

**SITE JOURNAL CONTENTS**

- Completed Site Journal
- Exhibit A: Site Inspection Photos
- Exhibit B: Site Posting Photos
- Exhibit C: Outreach Report
- Exhibit D: Clean Up & Storage Photos
- Exhibit E: Storage Detail

**A. SITE INSPECTION**

To be filled out by the Field Coordinator prior to any Full Encampment Clean Up and as part of any Obstruction or Hazard Removal. Site Journals and photos should be saved in the appropriate folder in the Encampments directory on the G:Drive.

<b>Site Name:</b>	<u>Queen Anne Greenbelt - East</u>	<b>Date of Inspection:</b>	<u>05/25/17</u>
<b>Site Address:</b>	<u>Queen Anne Greenbelt - East</u>	<b>Date of Clean-Up:</b>	<u>05/30/17-06/01/17</u>
<b>Inspection By:</b>	<u>G. Kim / M. Teeters</u>	<b>SERIS #</b>	<u>666-05, 480-04, 2267-01, 12-12, 589-04</u>
<b>Referred By:</b>	<u>SERIS, SPD, Community</u>	<b>Photos to FAS?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SITE OCCUPANCY DATA**

Tents	Structures	Bed Rolls	Vehicles	TOTAL COUNT
31	0	0	0	31

**SITE CHARACTERISICS**

- |  |   |  |
|--|---|--|
| Park                                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Sidewalk                               | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Within 50ft of a water body or wetland | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Roadway                                | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Within 50ft of a Guardrail             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Heavy Traffic                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Near Industrial Zone                   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Forested Area                          | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Play Area                              | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Rented Area                            | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Slope                                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Slide Zone                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Fire                                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Other:                                 | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Other:                                 | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Other:                                 | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

**HEALTH CONDITIONS**

- |                       |   |  |
|-----------------------|---|--|
| Disorganized          | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Garbage/Bagged        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Garbage/Loose         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Garbage/Bulky Items   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Garbage/Metal         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Human Waste           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Rats/Mice             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Hazardous Materials   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Falling Tree or Limbs | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Chemical Waste        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Fires                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Criminal Activity     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Weapons               | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Open Alcohol          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Sharps                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Property Damage       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

<b>TOTAL COUNT:</b>	4
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<b>TOTAL COUNT:</b>	13
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**EXHIBIT A: SITE INSPECTION PHOTOS**

During a site inspection, Field Coordinators should take photos of the following and store the photos in the appropriate G:Drive folder:

- Cross Street Signs
- Photos of Individual Tents
- Obstructions or Hazards
- General Photos of the Encampment
- Debris Fields
- Vehicles/RVs /License Plates

**NAVIGATION TEAM ASSESSMENT (Choose One Type)**

- Full Encampment Clean Up  
  Obstruction Removal  
  Hazard Removal  
  Litter Pick Only

**PRE-JOB SITE ASSESSMENT & INSTRUCTIONS**

- Uneven Terrain (Fall Protection Required)    Yes    No  
 Waste Hauling to Dump    Yes    No

**Specifications/Notes**


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Waste Hauling to Other Location	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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## B. RESOURCE PLANNING

### SITE CREW ASSESSMENT *of* FIELD CONDITIONS

#### JOB SITE INSTRUCTIONS

Fall Protection Required	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Waste Hauling to Dump	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Waste Hauling to Other Location	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Vegetation Pruning	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Biohazard Waste	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

#### Specifications/Notes

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#### EXTERNAL CONTRACTORS

	Total	Description
Number of Labor Crew Involved	0	
Number of Hazmat Crew Involved	12	Belfor, Cascadia & Bubbers
Number of Truck Drivers Approved	0	
Number of Full Time Days On-site Approved	3	
Number of Partial Days On-site Approved	0	
Total Hours Approved	24	

#### INTERNAL CLEAN UP TEAMS

	Total	Description
Number of Heavy Teams	0	
Number of Light Teams	5	
Number of Full Time Days On-site Approved	3	
Number of Partial Days On-site Approved	0	
Total Hours Approved	24	

#### STAGING LOCATION

Date: 05/30/17 Time: 8:30AM Location: MacLean Park

## C. PRE-CLEAN UP ACTIVITIES

### EXHIBIT B: SITE POSTING PHOTOS

- Regular Encampment Clean-up:** 72 hour Notice
- Obstruction or Hazard Clean-up:** Notice of Immediate Removal

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Cross Street Signs</li> <li>• General Photos of the Encampment</li> </ul> | <ul style="list-style-type: none"> <li>• Postings on Individual Tents</li> <li>• Postings within the Vicinity</li> </ul> | <ul style="list-style-type: none"> <li>• Documentation of the Actual Obstruction or Hazard</li> </ul> |
|--|--|---|

Field Coordinators should take photos and collect photos from the Navigation Officers and store them photos in the appropriate G:Drive folder:

### EXHIBIT C: OUTREACH REPORT

The Outreach Coordinator will provide a consolidated report for both pre-engagement and day-of activities of the outreach and Navigation team.

