

ASRC Safety Officer  
Draft

1/29  
ASRC BOO

The Safety Officer position is put in place for the purpose of centralizing responsibility for safety aspects of Appalachian Search and Rescue Conference operations and in order, when possible, to have a person dedicated only to safety issues. The assignment of a Safety Officer is also intended to comply with all laws and regulations related to workplace safety.

The Safety Officer should be a person trained and certified to the level of Incident Staff or above and trained in the duties and responsibilities of the position. An experienced Field Team Leader with the appropriate training may be assigned to fill the position. Ideally the Safety Officer will be competent and familiar with the aspects of technical rescue operations in order to properly monitor those operations. When the Safety Officer is not able to fulfill this aspect of the position, or when the size and scope of a search exceeds the ability of one person to meet all the responsibilities of the position, deputies can and should be designated.

All members of the ASRC are expected to comply with the Safety Officer(s), and failure to do so should be reported to the membership for appropriate action. The designation of a Safety Officer in no way absolves all members from the obligation to do all in their power to insure that all operations conducted by the ASRC are done so with safety as a paramount consideration.

Responsibilities; search

Insure that teams are properly staffed; correct manning level for task, competent leader, radio operator and medic.

Insure that specific hazards for task are properly identified and briefed (*including avalanche hazards in winter.*)

Verify that teams are properly equipped for task, equipped to spend the night if necessary and trained in the necessary survival skills.  
(*clothing, foot wear, first aid kit, etc.*)

Screen team members to insure that they are up to task at hand.  
(*Physical condition, properly rested, etc.*)

Coordinate with local resources to insure that medical assistance is available.

Screen returning team members for injuries/aliments, insure that proper treatment is provided and document for IC.

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Insure that any newly discovered or reported hazards are reported to affected (or possibly affected) teams.

Verify condition of members returning from task and insure that they are fit before allowing them to participate in another task.

*(Physical condition, rest, food and water).*

Screen conditions of members departing search to insure that they are fit for the drive home and make arrangements for rehab of those who are not.

*(Properly rested and fed, back-up drivers, etc).*

Responsibilities; tech rescue

Insure that all equipment required is in safe, usable condition before it is employed.

Insure that extra equipment is carried in for the victim.

Verify that participants are trained to at least the level at which they are to function in the rescue evolution.

Require competent person not involved in evolution (safety officer or designee) to double check all rigging and anchors prior to loading.

Require proper use of all appropriate safety equipment by all members participating in evolution. *Harnesses- tied in if working near the edge. Hard Hats being worn.*

Insure that all safety precautions, belays etc. are maintained until the subject and all team members are clear and safe.

Observe operation for any lapses in safety procedures and/or unidentified hazards.

Take necessary action to keep all personnel not actively involved in the evolution at a safe distance and in a location where they will not interfere with or obstruct the evolution.

Insure that unused equipment is staged so as to be available, undamaged but not in a

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position to obstruct operations.

Authority; search

To hold a team at base until they are properly composed and equipped for the assigned task.

To prohibit individual members from participating in a task for which they are not properly equipped or not physically capable (*lack of rest etc*).

To recommend to the IC that teams be pulled in from the field upon discovery of hazards for which they are not prepared, (*flash flood warning, etc*).

To report to the membership for action any members who insist upon driving home from a search in spite of a level of fatigue which the Safety Officer considers unsafe.

Authority; tech rescue;

To order equipment removed from use if it is discovered to be unsafe or if it's safety is suspect.

To refuse to allow a member to participate in an operation for which he/she is not properly trained or qualified.

To order an operation halted upon discovery of an unsafe condition until such condition can be corrected, even to the extent of reducing the scope of an operation until proper personnel and equipment are available on site to carry out the operation within established safety guidelines.

To order a member removed and replaced for violation of established safety procedures.

to report back to the ASRC for appropriate action, any member who engages in conduct that endangers personnel.

PROPOSAL: It is proposed the following be considered as requirements for established ground SAR groups to become ASRC Associate Members. Further, it is proposed that during the period May-September, 1998, ASRC initiatives be undertaken to bring two ASRC Associate Groups into membership.

