PART 2

SUPPLEMENTAL INFORMATION for CUA Application Package

North Cascades National Park, Lake Chelan National Recreation Area, and Ross Lake National Recreation Area

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Park Specific Requirements

In addition to the information requested in the Application Form, the following information is required prior to processing your Commercial Use Authorization. Please indicate you have attached or have otherwise provided the requested information by initialing in the appropriate box below.

ADDITIONAL FIRST YEAR PERMIT REQUIREMENTS
for new Permittees and Permittees who are re-applying for a new two-year permit.

All Permittees		
	Initials	
1		Brochure or other advertising materials for your business. Information should include a description of services and applicable fees. If this information is available through a business website, please provide the website address here:_____
2		Description of the proposed service(s) to be permitted. Please indicate which of the following groups your services cater to (please circle): A) Youth B) Adults C) Family D) OTHER_____ Enter the anticipated dates of your first and last trips in the park: First Trip scheduled for: _____ Last Trip Scheduled for: _____
3		Safety Plan/Risk Management Plan to include, but is not limited to, evacuation and emergency procedures, contacts, cell or satellite phones/use, first aid equipment and training.
4		Copy of Insurance Certificate meeting NPS requirements (see Exhibit B, page 7, Supplemental Information Package)
5		A completed Visitor's Acknowledgement of Risk Form (See Exhibit B, page 9, Supplemental Information Package) as the Company will present it to their clients. Include the following information: A. Name of Company (line 1 and 2, first paragraph), and as indicated in paragraph 2, lines 1, 2 and 5. B. Description of risks involved with activities/services being provided (after paragraph 2). This becomes paragraph 3. C. Name type of service, line 1, paragraph 4; D. Name of Company, line 2, paragraph 5. This form, with the information identified above is presented to participants for review and signature in place of a Waiver of liability of Risk. The Park wishes to see the form completed by the company (without client signature) prior to the operating season.
6		If you prepare food for clients, provide copies of Food Handlers Permits for individuals providing this service. If employed guides do not maintain an official county or state issued Food Handler's Permit, a Backcountry Food Worker's Permit, valid at North Cascades National Park, may be obtained (please refer to EXHIBIT D, page 12, Supplemental Information Package, for instructions on how to obtain the Park specific food worker's permit). If you do NOT prepare food for clients as part of the activities performed under this permit, please go to question 7.
7		Initial this Box ONLY if you do not prepare food for clients. Your initials certify that you do not prepare food for clients as part of the activities performed under the requested permit.
8		Exhibit I (Page 20, Supplemental Information package) must be completed – please provide list of Guides and attach copies of CPR/First Aid Certifications.
9		All Permittees are required to complete the Commercial Use Authorization Annual Report at the conclusion of each season (Exhibits E and F, page 15/16, Supplemental Information Package). Initial here after you have reviewed the form.
10		**Please provide payment in the amount of $100 for the Application Fee. Payment may be made by Check or money order, made out to "DOI-NPS".** If your application is accepted, additional fees will be due at the time you sign the permit ($150 to cover administration and permit monitoring). ***Only the Application fee is due at this time.***
RAFTING Services		
	Initials	
		Copy of current Washington State Whitewater Rafting Business License.

		All Rafting Permittees are required to submit Monthly statistical information to the park (Exhibits G and H, pages 17 - 19, Supplemental Inforamtion Package), in addition to completing the annual Department of Interior Survey at the end of the season. By initialing this box, you indicate you understand and agree to provide the required statistical information.
Backpacking/Hiking/Climbing/Mountaineering Services		
	Initials	
10		For all overnight stays in the backcountry, the Permittee must apply for reservations through the Park's Backcountry Reservation Office. Please refer to Exhibit C (page 10, Supplemental Information package). Initial this line to indicate you have read the instructions and understand the requirements for obtaining a backcountry permit.
Hunting and Fishing Guide Services		
	Initials	
11		All fishing and hunting activities require appropriate Washington State Fishing/Hunting Licenses. Your initials indicate that you and your clients have complied with State regulations and have obtained the required permits/licenses.

Applicant's Name: (printed) _____

Company/Business (printed) _____

Signature of applicant _____ Date: _____

EXHIBIT A: COMMERCIAL USE AUTHORIZATION
Frequently Asked Questions (FAQ)
and
General Information

Commercial Visitor Services are defined as accommodations, facilities and services the NPS has determined to be necessary and/or appropriate for public use and enjoyment of a Park area provided to Park area visitors for a fee or charge by a person. The fee or charge paid by the visitor may be direct or indirect as part of the provision of comprehensive visitor services.

1. What is a "Commercial Use Authorization (CUA)"?

Section 418 of the National Parks Omnibus Management Act of 1998, Public Law 105–391 (Section 418), authorizes (but does not require) NPS, upon request, to issue commercial use authorizations (CUA's) to persons (referring to individuals, corporations and other entities) to provide commercial services to Park area visitors in limited circumstances. CUAs, although used to authorize commercial services to Park area visitors, are not concession contracts. They are intended to provide a simple means to authorize suitable commercial services to visitors in park areas in the limited circumstances in the legislation.

The Federal law requires that CUAs:

- Are accomplished in a manner consistent to the highest practicable degree with the preservation and conservation of park resources and values.
- Are consistent with the purpose for which the unit (North Cascades National Park) was established.
- Ensure compliance with all applicable management plans, park policies and regulations.
- Establish conditions for the protection (safety) of visitors and appropriate visitor services.
- Limit the liability of the United States Government.
- Require payment of a reasonable fee for issuance of an authorization and recover associated management and administrative costs.

2. What type of commercial activities is permitted in the Park?

The following activities are permitted commercial activities within North Cascades National Park. Additional activities may be permitted pending request, review and approval by the Park.

a. Hiking
b. Backpacking
c. Camping
d. Climbing/Mountaineering
e. Rafting
f. Commercial Air Transportation
g. Horse packing/Dayrides
h. Fishing
i. Auto Transport
j. Bicycle Rentals/Tours
k. Boat rental/Tours
l. Environmental Education
m. Other services as requested/approved

3. What is the effective term of the CUA?

CUA's are issued for a term of up to two-years, but specific information is required prior to the start of the second year of operation in order for the permit to remain effective.

4. Is there an application deadline?

Yes. CUA and SUP application or renewal packages must be received at the park's concessions office no later than **May 1**. Application or renewal packages received at the park after May 1 will be assessed a $25 late fee. If this is the first time you have applied for a permit with North Cascades National Park, your application must be submitted a minimum of 30 days prior to the initial scheduled trip or activity, to allow park staff to review application materials and process the permit. Submitting a complete packet greatly aids staff in issuing your authorization in a timely manner.

5. Do I need to apply for more than one CUA if I wish to conduct different commercial activities in the park?

CUAs are issued to entities based on the type of activity being conducted. No more than one Commercial Use Authorization (CUA) or Special Use Permit (SUP) per activity will be issued to an Applicant (inclusive of its individual owners and employees). However, Applicants may apply for and receive CUA's and SUP's for more than one activity.

6. **Can permits be transferred from one entity to another?**

CUAs are non-transferable between entities. Permittees are also prohibited from sub-contracting permitted services and/or activities to other entities.