## D. DAY OF CLEAN-UP

For **regular encampment clean-ups**, all checklist items must be marked “Yes” at the start time of the event in order proceed with the clean-up. If for any reason the of the following questions are answered “No” – **the Field Coordinator must immediately halt the clean-up activities**. Hazard and Obstruction clean-ups are excluded from this.

**FIELD COORDINATOR** Jeff Horan, James Lohman and Marlan Teeters

### CHECKLIST for ENCAMPMENT CLEAN UP

Notice posting is 72 hours in advance of cleanup	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Cleanup is occurring on date specified in notice	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Outreach was provided before the cleanup	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Outreach team is present at cleanup site	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Personnel are ready to identify and collect belongings	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
SPD or WSP officers are present to support cleanup	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Crew is present and ready to support cleanup	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### EXHIBIT D: CLEAN-UP PHOTOS

Field Coordinators are responsible for ensuring that photos are taken to document the clean-up event and saved to the appropriate G:Drive folder. This includes pictures of site conditions, tents, storage and before/after photos.

- Cross Street Signs
- Photos of Tent ID Numbers
- Photos of Storage Bin Contents
- General Photos of the Encampment
- Individual Tent Contents
- After Photos

### STORAGE SUMMARY

TOTAL TENTS/STRUCTURES	OWNER PRESENT Accepted Storage	OWNER PRESENT Declined Storage *	NOT PRESENT Storable	NOT PRESENT Not Storable
25	1	8	1	15

\* Number represent owners that verbally declined storage and/or removed their items themselves. Exh E. Storage Detail only reflects items stored or documentation of tents/items that were left behind and disposed of.

### STORAGE TOTALS

Number of Bins	Bikes	Large Luggage Items	Large Items
4	0	0	0

### EXHIBIT E: STORAGE INFO

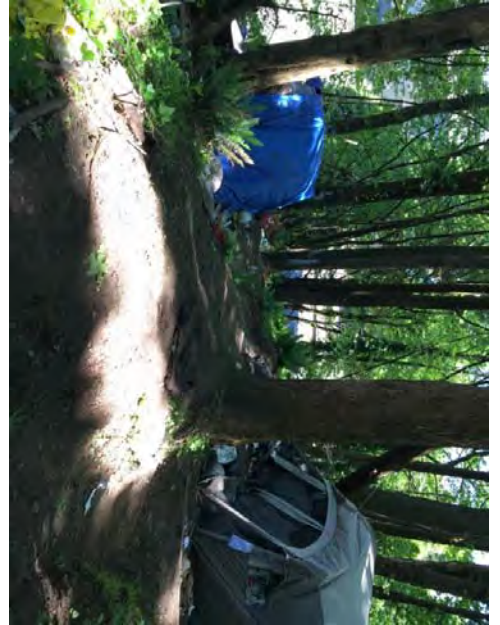
Field Coordinators are responsible for ensuring that we log information about each tent/structure that is at the clean-up site. This includes regular, obstruction and hazard clean-ups.

