

Pacific Crest Trail Association

Trailhead Communications Plan (TCP)

Fill this out BEFORE arriving at trailhead. Send to Tracker, Dispatch (if applicable), Agency Contact and PCTA Staff. Print three copies: 1 - Communications Lead, 2 - First Aid Lead to send with patient, 3 - Crew Leader.

Know in advance which devices work best and where reception is best. In the event of an injury, Communications Lead will contact Emergency Services.

Project Information

Crew Leader Name:	_____	Date/Time Going In:	_____
Crew Size:	_____	Date/Time Overdue:	_____
Tracker:	_____	Is the crew camping?	_____

Location Information

Trailhead:	_____	Nearest Town:	_____
Agency Unit and District:	_____	Road and Milepost:	_____
GPS Coordinates (WGS 84):	_____	Nearest Intersection:	_____
	_____	Gate Code or	_____
County and State:	_____	Combination:	_____

Contact Information

Crew Leader Cell Phone:	_____	Crew Ldr Other Device:	_____
Primary Agency Dispatch Ctr:	_____	Dispatch Phone:	_____
Dispatch Hours:	_____	Dispatch Email:	_____
Agency Contact (business hrs):	_____	Phone:	_____
Agency Contact (after hrs):	_____	Phone:	_____
Other Agency Contact (optional):	_____	Phone:	_____
Crew Ldr's Emergency Contact:	_____	Phone:	_____
PCTA Regional Rep:	_____	Phone:	_____
PCTA Trail Operations Staff:	_____	Phone:	916-318-0215
County Sheriff (non-emergency):	_____	Phone:	_____
Tracker (if not one of the above):	_____	Phone:	_____

Transport the Injured to

Nearest Hospital:	_____	Distance from Trailhead:	_____
Hospital Address:	_____	Hospital Phone:	_____

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Communication Instructions

In the event of an emergency, collect written injury details before you call for help. Bring a pencil and write what the call-taker tells you. Report back to the main party as quickly as possible.

Primary Device(s): _____
Best Location for Reception _____
Near Worksite: _____

If Using a Radio

- Stand in a clear location, hold the radio upright
- Wait for 2 seconds after keying the mike, then speak
- Try at least 3 times, at least 10 seconds apart
- If needed, move locations and/or change channels

Channel, Repeater: _____
Dispatch Center: _____
Script: Type here (replace example): _____

Radio Alphabet

Alfa	Hotel	Oscar	Victor
Bravo	India	Papa	Whiskey
Charlie	Juliet	Quebec	X-Ray
Delta	Kilo	Romeo	Yankee
Echo	Lima	Sierra	Zulu
Foxtrot	Mike	Tango	
Golf	November	Uniform	

If Using a Phone

Daily Time to Receive Radio Communication (minimum 30 mins):

Morning: _____
Evening: _____

Try agency dispatch's phone number, or 911. Be aware 911 dispatchers may not be familiar with the public land unit you're on. The call-taker needs:

- Your phone number in case disconnected
- The location you're calling from. See above.
- What type of emergency you have (medical, require ambulance; injury specifics)

Instructions for Other Devices
