

PSOC Trip Proposal

This document should be completed online using a PDF editor and submitted at least 2 weeks before departure date

DATE(S) OF ACTIVITY: 1/29/2022
 TRIP ACTIVITY(S): 7-mile Hiking loop
 TRIP LOCATION: Trough Creek State Park
 # OF PARTICIPANTS: 7

TYPE OF ACTIVITY:

Recreational Trip

Day Trip

Multi-day Trip

Skill Clinic/Workshop

TRAVEL INFORMATION:

CAMPUS DEPARTURE TIME: 8:00 A.M. DATE: 1/29/2022
 CAMPUS RETURN TIME: 5:00 P.M. DATE: 1/29/2022
 APPROXIMATE DRIVE TIME: 1 hour 15 minutes # OF VEHICLES: 1

PARTICIPANT INFORMATION (voluntary medical forms can be downloaded separately):

1) NAME: _____ CELL PHONE #: _____ EMERGENCY CONTACT: _____ 2) NAME: _____ CELL PHONE #: _____ EMERGENCY CONTACT: _____ 3) NAME: _____ CELL PHONE #: _____ EMERGENCY CONTACT: _____ 4) NAME: _____ CELL PHONE #: _____ EMERGENCY CONTACT: _____ 5) NAME: _____ CELL PHONE #: _____ EMERGENCY CONTACT: _____ 6) NAME: _____ CELL PHONE #: _____ EMERGENCY CONTACT: _____ 7) NAME: _____ CELL PHONE #: _____ EMERGENCY CONTACT: _____ 8) NAME: _____ CELL PHONE #: _____ EMERGENCY CONTACT: _____	VOLUNTARY HEALTH FORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No EMERGENCY CONTACT #: _____ VOLUNTARY HEALTH FORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No EMERGENCY CONTACT #: _____ VOLUNTARY HEALTH FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No EMERGENCY CONTACT #: _____ VOLUNTARY HEALTH FORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WFR <input checked="" type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No EMERGENCY CONTACT #: _____ VOLUNTARY HEALTH FORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No EMERGENCY CONTACT #: _____ VOLUNTARY HEALTH FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No EMERGENCY CONTACT #: _____ VOLUNTARY HEALTH FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No EMERGENCY CONTACT #: _____
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9) NAME: _____ VOLUNTARY HEALTH FORM? Yes No
 CELL PHONE #: _____ WFR WFA OTHER _____ ABLE TO DRIVE? Yes No
 EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____
 10) NAME: _____ VOLUNTARY HEALTH FORM? Yes No
 CELL PHONE #: _____ WFR WFA OTHER _____ ABLE TO DRIVE? Yes No
 EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____
 11) NAME: _____ VOLUNTARY HEALTH FORM? Yes No
 CELL PHONE #: _____ WFR WFA OTHER _____ ABLE TO DRIVE? Yes No
 EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____
 12) NAME: _____ VOLUNTARY HEALTH FORM? Yes No
 CELL PHONE #: _____ WFR WFA OTHER _____ ABLE TO DRIVE? Yes No
 EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____

PARTICIPANT RESPONSIBILITIES:

**Each item should have one Person's name next to it. (Novices should be paired with an Experienced member to complete responsibilities.)*

PARTICIPANT CONTACT: Caitlin Daley VEHICLE/TRAVEL LOGISTICS: Amy Welshimer
 CASH ADVANCE/FINANCES: Caitlin Daley MENU/FOOD PREP: N/A
 TRIP PAPERWORK: Michael Grosman GEAR/EQUIPMENT: Amy Welshimer

IMPORTANT DATES:

PRE-TRIP MEETING DATE: 1/23/2022 TIME: 7:30 PM
 GEAR PULL/FOOD PREP DATE: N/A TIME: N/A
 POST-ACTIVITY DEBRIEF DATE: 1/29/2022 TIME: 5:00 PM

**Use the spaces below to schedule other times to meet as a group to plan & prepare.*

PLANNING MEETING #2 DATE: 1/27/2022 TIME: 8:00 PM
 PLANNING MEETING #3 DATE: 1/28/2022 TIME: 8:00 PM

OUTCOMES:

Are there any unique goals and outcomes for this activity?

Have a great day at Trough Creek State Park.

What is your plan to gauge or determine the goals and expectations of participants?

Ask participants how well they feel going into the trip. If they feel uneasy about something, they are more than welcome to express their opinions.



EMERGENCY ACTION PLAN

TRIP LOCATION: Trough Creek State Park TRIP DATE(S): 1/29/2022

TRIP ACTIVITY(S): Hiking

ON-CALL CONTACT PERSON: Michael Grosman PHONE #: 936-465-4767

CALL-OUT TIME: 5:00 P.M. Date: 1/29/2022 **If no contact within 2 hours of call-out time emergency response will be initiated.*

ANTICIPATED WEATHER CONDITIONS/HAZARDS:

Chilly, but mostly sunny day in the low 20's with possible wind speeds of around 10mph.