# QUEEN ANNE GREENBELT EAST

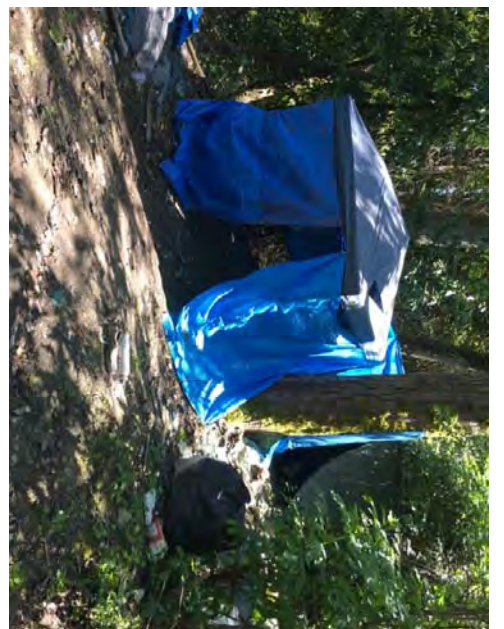
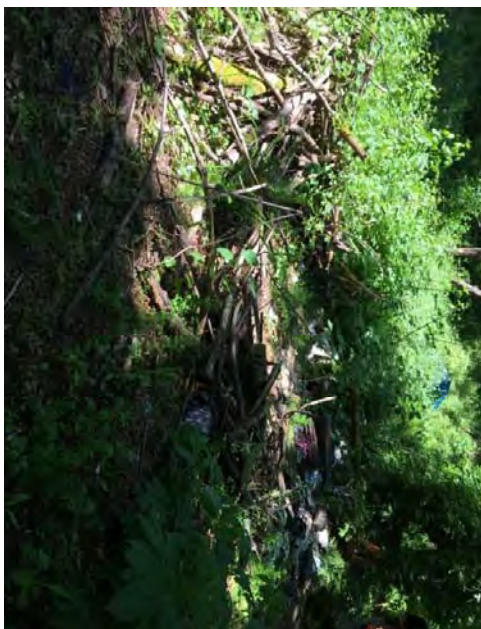
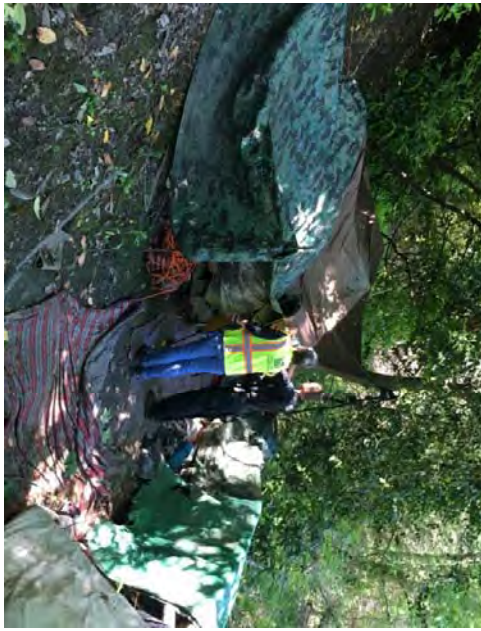
05/30/17 – 06/01/17 Regular Clean Up