7. Are there fees associated with the permits?

The authority for the NPS to recover associated administrative and management costs of CUAs and SUPs is found in PL 105-391, 31 U.S.C. 9701, and 16 U.S.C. 3a. The Director must charge a reasonable fee for the issuance of a CUA or SUP in order to recover associated management and administrative costs.

- **CUA and SUP Application/Administrative Fee.** This fee represents the costs incurred by the National Park Service in mailing, distribution, and initial review to make sure the information supplied is sufficient to form a decision, and with the administrative process of the decision and the approval of the authorization.
- **CUA Management/Monitoring Fee.** Fee is based on the costs incurred by all park divisions involved in monitoring, supporting, or cleanup and restoring after the use.

The following fees are in effect at North Cascades National Park:

(1) **Applications**: A non-refundable application/administrative fee of $100 is to be sent in with the CUA or SUP application. This is a one-time fee and is not required for year 2 of the permit.

(2) **CUA Renewals**: Carries an administrative and monitoring fee of $150. Applicable to year one and year two of the permit.

(3) **SUP Renewals**: Carries an administrative and monitoring fee of $150. Applicable to year one and year two of the permit.

8. Do Non-Profit entities require a Permit?

A non-profit organization is an organization that has been determined by the Internal Revenue Service to be exempt from Federal income taxation as a non-profit or not-for-profit organization under the terms of the Internal Revenue Code. Those entities that will not be deriving taxable income from the activity being conducted in the Park are not required to obtain a CUA. They are, however, required to obtain a Special Use Permit and provide documentation from the Internal Revenue Service of their non-profit, 501(c)3 status. If you believe you qualify as a non-profit entity, please provide a copy of your IRS ruling or Determination Letter with your application package.

7. **What type of insurance is required before this authorization can be approved?**

The CUA authorization must provide commercial liability insurance against claims arising out of or resulting from the acts or omissions of the CUA operator or the CUA operator's employees, agents, or contractors, in carrying out the activities and operations required and/or authorized under the authorization. The CUA Specialist must receive verification of general liability, transportation insurance, if applicable and Worker's Compensation coverage before a CUA can be issued and the coverage must be maintained as current during the term of the authorization. See *Exhibit B: Additional Information on Insurance and Indemnity* for full insurance requirements.

8. **May I advertise and/or collect fees or conduct sales for the services performed under my permit while I am within the Park boundaries?**

Permittees may not advertise or collect fees for their services while on Federal Land or within park Boundaries. Most permitted activities originate outside of park boundaries or on private property where advertising and/or fee collection is permitted and appropriate. Permittees are allowed to have their business name or emblem on the vehicles they use to transport visitors to/from the Park and within the Park boundaries.

8. Are there specific licensing requirements for obtaining a CUA?

Entities must provide a business license from their state of origin. If you are a Washington based entity and do not currently have a Washington Business License, please contact the Department of Business Licensing at (360) 664-1400. You may also apply online at **http://www.dol.wa.gov/forms/700028.htm**.

Additionally, you must provide your Employer Identification Number (EIN). The Debt Collection Improvement Act of 1996 requires the NPS to collect an EIN or Social Security Number (SSN). The NPS will not collect SSNs for privacy purposes, and requires the Applicant submit the EIN. The EIN is issued by the Internal Revenue Service. Permittees may register for a free EIN at **http://irs.gov/Business/Small-Business-&Self-Employed/How-to-Apply-for-an-EIN**. The NPS will only use the EIN number for debt collection purposes (if applicable).

9. If I anticipate taking my clients out into the backcountry for overnights stays, do I need a backcountry permit?

Yes. For all backpacking trips, CUA and SUP holders are required to follow the Wilderness Information Center (WIC) requirements as stated in *EXHIBIT C: Backcountry Reservations form.*

10. Do I need a Food Handler's Certification if I prepare and/or provide meals to my clients?
All Permittees who serve food to their clients are required to comply with the National Park Service (NPS) Public Health Guidelines RM 83 F. Any Permittee providing activities including, but not limited to, back-country or front-country camping/backpacking, horse-packing, rafting, canoeing and kayaking must obtain a Special Food Handler's Certificate that applies to and is valid ONLY at North Cascades National Park. At least one guide on each excursion shall be a certified food handler. **All** guides are encouraged to become certified food handlers. To become certified, Permittees must complete the Questionnaire/test for Backcountry Food Services *(Exhibit D: Backcountry Food Worker's Permit Questionnaire)* and return it with their application package. There is no additional cost associated with this test. Upon completion and receipt, a certificate of completion will be issued to the Permittee by the Park and included as part of the final permit package.

11. What must I provide or submit in order for the Permit to be approved (1st year) or validated (2nd year)?
Year 1 of the permit: Applicants must include all information requested and detailed on the CUA application form. All support documentation and certifications must be included with the completed application when it is returned to the Park for processing and review.

Year 2 of the permit: Those permitted under two-year authorizations, must meet the following requirements BEFORE starting the second year of operations:

- Provide the NPS with proof of current liability, worker's compensation and auto liability insurance.
- Be current on all fees.
- Be in compliance with all past-year reporting requirements.
- Provide an updated list of employees CPR, First Aid and Food Handler Certifications
- Copies of current Business or Commercial Whitewater Business License (if applicable)

12. Are there any annual or other reporting requirements?
Permittees must complete and submit the following documents *(Please see Exhibit E: Annual and Monthly Reporting Documents)*:

- **All Permittees:** DOI Business Survey and return by December 1st each year
- **Permittees who enter the Backcountry:** A Commercial Overnight Backcountry Use Report completed and returned by December 1st each year.
- **Rafters:** Rafters must complete the Monthly Report of Commercial Rafting Activities return to the Park by the 8th of the following month.

13. Are there volunteer opportunities with the Park for clients or business entities?
North Cascades National Park has many volunteer opportunities for visitors who would like to give back to the park. If your organization's staff or participants want to contribute volunteer hours please contact Volunteer Coordinator Michael Brondi to learn about these opportunities by calling 360-854-7275 or emailing Michael_Brondi@nps.gov

For additional information,
please contact:

Skagit District
Tammra Sterling
Concessions Management Assistant
810 State Route 20
Sedro Woolley, WA 98284
(360) 854-7213
(360) 856-1934 (fax)
Tammra_sterling@nps.gov

Stehekin District
Annelise Lesmeister
Concessions Specialist
428 W. Woodin Avenue
Chelan, WA 98816
509/682-4921
509/682-9004 (fax)
Annelise_lesmeister@nps.go

EXHIBIT B: COMMERCIAL USE AUTHORIZATION
Additional Information on Insurance and Indemnity

The following is general information regarding minimum requirements of insurance and indemnity. Exact insurance requirements and liability minimums specific to your proposed commercial service activity are noted in the conditions of the sample Commercial Use Authorization (enclosed).

