking locations, and areas of impact.
5. No wet weather use of non-paved roads. When the roads are muddy (tire leaves an imprint greater than one inch) no vehicles will drive on them.
6. Integrate education and interpretation of the ecosystem into all activities by well trained, informed and educated employees.
7. All guides will be courteous and helpful at all times to both their guests and to the public at large.
8. Transportation efficiency will be practiced to reduce traffic and vehicle impacts. Service will be provided to more people with fewer vehicles when it is appropriate to the area and service provided.
9. All suspected unauthorized outfitter/guide activities will be promptly reported to the Forest Service.
10. Guests are told that the tour is being conducted on the Shasta-Trinity National Forest.
11. **Vehicles will be signed with the company name on both sides of the vehicle.**
12. **All guides will have their guide pass visible.**
13. All guides (contractors and employees) are familiar with the contents of this operating plan.
14. All commercial filming and photography for the outfitter/guide company and filming company utilizing the outfitter/guide services, requires a permit from the Forest Service.

Fire Prevention and Smoking

1. During seasons of extreme fire danger, the permittee may be required to stand down (not operate or access NF lands) for a period of time until fire threat has passed.
2. Smoking will occur only at designated rest stops on the tour where all cigarette/cigar butts will be collected and removed from National Forest land.
3. To help prevent forest fires, no campfires or smoking outside of closed vehicles will occur when fire restrictions exist.
4. Safety precautions and measures against starting fires shall be made known to all tour participants and will be strictly adhered to.

Business Administration

1. Annual Use Reports will be turned in to your permit administrator by location, road or trail, and number of vehicle trips and people/groups. Use reports and fee determination statements must be received no later than 30 days after the close of your season.
2. Estimated fees will be paid in advance of the start of your season and be based on the previous year's gross revenues/user days by category.
3. Accurate bookkeeping will be practiced and the records will contain, at a minimum, the following information per trip: date, time, location, number of people, revenue collected (fee per person).
4. No part of the use authorized by this permit may be assigned or sublet to others.

Safety

1. All guides will maintain current required medical certifications.
2. Vehicles are equipped with fire extinguishers and first aid kits. On hiking tours, guides will have a first aid kit with them at all times.
3. All equipment will be inspected regularly and be kept in safe and good working order.
4. Drivers will comply with all speed limits.
5. Guides and passengers must wear their seat belts at all times.
6. Guests will be advised of anticipated hazards and asked to wear safe and appropriate footwear and clothing prior to the tour.
7. All guides must be equipped with appropriate communication devices to be used in emergencies.

EXPECTATIONS FOR DESIGNATED WILDERNESS AREAS (ONLY APPLICABLE IF YOU OPERATE IN THE SHASTA, TRINITY ALPS, YOLLA BOLLA, OR CASTLE CRAGS WILDERNESS AREAS)

Your special use permit authorizes you to operate a portion of your business in the_____ Wilderness.

It is the responsibility of professional outfitters to set the example for other Forest users regarding *Leave No Trace* practices, backcountry ethics, and caring for the land and other users. Outfitters are expected to foster awareness knowledge and understanding of designated wilderness, the wilderness preservation system, basic principles of wilderness management and the unique ecosystem characteristics of the _____Wilderness.

As a wilderness outfitter you have a responsibility to preserve and protect the wilderness resource. Listed below are the characteristics and performance expectations of wilderness outfitters:

1) Has an understanding of the Wilderness Act, and the law, policies and local special provisions of the wilderness in which they operate.

2) Places the wilderness resource above the ease and convenience of himself/herself and his/her clients.

3) Does not sacrifice the wilderness resource for economic gain.

4) Has the ability to interpret natural processes, and communicate to their clients.

5) Shares with clients wilderness history, cultural background, ethics and values.

6) Continually applies and improves on "light-on-the-land" techniques.

7) Communicates with clients that natural processes like fire are a part of the wilderness ecosystem, and that natural processes will be allowed to operate freely and that they will change over time

8) Emphasizes the value of opportunities for solitude or primitive and unconfined recreation in the wilderness.

9) In his/her advertising, represents the experience as primitive and unconfined recreation, and prepares clients in advance for a "wilderness" experience in contrast with their daily life.

10) Ability to practice and teach traditional/primitive skills. (Add local examples like: camping and travel skill, appropriate survival skills).

Describe below how you will inform your clients about wilderness values, low impact/leave no trace skills, and backcountry etiquette:

APPENDIX A: BUSINESS LICENSE/FICTITIOUS BUSINESS NOTICE

Provide business license if applicable and fictitious business notice if first and last name is not a part of business name see pages 6-8 for further details

APPENDIX B: MEDICAL TRAINING CERTIFICATE(S)

Provide current medical training cert, at minimum first aid and CPR for all guides. For businesses with more than 5 guides the Forest Service will spot check medical certs at random to ensure business owner is complying with current medical training standards.

APPENDIX C: ESSENTIAL ELIGIBILITY CRITERIA

Provide Essential Eligibility Criteria for more details see pages 21-25 of STNF Outfitter and Guide Information document

APPENDIX D: APPROVED ACKNOWLEDGEMENT OF RISK FORM (IF APPLICABLE)

Provide Acknowledgement of Risk Form if you use one; make note we do not accept the use of liability waiver forms. For more details see pages

APPENDIX E: WRITTEN AGREEMENTS (IF APPLICABLE)

Provide written agreement for private land needed to cross to access FS land; provide Shasta Recreation Company Annual Pass if operating on Shasta, Trinity or Lewiston Lake or agreement with marina for parking and launching access. See page 27 of the STNF Outfitter and Guide Information document for further details

APPENDIX F: STATE LICENSE(S)/PERMITS (FISHING, HUNTING, DUNNAGE, PACKING, PUC TRANSPORTATION)

Provide CA State Guide License for fishing, hunting, dunnage or packing operations; provide CA State Public Utility Commission Charter Party Carrier Permit or Certificate