#### PROPOSED ADDITION TO THE ASRC ADMINISTRATIVE MANUAL.

##### A.1.1.3 Certification as an Associate Group

To be considered as an applicant organization for Associate Group status in the ASRC, the applicant group must: obtain a letter of sponsorship from a Certified ASRC Group. A Certified Group may only sponsor one Probationary Group, and one Associate Group applicant at a time.

##### A.1.1.3.1 Requirements for applicant groups applying for ASRC Associate Member status include:

1. Agreeing in writing, that when working with other ASRC certified groups where the ASRC is a participating ground search and rescue organization in an ongoing operation, the ASRC Associate group will meet and maintain the training standards and operational protocols and requirements of the ASRC as specified in the Articles of Incorporation, Bylaws, published ASRC Training Standards, the ASRC Administrative Manual and its annexes, and the ASRC Operations Manual and its annexes.
2. Active membership of at least ten (10) active members including: two persons with ASRC FTL or higher certification and six (6) persons with ASRC FTM or higher certification, as determined by the sponsoring Group's training officer in cooperation with the applicant group's training officer, as defined in the ASRC Training Standards, and determined by successful passing of established ASRC written and practical evaluations.

1? — For established non-ASRC dog handler groups, ASRC Associate membership requirements for search dog handler groups will require the group to have a minimum of two (2) persons with ASRC Senior Dog Handler certification, and three (3) persons with ASRC Dog Handler Certification where the dog is deemed by ASRC standards to be operational.

3. Possessing the minimum certified Group equipment, as set forth in Annex-A of the ASRC Operations Manual. [Note: Minimum group equipment for search dog handler groups TBD.]
4. Providing proof ASRC Group dues are paid, and that the applicant group has a bank account in the Group's name with a minimum balance of \$100.00.
5. Possessing IRS 501 (c) 3 tax exempt status, or be associated, as a member or unit, with a non-profit organization with IRS 501(c)(3) status, or be an established unit of a local, county or state government program.

6. Having written and published Group By Laws, published training standards, and published operational protocols pertaining to the group.
  7. Having written and published group call out procedures pertaining to the group.
  8. Electing two active Members to become delegates to the ASRC Board of Directors. Associate ASRC teams will have one vote at Board of Directors meetings and the ASRC Annual Meeting. ) No voting
  9. Selecting a Group Training Officer (GTO), with a minimum ASRC FTL rating, who is confirmed, at the time of application, by the ASRC Board of Directors.
  10. Passing a comprehensive Group Equipment Review as defined in Annex A of the ASRC Operations Manual
  11. During the application period, having at least four (4) applicant group members attend a minimum of five Conference events (search incidents, training simulations, Board of Directors meetings, etc.), two of which were search incidents
- A.1.1.3.2 Once the Sponsoring Group is assured that the above requirements in A1.1.3.1 have been met, they will request in writing -- providing documentation of all items identified above -- a vote at the next Board of Directors meeting for certification of the sponsored group as an ASRC Associate Group. A two-thirds majority vote of the ASRC Board of Directors is required.
- A.1.1.3.3 Upon a successful vote for acceptance of the applicant group, the Conference Training Officer will record the date of the vote in the list maintained for the purposes of review. And, a letter will be prepared within thirty days by the Conference Secretary advising the new Associate ASRC member group of its status.
- A.1.1.3.4 If a negative vote is obtained, the Conference Secretary will prepare, within thirty days, a letter advising the applicant group of the reasons for failure and what may be done to rectify the situation(s).
- A.1.1.3.5 Appeals - All applicant groups or ASRC member groups have the right to appeal any decision made by the Board of Directors regarding their group's status. To make an appeal the group in question shall provide written notification to the Board of Directors within thirty days of the notification of the Boards decision in question. At that time, the Board of Directors will choose two Active Members, at random, from all ASRC Groups, except the Group in question. The panel shall hear all evidence regarding the decision and return an opinion to the Board of Directors within sixty days of being convened.

## PROPOSED ADDITION TO ANNEX-D, ASRC ADMINISTRATIVE MANUAL

- D.5.4.5 The uniform shirt on the figure below, specifies the only places and locations of approved ASRC, other patches, and insignia. No other patches or insignia are authorized for uniforms for members of probationary certified or certified ASRC groups.
- D.5.4.6 Members of ASRC Associate Groups may wear their regular group's patch or insignia in their traditional location on a long-sleeve uniform shirt. A small two inch ASRC patch, provided by the ASRC "small stores" program, at a nominal cost, shall be worn above the front right pocket of the Associate group's uniform shift.