1. General

The permit holder shall save, hold harmless, defend and indemnify the United State of America, its agents and employees, for losses, damages, or judgments and expenses on account of fire or other peril, bodily injury, death or property damage, or claims for bodily injury, death or property damage, of any nature whatsoever and by whomsoever made, arising out of the activities of the permit holder and his/her employees, subcontractors or agents under this license. The types and amounts of insurance coverage purchased by the permit holder shall be approved by the Superintendent. The permit holder shall annually, or at the time insurance is purchased, provide the Superintendent with a Certificate of Insurance as evidence of compliance with this section and shall provide the Superintendent ten (10) days' written notice of any material change in the permit holder's insurance program hereunder. The Superintendent will not be responsible for any omissions or inadequacies of insurance Coverages and amounts in the event the insurance purchased by the permit holder proves to be inadequate or otherwise insufficient for any reason whatsoever**.**

2. Public Liability

- **a.** Such insurance shall be in the amount commensurate with the degree of risk and the scope and size of such activities authorized herein, but in any event, the limits of liability shall not be less than $500,000 per occurrence covering both bodily injury and property damage. If claims reduce available insurance below the required per occurrence limits, the holder shall obtain additional insurance to restore the required limits. **An umbrella or excess liability policy, in addition to a comprehensive general liability policy, may be used to achieve the required limits.**
- b. The policy shall be underwritten by a United States company naming the United States of America National Park Service, North Cascades National Park, 810 State Route 20, Sedro-Woolley, Washington 98284 as additional insured. Holder agrees to have on file with the park copies of the above insurance with the proper endorsements.
- c. The holder agrees to comply with any revised insurance limits the Superintendent may require during the term of this authorization.
- d. If transporting clients, the holder shall also obtain automobile liability insurance to cover all owned, non-owned, and hired vehicles.
- e. The holder shall submit documentation of current valid State vehicular registration and insurance coverage for each vehicle used if the holder is transporting clients within North Cascades National Park Complex boundaries.
- f. The holder shall provide the Superintendent with a Statement of Insurance and Certificate of Insurance at the inception of this authorization and annually thereafter, and shall provide the Superintendent thirty (30) days' advance written notice of any material change in the holder's insurance program hereunder.

The permit holder shall provide comprehensive general liability insurance against claims occasioned by actions or omissions of the permit holder in carrying out the activities and operations authorized hereunder. Such insurance shall be in an amount commensurate with the degree of risk and the scope and size of such activities authorized herein but, in any event, the minimum limits of liability shall be **$500,000** per occurrence and **$1,000,000** annual aggregate covering bodily injury and property damage. If claims reduce available insurance below the required per occurrence limits, the Permittee shall obtain additional insurance to restore the required limits. An umbrella or excess liability policy in addition to a comprehensive general liability policy may be used to achieve the required limits. From time to time as conditions in the insurance industry warrant, the Superintendent reserves the right to revise the minimum required limits.

A. All liability policies are to specify the insurance company shall have no right of subrogation against the United States of America or shall provide that the United States of America is named an additional insured.

B. Additional Coverages:

a. Automobile liability: To cover all owned, non-owned, and hired vehicles used by the permit holder for permitted activities. Auto Liability insurance is required at a minimum coverage amounts described below.

Number of Passengers	Minimum per Occurrence Liability Limits
Single Purpose Activities (includes day and overnight hiking, photography and art classes, bicycling, and group camping.)	$300,000
Up to 5 passengers	$300,000
6 to 12 passengers	$500,000
13 to 20 passengers	$750,000
Over 21 passengers	$1,500,000

b. Worker's Compensation: Statutory Worker's Compensation and employees' liability as required by the State of Washington.

c. Commercial Watercraft Liability: This insurance is required for all owned, non-owned, and hired watercraft used in providing services under this CUA within NPS areas. The minimum amount of Commercial Watercraft Liability insurance required for this CUA is **$300,000 per occurrence**.

4. Certificates of Insurance.

A. The "U.S. Government, National Park Service, North Cascades National Park Service Complex, Attn: Concessions, 810 State Route 20, Sedro Woolley, WA 98284" must be named as **additional insured** in the certificate holder section of each Certificate of Liability Insurance.
   a. The services authorized by the CUA and covered by the insurance must be stated in the description of operations section of the Certificate of Insurance.
   b. The policy number must appear on the Certificate of Insurance; binders are unacceptable.
   c. The Certificate of Insurance for all Liability and Worker's Compensation Insurance must contain a 30-day cancellation clause.

B. It is the responsibility of the CUA holder to ensure that a current, correct copy of all Certificates of Insurance is always on file in the park concessions office. Failure to provide a current, correct copy of all Certificates of Insurance for the duration of the CUA will result in immediate suspension of the CUA.

C. The CUA holder is responsible for ensuring all Certificates of Insurance correctly state the type of liability, all additional insured, and services authorized, and contain the required 30-day cancellation clause.

D. The name on the certificate of insurance must match your business name, including any names used under "doing business as".

5. Acknowledgement of Risk.

Current NPS policy allows CUA holders providing authorized services to warn or advise visitors of the risks associated with a certain activity or event, but **does not allow operators to require visitors sign a waiver of liability statement, insurance disclaimer and/or indemnification agreement.**

The acknowledgement of risk, which is permitted, in effect allows visitors to assume responsibility for their own negligence which may result in bodily injury, death, or loss of personal property. In addition, it describes the inherent risks of the activity, and warns visitors of those risks. The *Waiver of Liability*, insurance disclaimer and/or indemnification agreement, **which is not permitted**, states that the visitor releases the operator from all responsibility in the event of visitor bodily injury, death, or loss of personal property.

A. Permittees cannot require visitors to waive their right to hold concessioners, CUA holders or the government responsible for actions.

B. Operators can request or require that visitors sign an acknowledgement of risks statement or form for a certain activity or event. An operator is also permitted to have a visitor sign a form indicating that the visitor has certain prerequisite skills that may be required to participate in the commercial activity.

The Service-approved sample Visitor's Acknowledgement of Risks form is provided below. CUA holders should complete the form with company specific information (minus participant's signature) and present it to the NPS as part of the application package to verify the information the Permittee intends to present to participants who engage in activities permitted under the CUA.

Visitor Use Acknowledgement of Risk

In consideration of the services of ***_____(name of business)_____*** *their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as* ***"__(name of business)_____****") I agree as follows:*

Although ***___(name of business)_____*** *has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled,* ***___(name of business)_____*** *has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death.* ***_(name of business)_____*** *does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.*

[Permittee to describe risks inherent to the activities permitted under the CUA]

I am aware that ***_____(Activity)_____*** *entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.*

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of ***_____(name of business)_____*** *has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.*

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

_____ _____

Signature *Date*

Signature of Parent or Guardian, if participant is under 18 years of age

_____ _____

Signature *Date*

EXHIBIT C: COMMERCIAL USE AUTHORIZATION
2015 Backcountry Permit Reservations

2015 Backcountry Permit Reservations

A ***Commercial Use Authorization (CUA)*** is required to operate within North Cascades National Park Service Complex, for day or overnight use, for all commercial groups (both for-profit and non-profit) who provide services within the park. ***Backcountry Permits*** are required for all overnight trips in the backcountry and must be obtained at a ranger station by the trip leader prior to entering the backcountry. CUA permitees may apply for an optional ***Backcountry Permit Reservation*** subject to the terms listed below.

