Attachment E: Alsek/Tatshenshini River Trip Survey Form

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| **Alsek/Tatshenshini River Trip Survey Form*****A copy of this form should be carried on each trip and filled out during the trip.******Submit the completed form to the Commercial Services Office within 5 days from end of trip*** |
| Company: | Trip Lea der: |
| Launch Location: | Put-in Date *(mm/dd/yyyy):* |
| Total Group Size: Number of Clients: Number of Employees (Guides, Trainees, etc.): | Take-out Date *(mm/dd/yyyy):* |
| **Number of Watercraft** *(check all that apply and provide number of each)* |
| 0Raft 0Cataraft O lnflatable Kayak/Canoe0Riqid Kayak 0Riqid Canoe O Other |
| **Campsite Locations** *(Be specific, using topo map locations/river left or right)* |
| Night 1 |  |
| Night 2 |  |
| Night 3 |  |
| Night 4 |  |
| Night 5 |  |
| Night 6 |  |
| Night 7 |  |
| Night 8 |  |
| Night 9 |  |
| Night 10 |  |
| Night 11 |  |
| Night 12 |  |
| **Human Encounters** |
| Did you encounter other groups? D yes **D** no *(if yes, identify the type of group and number of groups)***D** commercial **D** private **D** Unknown type |
| Were there any issues/problems between groups? Dyes **D** no *(if yes please describe below)* |
| **Wildlife Encounters** |
| Were there any bears encountered during this trip? D yes **D** no *(if yes please identify type and quantity)***D** black bear\_\_\_\_\_\_\_\_\_\_\_\_ **D** brown/grizzly\_\_\_\_\_\_\_\_\_\_\_\_\_ **D** Unknown species\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Were any bears seen *(check all that apply and identify locations)***D** Within 100 yards of a campsite? **D** In camp? **D** Acting in an unusual or aggressive manner?  |
| Describe any other wildlife encounters/ sighting s: |
| **RESOURCE PROTECTION** |
| Describe any campsites where trash or human disturbance was evident *(provide locations).* |
| Did you hike anywhere away from the campsites? **D** yes **D** no *(if yes please describe below)* |
| What kind of food storage precautions did you take while in camp? |
| Describe the type of toilet system you used. |
| Describe any problems with the toilet system used or with the dump station at Dry Bay. |
| Identify which air taxi you will use and provide your destination. |
| **Emergency Signaling Device(s) *(check all that apply)*** |
| Identify the Emergency Signaling Device(s) you took on your trip:**D** VHF Radio **D** Air-band Radio **D** SSB Radio **D** Sat Phone **D** ELT **D** EPIRP**D** Signal Mirror **D** Signal Panels **D** Flares **D** Other  |
| **Additional Comments / Suggestions *(your input is important)*** |