## APPLICATION OF ASRC OPERATIONS MANUAL PROVISIONS FOR ASRC GROUP ASSOCIATE MEMBERS

ASRC Associate Groups shall follow the conditions and requirements outlined in the following sections of the ASRC Operations Manual when the ASRC has specifically requested the assistance of the ASRC Associate Group in an ongoing search and rescue incident, or where the ASRC Associate Group requests the assistance of the ASRC in an ongoing operation in their operational area.

- Section 2.2 Administration of ASRC Incident Policy
- Section 2.3 Restraining Action
- Section 2.4 ASRC Board of Directors Intervention
- Section 3 Group Non-Incident Operational Policies
- Section 4 ASRC Alerting and Dispatching Policies
- Section 5 ASRC Incident Operational Policies
- Sections 6.1 - 6.2 Group Incident Operational Policies
- Section 7 Membership Operational Policies

## OTHER CONDITIONS

1. Individuals serving as Incident Staff and in Incident Command in ASRC Associate Groups will have successfully passed Managing the Search Operations (MSO), and either Practical Search Operations or Search Operations Seminar provided by different ASRC groups or related programs.
2. In incidents in the operating area of the ASRC Associate Group in which the ASRC Associate Group is involved, the Associate Group will work to arrange for one or more ASRC Incident Staff persons or an Incident Commander to become a part of the

ongoing incident staff operation. This ASRC involvement includes IS and IC personnel from the ASRC Associate Group.

In those instances where incident command is under the total management control of a local or state jurisdictions, or another organization, the ASRC Associate Group will request that an ASRC Incident Staff persons or an Incident Commander become an official observer to the incident command operation.

3. DUES: Associate ASRC Members shall pay an annual organization fee of \$45.00 plus \$3 per operational member.

**Appalachian Search & Rescue Conference, Inc.**

**Injury/Exposure Reporting Packet**

**Appalachian Search & Rescue Conference, Inc.**

**P.O. Box 440**

**Newcomb Station**

**Charlottesville, Virginia 22904**





# BLOOD/BODY FLUID EXPOSURE WORKSHEET

Please complete as far as possible and contact shift supervisor.

Supervisor Name \_\_\_\_\_

## SOURCE OF EXPOSURE

- |                                      |                                                |                                      |
|--------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Spit/Saliva | <input type="checkbox"/> Sero-Sanguinous Fluid | <input type="checkbox"/> Rash        |
| <input type="checkbox"/> Blood       | <input type="checkbox"/> Pus                   | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Urine       | <input type="checkbox"/> Other                 |                                      |
| <input type="checkbox"/> Feces       |                                                |                                      |
| <input type="checkbox"/> Vomitus     |                                                |                                      |

## TYPE OF EXPOSURE

- |                                                |                                             |                                         |
|------------------------------------------------|---------------------------------------------|-----------------------------------------|
| A. <input type="checkbox"/> Skin               | B. <input type="checkbox"/> Mucous Membrane | C. <input type="checkbox"/> Clothing    |
| <input type="checkbox"/> Puncture, Incision,   | <input type="checkbox"/> Eye                | <input type="checkbox"/> Soaked         |
| <input type="checkbox"/> Laceration, Abrasion  | <input type="checkbox"/> Mouth              | <input type="checkbox"/> Drop(s)        |
| <input type="checkbox"/> Eczema                |                                             | <input type="checkbox"/> Diluted        |
| <input type="checkbox"/> Hangnail              |                                             | <input type="checkbox"/> Dried          |
| <input type="checkbox"/> Pierced Ears          |                                             | <input type="checkbox"/> If blood soaks |
| <input type="checkbox"/> Needle Stick          |                                             | through clothing,                       |
| <input type="checkbox"/> Open Sore, Scratches, |                                             | mark A and                              |
| or Lesions                                     |                                             | complete                                |
|                                                |                                             | appropriately.                          |

## MARKING

1. If A is checked and any area under A was exposed, infection potential present.
2. If B is checked and area under B was exposed, infection potential present.
3. If C is checked along with A and/or B, infection potential present.
4. If A or B is checked, but no area under A or B was checked, infection potential not present - file report.
5. If C is checked, but A and B are not, no infection potential is present. Change contaminated clothing immediately. File report.