Submitting Reservation Requests

All reservation requests must be made between February 1 – May 31. Trips must be at least two weeks from request date. Reservations are not accepted beginning June 1.
New for 2015! We are working to set up an alternative option for submitting reservation requests and payment online, using pay.gov. We anticipate this being available by Feb 1.
Reservations and fees can also be mailed to: Backcountry Reservations, North Cascades National Park, 7280 Ranger Station Road, Marblemount, WA 98267. Reservation requests are not accepted via phone, fax, or email. Please use the reservation form provided (see reverse). If you create your own form, you must include all of the required information. Reservations are processed in the order that all materials (request, fees, and correct information) are received. You will receive confirmation of all itineraries. Please check for accuracy.

Fees

Reservation Fees: $20 per trip.
Cancellation Fees: $75 per cancellation received 0-5 days prior to the start of the trip.
Fees are payable at pay.gov or via check, payable to "NPS-DOI."

Changing or Canceling Reservations

Changes are not allowed, so check the accuracy of reservation requests. You may submit a new reservation and cancel the old one, subject to the same conditions as above.
Reservations are not accepted beginning June 1.
Cancellations: Notify the Wilderness Information Center (360-854-7245) promptly if a trip cancels, so as to avoid cancellation fees. Please provide the reservation number and location/date of the cancelled trip. **$75 fee if cancelled within 5 days or less of the trip.**

Converting Reservations to Backcountry Permits

Reservations must be converted to a backcountry permit by 10 a.m. of the first day of the trip or the reservation will be cancelled and the reserved site(s) made available to other visitors. Backcountry permits must be picked up by the trip leader in person at the Wilderness Information Center in Marblemount, no earlier than the day before the start of a trip. If your party cannot meet the 10 a.m. deadline, call the Wilderness Information Center (360-854-7245) the day of your trip to hold your reservation. If you are not passing through Marblemount, backcountry permits can be obtained at the point of entry nearest your trip:

- Park/Forest Information Center, Sedro-Woolley: Entry via Baker River drainage (Sulphide Glacier) or the north end of Ross Lake (Hozomeen).
- Glacier Public Service Center, Glacier: Entry via Mount Baker Highway 542 including Hannegan Pass and Copper Ridge.
- Golden West Visitor Center, Stehekin: Entry via the Stehekin Valley.
- Methow Valley Ranger Station, Winthrop: Entry via the east side of the park.

Contact Information

Backcountry reservations questions: Contact the backcountry reservation coordinator in Marblemount, 360-854-7243.
Trip planning assistance (May – Oct): Call the Wilderness Information Center, 360-854-7245.
Commercial Use Authorization questions: Contact the concessions office in Sedro-Woolley, 360-854-7213.

Camps: Unlisted camps are not reservable. NPS reserves the right to limit total reservations on weekends and/or holidays in certain high traffic areas.

Cross Country Zones: Limit one backcountry trip per zone per night per CUA Maximum of 1/3 of the cross-country zone permits are available for reservation.

Maximum Party Size and Reservation Restrictions for Camps

Camp	*Max*	*Camp*	*Max*	*Camp*	*Max*	*Camp*	*Max*	*Camp*	*Max*
39 Mile	12	Dagger Lake Stock	12	Hidden Meadows Stk.	12	Neve	8	Silver Creek	12
39 Mile Stock	12	Dan's	4	Hideaway	12	Nightmare	12	Six Mile	12
Basin Creek	12	Deerlick Stock	12	High Bridge	12	North Fork	12	Skagit Queen	12
Beaver Pass	12	Desolation	8	Hozomeen Lake	12	Panther	12	Sourdough	4
Beaver Pass Stock	4	Devils Creek Hiker	12	Indian Creek	12	Park Creek	8	South Fork	8
Bench Creek	12	Devils Creek Stock	12	Johannesburg	12	Perry Creek	12	South Fork Stock	12
Big Beaver	12	Dry Creek	12	Juanita Lake	8	Pierce Mountain	4	Stillwell	12
Big Beaver Stock	12	Egg Lake	12	Juanita Lake Stock	12	Ponderosa	12	Sulphide Creek	12
Boundary	12	Fireweed	12	Junction	12	Pumpkin Mountain	8	Thornton Lake	12
Boundary Bay	12	Fireweed Stock	12	Junction Stock	12	Rainbow Bridge	8	Thunder	12
Bowan	8	Fisher	12	Lightning Creek	12	Rainbow Ford	4	Thunder Basin	8
Bridge Creek	12	Five Mile Stock	12	Lightning Creek Stock	12	Rainbow Lake	8	Thunder Basin Stock	8
Bridge Creek Group	12	Flat Creek	12	Little Beaver	12	Rainbow Meadows	8	Thunder Point	12
Bridge Creek Stock	8	Fourth of July	12	Lodgepole	12	Rainbow Mdws. Group	12	Trapper Lake	4
Buster Brown	12	Graybeal	12	Luna	8	Rainbow Mdws. Stock	12	Tricouni	8
Cat Island	12	Graybeal Stock	12	May Creek Stock	8	Rennie	4	Tumwater	8
Copper Creek	12	Green Point	12	McAlester Lake	12	Reynolds	4	Twin Rocks	12
Copper Lake	12	Grizzly Creek	12	McAlester Lake Stock	8	Reynolds Stock	12	Twin Rocks Stock	12
Cosho	12	Harlequin	12	McAllister	12	Roland Creek	12	US Cabin	12
Cottonwood	12	Harlequin Group	24	McAllister Stock	12	Ruby Pasture Camp	6	US Cabin Stock	8
Dagger Lake	12	Heaton Stock	12	McMillan	12	Sahale Glacier	12	Walker Park Stock	12
Camps reservable for maximum of 2 consecutive nights		Hidden Hand Group	12	Monogram Lake	8	Shady	8	Whatcom	12

CUA BACKCOUNTRY PERMIT RESERVATION REQUEST FORM
*** Use this form or create your own including this information ***
*** One reservation request per trip ***

Organization name and address:		
Contact person:	**CUA # (new!):**	
Daytime phone:	**Email:**	
Total party size:	**Number/type of boats:**	**Number of stock:**
Starting trailhead / park entry point:		Maximum trip length is 14 nights. Please list any acceptable alternative dates, camps, or itinerary changes that you would be willing to accept in order to make a reservation work:
Night 1:	Camp/Zone:	
Night 2:	Camp/Zone:	
Night 3:	Camp/Zone:	
Night 4:	Camp/Zone:	
Night 5:	Camp/Zone:	
Night 6:	Camp/Zone:	
Night 7:	Camp/Zone:	
Night 8:	Camp/Zone:	
Ending trailhead / park exit point:		

COMMERCIAL USE AUTHORIZATION
EXHIBIT D: Test Questions for backcountry food worker Permit

***Refer to APPENDIX 1 for RM83F information (Test questions are based on RF83F).**

Name_____ Mailing address_____
Organization_____
Phone Number_____ E-mail address_____

1 Hands shall be washed:
   a. After using the toilet
   b. After handling raw meat
   c. Before putting on gloves
   d. After sneezing/coughing
   e. All of the above

2 **At least** one guide on each excursion shall be a **certified food handler**. Food service shall be in compliance with the relevant portions of the FDA's most current Food Code. Where a strict application of the FDA food code is not possible, the changes detailed in RM83F C2. – C.8 are permitted.
   a. True
   b. False

3 If a person has a gastrointestinal illness (vomiting &/or diarrhea) they shall be restricted from food handling and water treatment:
   a. While the symptoms are present and 3 days <u>after</u> illness symptoms have gone.
   b. While the symptoms are present and 24 hours <u>after</u> illness symptoms have gone.
   c. When they begin to feel better.
   d. While the symptoms are present and 4 days <u>after</u> illness symptoms have gone.