DISCUSS NOTABLE ISSUES & PLAN FOR MANAGEMENT:

(use the matrix format we have demonstrated to describe: risk/hazard - management strategies - communication - likelihood - severity)

Additional drivers will be needed if more participants join. First aid kit and map will be made available for navigation and in case of on-site treatable emergencies.

Location Information

CAMPGROUND/
CAMPSITE: NOT APPLICABLE FOR DAY TRIPS Phone: _____
(Name/Description)

(street address, city, state, zip OR coordinates & location description)

TRAILHEAD #1/
PUT-IN: Ledges Trailhead Phone: 814-658-3847
(Name/Description)

40.313973839929936, -78.13155403567735 Turn onto Trough Creek Road, trailhead will be on left in .2 miles, parking could be on right

(street address, city, state, zip OR coordinates & location description)

TRAILHEAD #2/
TAKE-OUT: Same as above Phone: 814-658-3847
(Name/Description)

(street address, city, state, zip OR coordinates & location description)

Cell Reception: Y N Comments: _____

Nearest Landline: 16362 Little Valley Road James Creek, PA 16657-9302
(street address, city, state, zip OR coordinates & location description)

LOCAL SERVICE Trough Creek State Park Phone: 814-658-3847
(outfitter, store, (name)
service, etc.)

16362 Little Valley Road James Creek, PA 16657-9302

(street address, city, state, zip)

**USE THIS SPACE TO INSERT A COPY OF YOUR MAP WITH THE FOLLOWING ITEMS MARKED:
CAMPSITES, WATER SOURCES, PARKING, TRAILHEAD #1 AND #2, EVACUATION POINTS**

<https://www.alltrails.com/explore/trail/us/pennsylvania/trough-creek-5-sites?mobileMap=false&ref=sidebar-static-map> (AllTrails)

http://elibrary.dcnr.pa.gov/GetDocument?docId=1737209&DocName=TRCR_ParkMap.pdf (Park Map)

VEHICLE LIST:

(should include make, model, color, and license plate number)

Amy's Car

Emergency Response & Evacuation Plan

When an emergency (unplanned event that results in a serious medical injury occurs staff will assume the following roles:

SAFETY PERSON #1: Caitlin Daley

(Should take lead in Medical situations)

SAFETY PERSON #2: Leah Davis

(Acts as partner to Safety Person #1)

SAFETY PERSON #3: _____

(Only needed in special cases, but nice to have)

USE THIS BOX TO LIST SOME DANGERS OF THE AREA AND HOW TO DEAL WITH THEM:

Cold weather- Tell participants to bring warm, non-cotton layers on the hike including gloves.
Have participants wear boots for snowy conditions
Tripping/Ankle Injuries- Tell participants to watch where they are hiking and tie the laces of their boots tightly as to avoid injury.

Emergency Contacts & Services Information

LAW ENFORCEMENT: Pennsylvania State Police Phone: 570-946-4094
(barracks/municipality/region)
5837 US-220 Laporte, PA 18626
(street address, city, state, zip)

RANGER STATION: Trough Creek Park Office Phone: 814-658-3847
(park/region)
16362 Little Valley Road James Creek, PA 16657-9302
(street address, city, state, zip)

PRIMARY HOSPITAL: J.C. Blair Memorial Hospital Phone: 814-643-2290
(name)
1225 Warm Springs Avenue Huntingdon, PA 16652
(street address, city, state, zip)

URGENT CARE: Convenient Care Center Phone: +18146438750
(name)
7651 Lake Raystown Shopping Center, Huntingdon, PA 16652
(street address, city, state, zip)

DETAILED ITINERARY

 TRIP LOCATION: Trough Creek State Park TRIP DATE(S): 1/29/2022

 TRIP ACTIVITY(S): Hiking

DATE	ITINERARY (Time, Activity, Location)	OVERNIGHT LOCATION	LESSONS/NOTES
1/29	Leave parking lot at 8:00 Reach trail head at 9:30 Arrive back at cars and leave trailhead at 2:30 Return to State College by 4:00	NOT APPLICABLE FOR DAY TRIPS	
NOT APPLICABLE FOR DAY HIKES			
NOT APPLICABLE FOR DAY HIKES			

BACKUP/ALTERNATE PLAN OPTIONS

Check out Seven Points Marina nearby on Raystown Lake

ADDITIONAL NOTES: *(How much water is everyone carrying? Will you have to shuttle anywhere? Are there permits required? Can you have fires?)*

Participants will carry their own lunches/snacks as well as at least 2 liters of water.
No permits required.
The trail is a loop, so no shuttling will be required

GEAR/EQUIPMENT (indicate which will be borrowed from PSOC or rented from OA):

POST TRIP REPORT

WHAT WENT WELL AS A GROUP/ WHAT DIDN'T?