DURATION OF EXPOSURE \_\_\_\_\_ MIN/HR (CIRCLE TOTAL TIME)

## EXTENT OF EXPOSURE

- ☐ Drop(s) of Body Fluid      ☐ Large Amount of Body Fluid

## PRECAUTIONS TAKEN

- |                                    |                                 |                               |
|------------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Gauntlets | <input type="checkbox"/> Gloves | <input type="checkbox"/> Gown |
| <input type="checkbox"/> Goggles   | <input type="checkbox"/> Mask   |                               |

## CONCLUSION

Marking ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Disposition ☐ To Counseling on \_\_\_\_\_ (Date) ☐ To Testing On \_\_\_\_\_  
☐ To Change Clothing ☐ Report Closed and  
Filed On \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Case No. \_\_\_\_\_ (For Conference use)

**INTERIM  
INFECTIOUS DISEASE EXPOSURE REPORT**

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_

Incident Location: \_\_\_\_\_

City/County: \_\_\_\_\_ A.S.R.C. Incident Number \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Telephone Number: home (    ) \_\_\_\_ - \_\_\_\_ work (    ) \_\_\_\_ - \_\_\_\_

Other Personnel Involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's Name: \_\_\_\_\_

Receiving Hospital: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Pt's Blood Drawn? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Personnel Incident Reported to: Hospital \_\_\_\_\_  
A.S.R.C. \_\_\_\_\_

Brief Description of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken after Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Person Completing Report: \_\_\_\_\_

Please complete the reverse as  
far as possible

Yes

No

- \_\_\_\_\_ 13. Was the crew returned to service?  
If yes, what time? \_\_\_\_\_
- \_\_\_\_\_ 14. Clinical Manager and Safety Officer notified?  
If yes, what time? \_\_\_\_\_
- \_\_\_\_\_ 15. Additional measures taken? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Exposure Analysis Form

Time of Notification: \_\_\_\_\_ Time of Occurance: \_\_\_\_\_

Responded to scene/hospital? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employee Name: \_\_\_\_\_

Other Agency Involved: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Contacted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent Question Checklist

Yes	No	
_____	_____	1. Were appropriate barriers in place? If no, why not? _____
_____	_____	2. Were steps taken to minimize exposure? How soon? _____
_____	_____	3. Does this need to be redone?
_____	_____	4. Were steps taken to decontaminate crew and vehicle correctly?
_____	_____	5. Does this need to be redone?
_____	_____	6. Does this unit need to be taken out of service? If out of service, how long? _____
_____	_____	7. Is a sharp involved?
_____	_____	8. If yes, is it secured?
_____	_____	9. Do you have possession of sharp? If no, why not? _____ _____
_____	_____	10. Did you interact with hospital staff? If no, why not? _____ If yes, who? _____ Phone: _____
_____	_____	11. Did you request that the patient's blood be drawn?
_____	_____	12. Crews documentation completed and turned in?

## INSTRUCTIONS

### Employer's First Report of Accident VWC Form No. 3

#### Employer

1. Fill out this form whenever one of your employees is injured. Provide all the information requested, except the information in the top right corner. **Please type or print all information in black ink.** Your signature is required at the bottom of the form.
2. Send the original beige form to your insurance carrier or claims servicing agency for processing. If you are self-insured, send it to your organization's designated office for handling workers' compensation claims.
3. If you are an employer subject to OSHA record-keeping requirements, you may retain a copy of this completed form as a supplementary record of occupational injury or illness. Use block #3 (Employer's Case No.) to cross-reference your master log of accidents and illnesses.
4. If you need additional copies of this form, please request them from your insurance carrier or claims servicing agency.