4 Dry foods will be stored in sealed containers to protect them from moisture and rodents. Food will be stored separately from cleaning supplies, fuel, human waste receptacles or solid waste receptacles.
   a. True
   b. False

I)

5 Bare handed contact should be minimized with ready-to-eat food products. Gloves or utensils are strongly encouraged when handling foods that will not be cooked.
   a. True
   b. False

6 Water used for hand washing shall be
   a. potable water.
   b. surface water treated with 100 ppm chlorine and tested with test strips.
   c. untreated only under extreme circumstances where sufficient treated water is not available and hand sanitizers containing 62% ethyl alcohol should be used per directions first washing with untreated water.
   d. All of the above

7 Potentially hazardous foods (including raw eggs) will be stored at or below
   a. 55°F
   b. 45°F
   c. 85°F

d. 65°F

8 Potentially hazardous foods will be stored
   a. so that they do not contaminate ready to eat foods.
   b. with at least one thermometer in every cooler.
   c. in the same cooler with the raw vegetables as long as the potentially hazardous foods are kept in durable, leak proof containers at the bottom of the cooler – double bagging is not adequate.
   d. All the above

9 Potentially hazardous foods
   a. left over from a meal may be held for re-service.
   b. can be prepared in advance in the backcountry.
   c. Both a & b
   d. None of the above.

10 In the back country kitchen and cooking facilities require a roof and walls.
   a. True
   b. False

11 Final cooking temperature for chicken shall be:
   a 145 °F
   b 165 °F
   c 185 °F
   d 41 °F

12 To make a 100 ppm bleach sanitizer solution you add
   a. 1 tablespoon of 6% bleach to 1 gallon of water
   b. 2 teaspoons of 6% bleach to 1 gallon of water

13 All potentially hazardous food such as chicken, hamburger, and fish that is cooked shall have the final temperature checked with a calibrated food thermometer.
   a. True
   b. False

14 Disposable gloves shall be changed
   a. after handling raw foods and before handling cooked food.
   b. if they are torn.
   c. before you begin a different task.
   d. all of the above

15 The trip leader will report to a National Park Service representative (ranger, concessionaire, public health consultant) when any trip participant or leader becomes ill with a gastrointestinal illness.
   a. True
   b. False

EXHIBIT E: ANNUAL REPORT INSTRUCTIONS
COMMERCIAL USE AUTHORIZATION

OMB
Control No.
1024-0268

INSTRUCTIONS

These instructions correspond to the numbered questions in Form 10-660.

1. Enter your contact information as it appears on your permit.

2. Enter the service you provide as it appears on your permit.

3. Enter the number of visitors who use your service. Enter the number of trips your company made to the park; i.e., a two person backpack trip for 3 days is ONE TRIP. Note: if you submit monthly reports, we only require you to add the monthly reports together.

4. Enter the average number of hours or days a customer spends in the park on one of your trips.

5. Check the box that best describes the level of importance the park plays in this CUA.

6. Enter the percentage of your activity that takes place in the park.

   Example: If you raft through the park and 8 of 10 miles are inside the park, then 80% of the activity takes place in the park. OR If you spend 4 hours on a hike and the last hour is hiking outside the park then you spend 75% of the activity in the park.

7. Enter your total gross receipts for this business year.

8. Enter the dollar amount of your gross receipts that is the portion of your total gross receipts that you earned as a result of visiting the park.

   If the park is the exclusive destination for your activity, then 100% of your gross receipts are a result of your visiting the park. If it is a primary or incidental destination, then estimate what percentage is a result of visiting the park. As a general rule, this should not be less than the answer to #6.

9. Provide details of any reportable injuries incurred to you, your employees, or clients this year.

10. Signature of business owner or authorized agent.

Exhibit F: COMMERCIAL USE AUTHORIZATION ANNUAL REPORT FORM

OMB Control No. 1024-0268

DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
North Cascades National Park
Attn: Tammra Sterling
360/854-7213 (phone), 360-854-1934 (fax)
***Due by December 1 for current operating year.**

Please enter the information below:

1. **Contact Information**

Holder Name: _____ *Contact Person* (if different): _____

Business Name: _____ *Email:* (business) _____

Mailing Address: _____ *Email*: (Contact Person) _____ (Note if Winter/Summer)
_____ *Website*: _____

Phone: _____ *Fax*: _____
(Note if Winter/Summer) (Note if Winter/Summer)

2. **Services provided:**

_____

VISITOR USE INFORMATION

3. How many clients did you serve within the park? _____
How many trips did your company make to the park this year? ____

(Use table below to report total numbers for each month)

4. What was your average length of stay per visit in the park this year?
(For day trips show the average number of hours that you spend in the park per trip.
For overnight trips show the average number of nights that you spend in the park per trip.
If both types of trips were offered show the average length of stay for each type.)

Day Use
Number of Day Trips _____ Average Hours/trip _____
(Show trips that use lodging outside of the park, as day trips.)

Overnight Use
Number of Overnight Trips _____ Average # of Nights/trip _____
(May include 1st day travel to trailhead and last day exiting backcountry.)

5. The park is:

☐ the **exclusive** destination for your clients. (This means it is the only destination being offered on the trip, not including brief stops along the way. 100% of your trip is a result of your visiting the park.)

☐ a key **destination** or a **significant location**. (This means it is one of several sites where your services are provided. Some percentage of your trip is a result of visiting the park.)

6. What percentage of your trip is a result of visiting the park? _____

FINANCIAL INFORMATION

7. What were the total gross receipts from your operation? _____

8. What were the gross receipts earned as a result of visiting the park? _____
See Instructions

INJURY INFORMATION

9. Did you have any reportable injuries occur during your trips this year? Yes ☐ No ☐

If yes*, please use a separate sheet of paper to report the date and type of injury and a brief statement of the incident and the outcome of the patient care, please omit the patient's name*. A reportable injury involves any medical incident or injury requiring medical aid beyond Basic First Aid and/or when a request for medical aid/rescue assistance is made. You do not need to send in a report if you have already done so.

10. Signature: False, fictitious or fraudulent statements of representations made in this report may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or **imprisonment** (U.S. Code, Title 18, Section 1001). All information provided will be considered in reviewing this report. Authorized Agents must attach proof of authorization to sign below.

By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.

