

New York-New Jersey Trail Conference

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Trail Maintenance Reports — AT CORRIDOR MONITOR Summary

PLEASE COMPLETE AND RETURN TO YOUR CORRIDOR MANAGER: The Winter/Spring Report is due by **June 30** (for work done December 1 to June 30) and the Summer/Fall Report by **November 30** (for work done July 1 to November 30). *Your timely completion of this report is vital to our program.* Thank you for all that you do!

How to Use This Fillable PDF: Use Adobe Reader to complete this form on your computer, NOT Adobe Acrobat Pro. First

Work Summary

Corridor Problems Observed						
Problem	Yes	No	If yes, state tract #, detail issue and any action taken/suggested			
Evidence of damage from natural causes such as insects, disease or fire?						
Evidence of encroachment such as dumping, logging, camping, ATV tracks, building of structures, adjacent developments that can affect the Trail, etc.?						

CONTACT YOUR CORRIDOR MANAGER IMMEDIATELY IF YOU DISCOVER A SERIOUS PROBLEM

You must notify National Park Service at (304) 535-2346 within 24 hours for all emergencies, law enforcement problems, and land management incidents.

Worker and Hours Calculation

- Workers = How many people volunteered (include yourself in this number) Example: If two friends joined you this number would be 3
- Worker Hours = Total hours volunteered by all workers (work hours include the time to hike to the worksite) Example: If you and your two friends all worked two hours: 3 people x 2 hours worked = 6 worker hours
- Travel Hours = Total roundtrip travel time to the parking area for all workers

 Example: If you and your two friends traveled 45 minutes roundtrip: 3 people x .75 hour = 2.25 travel hours

	Trip Date	Workers	Worker Hours	Travel Hours
1				
2				
3				
4				
5				
6				
	Totals:	Calculate # of *different workers below		

Totals

# of Work Trips	# of Different	Total Worker	Total Travel	Administrative	Total
	Workers*	Hours	Hours	Hours**	Hours

^{*} Only count each person once (i.e. If your friend joined you on two separate trips, they would still count as one worker)

Additional Workers [anyone other than the designated Monitor(s)]

We require the information of all workers for *liability and insurance* reasons – we won't add them to our mailing list.

Name	e*	Email Address	Phone Number	Address
1				
2				
3				
4				
5				
6				

^{*}Required

^{**}Please include time spent completing this form, communicating, etc.