#### Insurance carriers, self-insured employers, and authorized representatives

1. For accidents meeting one of the seven criteria for establishing a Commission Case File,\* submit the original beige form and one copy to the Virginia Workers' Compensation Commission at 1000 DMV Drive, Richmond VA 23220. The code for the reason for filing should be written at the top right of the form.
2. When processing these forms prior to transmittal to the Commission, please include the information requested at the top right of the form, verify that the carrier name and policy number given by the employer are accurate, and enter your name and phone number, and the date of processing at the bottom of the form.
3. Insurer code at the top right of the form refers to the five-digit code assigned by NCCI. If you are self-insured, it refers to a similar five-digit number assigned by the Virginia Workers' Compensation Commission.
4. Additional copies of this form are available without cost by writing to the Commission. Please note that color coding of the forms greatly increases the Commission's efficiency in processing claims, and that any alternate versions of the form you develop yourself require prior approval by the Commission. Write to "Forms" at the listed Virginia Workers' Compensation Commission address.

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\*The criteria are: (1) lost time exceeds seven days, (2) medical expenses exceed \$1,000, (3) compensability is denied, (4) issues are disputed, (5) accident resulted in death, (6) permanent disability or disfigurement may be involved, and (7) a specific request is made by the Virginia Workers' Compensation Commission.

# Employer's First Report of Accident

Virginia Workers' Compensation Commission  
1000 DMV Drive Richmond VA 23220  
See instructions on the reverse of this form

The boxes to the right are for the use of the insurer	VWC file number	Reason for filing
	Insurer code	Insurer location
	Insurer claim number	

<b>Employer</b>		
1. Name of employer		2. Federal Tax Identification Number
4. Mailing address		3. Employer's Case No. (if applicable)
6. Parent corporation (if applicable)		5. Location (if different from mailing address)
8. Insurer (name and location)		7. Nature of business
9. Policy number		10. Effective date
<b>Time and Place of Accident</b>		
11. City or county where accident occurred		Did accident occur on <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. State property? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Date of injury	15. Hour of injury	16. Date of incapacity
17. Hour of incapacity		18. Was employee paid in full for day of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Was employee paid in full for day incapacity began? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. Date injury or illness reported
21. Person to whom reported		22. Name of other witness
23. If fatal, give date of death		
<b>Employee</b>		
24. Name of employee (Last, First, Middle)		25. Phone number
26. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		27. Address
28. Date of birth		29. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Divorced
30. Social security number		<input type="checkbox"/> Married <input type="checkbox"/> Widowed
31. Occupation at time of injury or illness		32. Department
33. Number of dependent children		34. How long in current job?
35. How long with current employer?		36. Was employee paid on a piece work or hourly basis? <input type="checkbox"/> Piece work <input type="checkbox"/> Hourly
37. Hours worked per day	38. Days worked per week	39. Value of perquisites per week
40. Wages per hour \$	41. Earnings per week (inc. overtime) \$	Food/meals \$ Lodging \$ Tips \$ Other \$
<b>Nature and Cause of Accident</b>		
42. Machine, tool, or object causing injury or illness		43. Specify part of machine, etc.
44. Describe fully how injury or illness occurred		Were safeguards or safety equipment <input type="checkbox"/> Yes <input type="checkbox"/> No
45. Utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
46. Describe nature of injury or illness, including parts of body affected		
47. Physician (name and address)		48. Hospital (name and address)
49. Probable length of disability	50. Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	51. At what wage? \$
52. On what date?		53. EMPLOYER: prepared by (name, signature, title)
54. Date		55. Phone number
56. INSURER: processed by		57. Date
58. Date		59. Phone number

This report is required by the Virginia Workers' Compensation Act

First Report of Accident  
VWC Form No. 3 (rev. 10/1/91)

COPY

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF  
CONSERVATION AND NATURAL RESOURCES

This AGREEMENT dated \_\_\_\_\_ day of \_\_\_\_\_, 1998, between The Appalachian Search and Rescue Conference, Inc., hereinafter referred to as "ASRC" and the Department of Conservation and Natural Resources, hereinafter referred to as "DCNR".