_____ _____
Signature Date

_____
Printed Name

_____
Title

PAPERWORK REDUCTION ACT STATEMENT: In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (16 U.S.C. 5966). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your impact to park resources and compliance with park regulations and limitations. We estimate that it will take approximately 1.25 hours to prepare a report, including time to review instructions, gather and maintain data, and complete and review the report. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, National Park Service, 1849 C Street NW, Mail Stop 2601, Washington, D.C. 20240.

EXHIBIT G: COMMERCIAL USE AUTHORIZATION MONTHLY REPORT

OMB Control No. 1024-0268

NATIONAL PARK SERVICE
North Cascades National Park
Attn: Tammra Sterling
360/854-7213
360/856-1934 (fax)

Due date: The 8th of each month for the previous month's activities

NOTE: This form is only to be used for monthly statistical reporting. A separate Annual Report is required for all CUAs.

1. **Contact Information (as it appears on your permit)**

Holder Name: _____ *Contact Person* (if different): _____

Business Name: _____ *Email*(business) _____

Mailing Address: _____

Email: (Contact Person) _____
Phone: _____

2. **Services Provided (as stated in your permit):**

_____

VISITOR USE INFORMATION

3. How many clients did you serve within the park? _____

How many trips did your company make to the Park this month? _____

Enter the number of visitors who use your service in the format and detail required by the park.
Use the table below to report total numbers for the appropriate month. Report guide visits separately. Depending on the service provided, the chart below can be altered to fit the information requirements of the park.

(see Table below for Monthly Reporting for Commercial Rafting Activities)

INJURY INFORMATION

4. Did you have any reportable injuries occur during your trips this month? Yes ☐ No ☐

***If yes**, please use a separate sheet of paper to report the date and type of injury and a brief statement of the incident and the outcome of the patient care, please omit the patient's name*. A reportable injury involves any medical incident or injury requiring medical aid beyond Basic First Aid and/or when a request for medical aid/rescue assistance is made. Provide details of any reportable injuries incurred to you, your employees, or clients. You do not need to send in a report if you have already done so.

SIGNATURE

5. **Signature of Business Owner or Authorized Agent**: False, fictitious or fraudulent statements of representations made in this report may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or **imprisonment** (U.S. Code, Title 18, Section 1001). All information provided will be considered in reviewing this report. Authorized Agents must attach proof of authorization to sign below.

By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.

_____ _____
Signature Date

_____
Printed Name

_____
Title

PAPERWORK REDUCTION ACT STATEMENT: In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (16 U.S.C. 5966). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your ability to offer the services requested and to notify the public what services you offer. We estimate that it will take approximately 45 minutes to prepare a monthly report, including time to review instructions, gather and maintain data, and complete and review the report. We may may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, National Park Service, 1849 C Street NW, Mail Stop 2601, Washington, D.C. 20240.

EXHIBIT H: MONTHLY STATISTICAL REPORT
Commercial Rafting Activities

RIVER: _____

COMPANY:_____

REPORT PERIOD/MONTH: _____

Trip	Date	Put In Time	Take Out Time	No. of Boats Used	No. of Passengers	Any stops? If so, where?	Number of other boat sightings?	Take-Out Location
1								
2								
3								
4								
5								
6								
7								
8								
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EXHIBIT I: Commercial Use Authorization
GUIDE CERTIFICATIONS

Company_____ Operating Year _____

Name of Guide	First Aid Expiration	CPR Expiration	Food Handlers Expiration

APPENDIX 1

National Park Service
U.S. Department of the Interior

NPS Office of Public Health
Visitor and Resource Protection Directorate

RM – 83
Reference F
Backcountry Operations

Approved: *_/s/ Karen Taylor-Goodrich*_____ March 2008
Karen Taylor-Goodrich
Associate Director, Visitor and Resource Protection

Reference F
REFERENCE MANUAL 83
BACKCOUNTRY OPERATIONS

A. GENERAL

A.1. National Park Service (NPS) Park Managers will reduce the risk of disease transmission to park visitors, partners, and staff while providing opportunities to enjoy experiences in the backcountry. These guidelines are intended for NPS partners and NPS operations to ensure minimum standards for public health are maintained in the backcountry where front country standards are not achievable.

A.2. All potable water will be obtained from approved public water systems, or obtained from a source known to be free of chemical contamination and appropriately filtered and disinfected or boiled for a sufficient length of time to kill pathogens.

A.3. Food service will be in compliance with the relevant portions of the United States Food and Drug Administration's (FDA) most current Food Code. Certain changes as described in this Reference Manual are permitted where strict application of the code is not possible, and is in compliance with any rules of the local National Park Service unit.

A.4. Human waste will be safely disposed of in an approved manner and in compliance with the requirements of the local National Park Service Unit.

A.5. Backcountry visitors will be informed of known specific vector-borne diseases to which they may be exposed and provided with risk reduction strategies. Activities will be modified as appropriate to reduce the risk of disease transmission.

B. Definitions

B.1. Backcountry Composter: A toilet that promotes aerobic decomposition and stabilization of human waste through the addition of a carbon source (e.g., wood shavings) and moisture. This unit requires regular maintenance to function properly.

B.2. Backcountry: Determinations of "backcountry" will be made on a park-by-park basis, taking into account the park area's geographic circumstances. Backcountry water and wastewater systems are most often found in areas that are remote from developed areas and are not readily serviceable by motorized vehicles.

B.3. Certified Food Handler: An individual who has completed an approved food safety training course and successfully passed the certification examination.

Approved courses and exams may be from local and state health departments, or a nationally recognized certification program. The certification must be renewed upon expiration, or if more than three years have passed since the date of issuance.

B.4. FDA Food Code: Guidelines of the United States Public Health Service Food and Drug Administration regarding the most current guidance and strategies for safeguarding public health and ensuring food is unadulterated and honestly presented when offered to the consumer.

B.5. Nonpotable Water: Water that is not potable.

B.6. Potable Water: Water intended for human consumption that is free of chemical contaminants and harmful pathogens.

B.7. Potentially Hazardous Foods (PHF): A food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation.

B.8. Vector: an arthropod (e.g. insect, tick, mite) that transfers an infective agent from one host (which can include itself) to another.

C. Food

C.1. The safe storage, transport, preparation and service of food in the backcountry is quite challenging due to the inherent nature of the environment under which the parks and park partners are operating. Despite these challenges, food service must be in compliance with the relevant portions of the FDA's most current Food Code. Where a strict application of the code is not possible, the changes detailed in C.2. through C.8. are permitted.

C.2. Food Handlers

a. At least one guide on each excursion will be a certified food handler and will be responsible for overseeing the storage, preparation, and serving of food. All guides are encouraged to become certified food handlers.

b. No persons who are ill will be allowed to prepare food. If a person has a gastrointestinal illness they will be restricted from food handling and water treatment for 72 hours after symptoms have resolved.

c. Guest volunteers will not be allowed to prepare or handle food other than their own. They may be allowed to perform other duties attendant to food preparation.

d. Bare hand contact should be minimized with ready to eat food products. Gloves or utensils are strongly encouraged when handling foods that will not be cooked.

e. Food handlers will not eat while preparing food.

C.3. Handwashing

a. Handwashing setups will be conveniently located near the food area.
b. Handwashing setups which involve the repeated dipping of hands into the clean water container may not be used.
c. Foodhandlers will wash their hands immediately before engaging in food preparation, after using the bathroom, and as frequently as needed to prevent contamination of food and utensils.
d. Water used for handwashing will be as specified in section D.2. or treated with 100 PPM (two teaspoons of bleach per 1 gallon of water) chlorine. If this method is used chlorine test strips will be used to check the concentration.
e. In extreme circumstances where sufficient treated water is not available, hand sanitizers containing 62% ethyl alcohol will be used per directions after preliminarily washing with untreated water.

C.4. Food Storage

a. Potentially hazardous foods (including raw eggs) will be stored at or below 45°F.
b. Foods will be stored so that they do not contaminate one another. Whenever possible, raw potentially hazardous foods should be stored in a separate cooler. When this is not possible (e.g. single cooler trips), raw potentially hazardous foods must be stored at the bottom of the cooler in durable leak proof containers. Double bagging is not adequate when storing raw potentially hazardous foods in the same cooler as ready to eat foods.
c. Menus should be simplified and ingredients selected to minimize the amount of raw potentially hazardous foods that are needed on each trip.
d. Dry foods will be stored in sealed containers to protect them from moisture and rodents.
e. Food will be stored separately from cleaning supplies, fuel, human waste receptacles or solid waste receptacles.

C.5. Food Preparation

a. Potentially hazardous food left over from a meal will not be held for re-service.
b. Potentially hazardous food will not be prepared in advance in the backcountry and then cooled down for later service. All potentially hazardous foods cooked on site will be consumed or discarded within four hours of preparation.

C.6. Food Service

a. Guest handwashing facilities will be available near the food service area. Air drying of hands is acceptable for guests. Individuals involved in preparation or service of food will use clean, disposable paper towels for hand drying.

C.7. Facilities

a. If possible, a tarp will be laid down on the ground before setting up the kitchen to aid in later clean up activities.
b. Food preparation surfaces will be in good repair without cracks or holes and easily cleanable.
c. Provide necessary measures to prevent environmental contaminants from affecting the food. This may mean overhead and/or side protection during periods of inclement weather.

C.8. Unused Food

a. Any food product that has been opened must be discarded at the end of the trip. Non-potentially hazardous items that will be cooked (e.g. pancake batter) and seasonings are exempt from this requirement.
b. Unopened potentially hazardous foods will discarded at the end of a trip (i.e., they cannot be taken on more than one trip).

D. Potable Water

D.1. Filtration and disinfection are both required for the treatment of water unless the water is obtained from an approved public water source or is boiled. It must be emphasized to all backcountry users that nonpotable water is not safe to drink following filtration without disinfection. Failure to add disinfectant after filtration has resulted in a number of illness outbreaks at times affecting hundreds of people.

D.2. There are only three pre-approved methods of providing potable water for drinking and culinary uses:

a. Potable Water System: Water will be obtained from an approved public water system and will be stored in containers that are free from contamination and are disinfected between every reuse. Disinfection will be provided by placing 2 tablespoons of 6% chlorine bleach in a 5 gallon container of water, mixing and allowing to stand for 30 minutes. The container will then be emptied, rinsed with potable water and then filled with water from the approved public water system.
b. Boiling: Obtain water from a source free of known chemical contamination and brought to a rolling boil for 1 minute (or 3 minutes for elevations over 6,500 ft).
c. Filtration and Disinfection: Obtain water from a source free of known chemical contamination, and filtering and disinfecting. Filtering will be through an “absolute” 1 micron filter, or one labeled as meeting the National Sanitation Foundation (NSF) Standard #53 for “Cyst Removal”. The filtration must be followed by disinfection. If a chlorine residual test kit is available, add drops of unscented 6% chlorine bleach until a strength of at least 1 mg/l is achieved. If no test kit is available, add 8 drops of chlorine bleach per gallon of water. Mix and let stand for at least 30 minutes before drinking.

D.3. Alternative disinfection methods must be approved by the Public Health Consultant. Use of ultraviolet light as an alternative to adding disinfectant will not be approved. Elevated turbidity in the water can prevent the U.V. light from properly penetrating the water and can result in inadequate pathogen kills.

E. Human Waste

E.1. All human waste will be disposed of in an approved manner. Approved methods must conform to local NPS policy which may include one of the methods outlined below. Contact a local park ranger or other official representative of the park for site specific disposal requirements. Whenever there is human access into the backcountry, the problem of safely disposing of fecal waste must be addressed. In all cases, appropriate measures will be taken to protect the health of visitors and staff by minimizing risk of disease transmission as well as protecting park resources.

E.2. The preferred option for human waste disposal is always to use permanent facilities provided by the park. These are most often located in high use or environmentally sensitive areas. Failure to use these facilities can result in significant degradation of park resources. This manual will not discuss permanent structures; those are covered in the DO RM83 B (http://www.nps.gov/public_health/intra/index.htm).

E.3. There are several methods by which the NPS allows backcountry fecal waste to be collected and disposed of. Allowable methods depend on the National Park Service Unit and may differ within the park depending upon which area you are traveling. Methods of handling human feces in the backcountry can be divided into two categories: Collection/Removal and On-Site Disposal.

E.4. Collection/Removal alternatives will be used in parks that have either high visitation and/or poor soil for fecal decomposition in the backcountry and can not sustain the On Site Disposal method. This is typical of high alpine and mountainous areas where there is little soil available and the decomposition is slow, but may also include other areas such as along rivers. There are basically three types of methods for removal:

a. Bag Containers: Bag containers may only be used for the collection and disposal of fecal matter when a formal collection system is implemented by the park, or a commercially available product approved for disposal in landfills is used.

1. Where park units have established a collection system, plastic bags are collected from those who have visited the backcountry and deposited in specially labeled containers (55-gallon drums). The drums are sealed and removed from the backcountry via pack animal or motorized device. The bagged wastes are then collected, labeled, and transported to a licensed and inspected facility for proper disposal.

2. Commercially available bagged waste receptacles such as the “Rest Stop” and “Wag Bag” are also approved for use in the parks. These bags contain an absorbent material that absorbs all the liquid much like a diaper and can be disposed of in landfills. No special handling procedures are required; licensed disposal of this waste is allowed as long as there is no free flowing liquid.

b. Simple Containers: Simple containers include pickle pails (5-gallon buckets with tight fitting lids) rocket boxes (20-mm ammo cans), scat packer, brief relief, and clean mountain cans. The pickle pails and rocket boxes are common devices seen on the river trips in Grand Canyon National Park and Cataract Canyon in Canyonlands National Park. Another alternative is the clean mountain cans recently developed and used in Denali National Park and Preserve by mountaineers. The full containers are typically transported to a central site and then dumped into a septic tank/wastewater treatment plant for final treatment and disposal. Any container must be sealable and able to be easily emptied, cleaned and sanitized for use on the next trip.

c. Complex Containers (Backcountry Composter): Fecal matter is deposited in the container and the user is required to add moss, sawdust or other organic carbon source to help with decomposition. The primary function of the composting unit is to put the fecal material in a form that is more easily transported. Once the units are 2/3rds full, the material is removed from the container or the entire container is removed via helicopter for disposal in a permitted landfill or wastewater treatment facility. The containers are washed and sanitized prior to reuse. This option is very high cost and labor intensive but is important for high use areas where very few alternatives are available.