**WITNESSETH, WHEREAS,** ASRC has a specific interest in advancing search and rescue efforts in the Commonwealth; and,

**WHEREAS,** ASRC will provide volunteer search and rescue resources to the Commonwealth; and,

**WHEREAS,** DCNR is the designated coordinator and responsible agent in the Commonwealth for Search and Rescue Services on state parks, forest lands, preserves and properties; and,

**WHEREAS,** ASRC and DCNR desire to define operational relationships between the two parties.

NOW THEREFORE, in consideration of the foregoing and as prescribed hereafter, ASRC and DCNR, mutually intending to be legally bound, agree as follows:

- I. When ASRC is considered a DCNR resource operating under the authority of the Commonwealth of Pennsylvania in responding to a search and rescue incident, the following will be recognized:
  - A. When ASRC is requested to respond to a search incident by DCNR, or coordinated by DCNR, DCNR will advise ASRC of the incident number and enter a note in its operations log authorizing ASRC to respond as a resource of the Commonwealth of Pennsylvania. DCNR does not authorize activity outside DCNR's physical or geographical jurisdiction.
  - B. If ASRC is requested to respond to an incident in Pennsylvania by anyone other than DCNR, i.e., State Police, local or County Government authorities, ASRC will contact DCNR and advise them of the request. It is understood that the procedure of advising DCNR of that request does not constitute any level of authorization by DCNR.
  - C. Where volunteer search and rescue resources from ASRC are used as a DCNR resource, those ASRC resources, acting within the scope of a recognized volunteer service are protected by the Act of June 29, 1995, P. L. 89, No 18 (71 P. S. Section 1340.310) to the extent that coverage is



provided and subject to any applicable limitations. ASRC is responsible for documenting and reporting total volunteer hours incurred during a search and rescue to DCNR's SAR Point of Contact (POC). DCNR's POC is Ken Boyles, Park Manager, Colonel Denning State Park, 1599 Doubling Gap Road, Newville, PA 17241-9545, telephone 717-776-5272, fax 717-776-4640.

- II. DCNR reserves the right to allocate any services to a particular search and rescue incident based on availability, appropriateness and the resources needs of other incidents that may be in progress or that may develop. ASRC leaders and field team members should meet DCNR's standards and qualifications for a SAR field team.
- III. ASRC may provide services to any agency or group to whom it wishes to respond. DCNR does not assume any responsibility, nor does it exercise any authority in situations where a response is not at DCNR's request, or with DCNR's specific authorization or at DCNR's direction and/or supervision; or when a response entails SAR activity outside DCNR's physical or geographical jurisdiction.
- IV. When ASRC provides services in Pennsylvania, it is understood ASRC will select a representative at the incident site to serve as ASRC agency representative to the responsible DCNR representative. The overall DCNR SAR Point of Contact is Ken Boyles, Park Manager, Colonel Denning State Park. (See Paragraph IC above.)
- V. This AGREEMENT does not preclude ASRC from participating in ground search and rescue activities for lost persons in which DCNR is not a participant, and conversely, the Agreement does not require DCNR to include ASRC in its search and rescue activities.
- VI. It is understood that information obtained by, or discussed with, ASRC members during a search and rescue operation is confidential, and will only be discussed with appropriate Commonwealth representatives. Further, it is understood that no ASRC member will discuss information pertinent to any incident with the media. And, it is understood that all media will be referred to appropriate DCNR representatives.
- VII. This AGREEMENT shall remain in effect for a term of one year and thereafter shall be automatically renewed in successive one-year terms, unless otherwise provided, up to a total of ten years.
- VIII. The terms and conditions of this AGREEMENT may be amended in writing at any time by the mutual agreement of both parties.

- IX. Either ASRC or DCNR may terminate this AGREEMENT at any time by providing 60 days written notices to the other party.
- X. ASRC shall at all times hereafter indemnify and save harmless the COMMONWEALTH OF PENNSYLVANIA from and against any and all detriment, damage, loss, claims, demands, suits, costs and expenses not herein provided for which the COMMONWEALTH OF PENNSYLVANIA may suffer, sustain or be subjected to, directly or indirectly, by reason of ASRC activities.
- XI. This AGREEMENT supercedes any other Agreements between the two parties.

WITNESS:

Department of Conservation  
and Natural Resources

\_\_\_\_\_  
John Plonski  
Executive Deputy Secretary

WITNESS:

Appalachian Search and Rescue  
Conference, Inc.

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary/Treasurer

APPROVED FOR FORM  
AND LEGALITY:

\_\_\_\_\_  
Chief/Assistant Counsel  
Department of Conservation  
and Natural Resources

\_\_\_\_\_  
Office of the Attorney General