E.5. On Site Disposal (Cat Holes) may only be used if approved by the park. The site used for disposal will be located at least 100 feet (30 meters) from freshwater in an inconspicuous site not traveled frequently by people. The area should be elevated where water would not pool during storms, where adequate soil is available, and preferably in an area that receives maximum sunlight. Excavate a hole that is at least 6 inches (15 centimeters) deep and 4 inches (10 centimeters) in diameter. Deposit and cover the fecal material with soil and other native materials. Decomposition of fecal matter is increased if it is mixed with the soil, this can be accomplished with a stick. Toilet paper is slow to decompose and may be dug up by animals, therefore some backcountry operations require users to collect toilet paper in a separate container and carry it out for disposal, especially in arid areas. If this is required, make sure to place used toilet paper in a bag without touching the outside of the container.

E.6. Urine should be disposed of in a permanent facility if available. However, if one is not available, pick an area at least 100 feet (30 meters) from freshwater and in an inconspicuous site not traveled frequently by people. Urinate on rocks, pine needles, or gravel, as animals are less likely to be attracted to these areas and

defoliate plants or dig up soil because of the salts in the urine. If allowed by the park, urination directly into a river with a high flow of water may be the preferred alternative.

E.7. It is extremely important for users to wash hands with soap and water after each use. If handwashing facilities are not available hands may be cleaned with disposable hand wipes or hand sanitizer.

F. Vector-Borne and Zoonotic Diseases

F.1. Backcountry visitors have an increased risk of exposure to potential disease causing vectors. In order to reduce risk to the park visitors, partners, and staff in the backcountry, the park unit will:

a. Communicate to backcountry users the vector-borne diseases that may be prevalent in and around the park. Contact the Public Health Consultant (PHC) for assistance.

b. Establish lines of open communication – this may simply consist of open communication between backcountry users and park staff to identify areas of concern, including, but not limited to: high mosquito population, rodent infestation, and die-off of rodents.

c. Provide appropriate risk reduction strategies to backcountry visitors, partners, and staff. Additional information may be obtained from RM83G (http://www.nps.gov/ncro/Public_Health/inter/info/rms/rm83g.pdf).

F.2. Risk Reduction Strategies

a. Mosquito-Borne Diseases

1. Wear long sleeved shirts and pants, particularly in the morning and evening hours when mosquitoes are most active.
2. Use of an insect repellent containing DEET, Picaridin, or oil of lemon eucalyptus is effective against mosquitoes and should be used during periods of high mosquito activity.
3. Avoid campsites that have high mosquito populations or are near areas of stagnant waters.

b. Plague

1. Closure or modified use of high risk area.
2. Surveillance for plague activity in rodent populations by public health workers, citizens reporting rodents found sick or dead, or surveys by biologists.
3. Apply insect repellents containing DEET or Picaridin to clothing and skin, according to label instructions, to prevent flea bites if you anticipate being exposed to rodent fleas.

c. Tick-borne diseases

1. Wear light-colored clothing to allow you to see ticks crawling on your clothing.

2. Tuck pant legs into socks so that ticks cannot crawl up the inside of your pants legs. The use of tall rubber boots may also provide additional protection.
3. Apply insect repellants containing DEET or Picaridin to discourage tick attachment.
4. Remove any tick you find on your body. Parents should check their children for ticks, especially in the hair, when returning from potentially tick-infested areas.

d. Hantavirus

1. Avoid touching live or dead rodents or disturbing rodent burrows, dens, nests, or droppings.
2. Do not use cabins or other enclosed shelters that are potentially rodent-infested until they have been appropriately cleaned and disinfected. To disinfect, spray rodent contaminated areas with a disinfectant or chlorine solution and wait 10 minutes before beginning cleanup.
3. Do not pitch tents or place sleeping bags in proximity to rodent feces or burrows or near possible rodent habitat (e.g., dense brush or woodpiles).
4. Keep food and trash in rodent-proof containers.

e. Rabies

1. Prevent exposure to all animals, but especially sick or aggressive animals. Wild animals should not be handled, fed, or unintentionally attracted with open containers or litter.
2. Since bat bites and scratches are difficult to detect, anyone who has slept in a cabin or other sleeping quarters where a bat was found should seek post exposure prophylaxis as soon as possible, within10 days of the expected exposure, unless the specific bat can be safely captured and tested for rabies.
3. After any potential exposure to a potentially rabid animal, wash the wound thoroughly with soap and water, and seek medical attention as soon as possible. The following information will be collected if possible to assist in assessment of risk:
    a. The geographic location of the incident
    b. The type of animal that was involved
    c. How the exposure occurred
    d. Whether the animal can be safely collected and tested for rabies

.

G. Illness Reporting

G.1. The trip leader will complete a separate Gastrointestinal Illness (GI) Report Form for each person who becomes ill with a gastrointestinal illness on a trip. The forms will be submitted within the appropriate time frame described below to the park concession specialist by all commercial visitor services or to the park superintendent by all other trips. All reported GI illnesses with documentation will be forwarded by the park to the Public Health Consultant immediately.

G.2. Reporting timeframe

a. If 1 or 2 persons (passengers or employees) experience any gastrointestinal illness during a trip, the illnesses and GI Report Form will be reported to the NPS at the end of the trip.

b. If 3 or more persons (passengers or employees) experience any gastrointestinal illness during a trip, the trip leader must do the following:

1. Complete a GI Form at the time of illness for each person who becomes ill.
2. Notify NPS within 24 hours of the illnesses and include the following information:
   - Illness symptoms
   - Dates and times of illness onset
   - Suggestions as to the cause of the illness
   - Trip itinerary
   - Water treatment (includes sources and treatment)
   - Specific menu (includes snacks and beverages) for the entire trip
   - Food suppliers
   - Passenger manifests with contact information
   - If there was any illness at the company prior to the trip
3. Submit all GI Forms to NPS at the end of the trip.

c. If a complaint is received after a trip from a client or employee that a gastrointestinal illness occurred following a trip that they suspect was related to the trip, a GI Form will be filled out and forwarded to NPS

H. FURTHER INFORMATION

1. NPS Public Health Program – Intranet Site

(http://www.nps.gov/public_health/intra/index.htm)

2. NPS Public Health Program – Internet Site

(http://www.nps.gov/public_health/index.htm)

3. Public Health Consultants – Intranet Site

(http://www.nps.gov/public_health/intra/admin/personnel.htm)

4. Public Health Consultants – Internet Site

(http://www.nps.gov/public_health/inter/admin/map.htm)

5. The Center for Disease Control and Prevention's Division of Vector-Borne Infectious Disease

(http://www.cdc.gov/ncidod/dvbid)

6. Food and Drug Administration's (FDA) Food Code. (http://www.cfsan.fda.gov/~dms/foodcode.html)

7. State and Local Health Departments

(http://www.cdc.gov/mmwr/international/relres.html)