**EXH A & B - Site Inspection & Posting Photos  
(Same Day)**

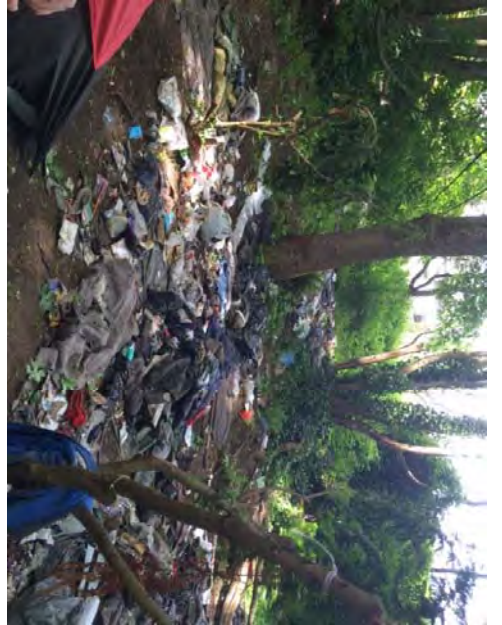




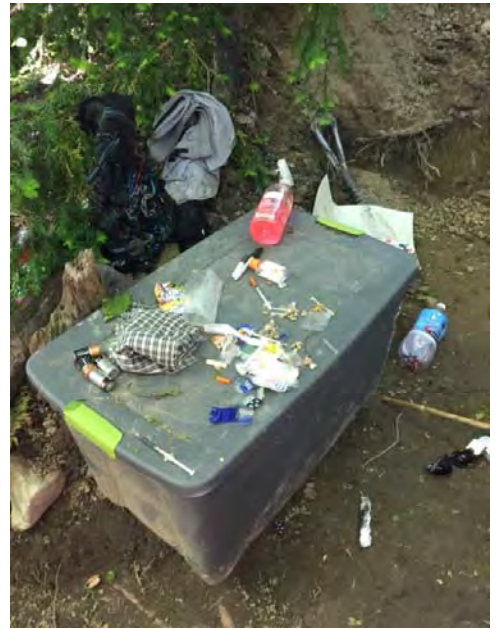


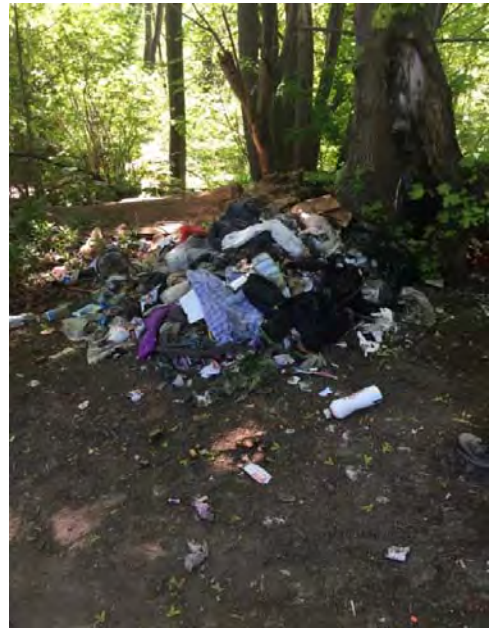










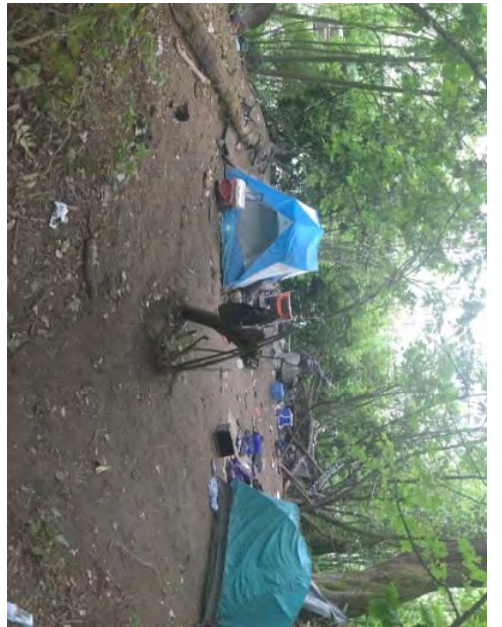




EXH D - Clean Up Photos (JH)

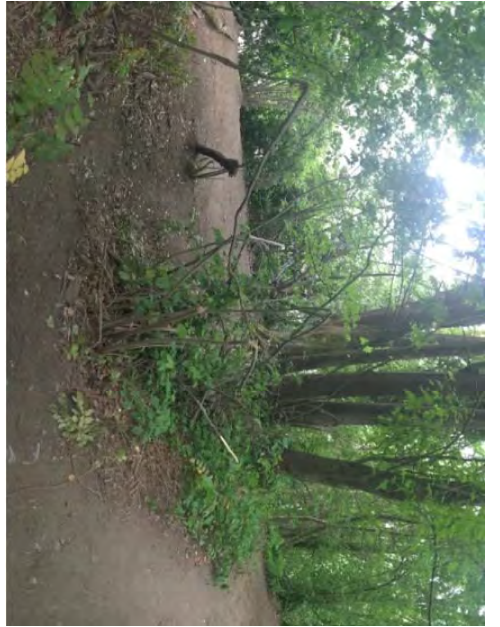












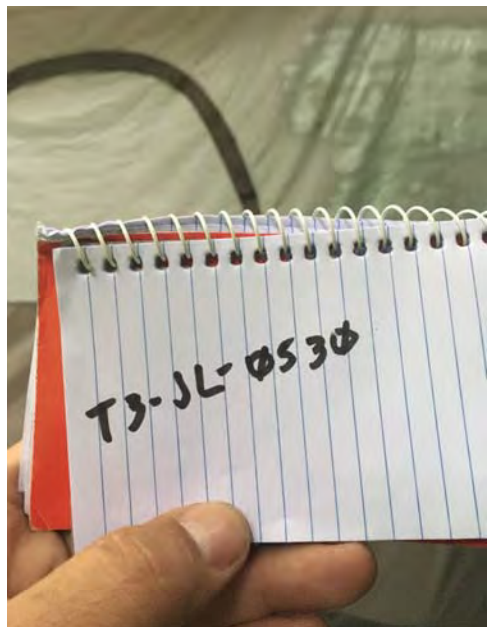
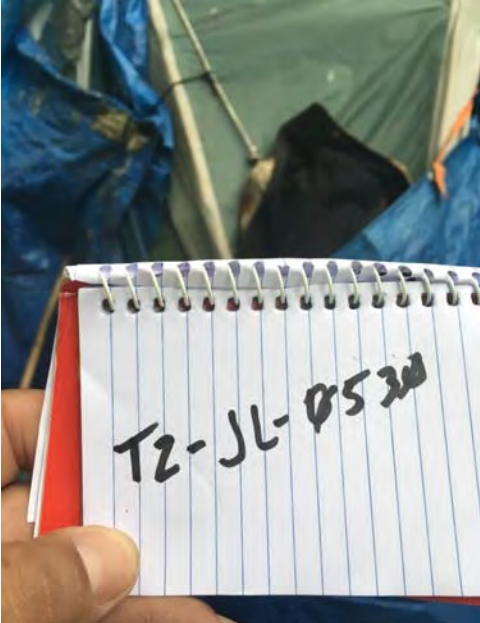


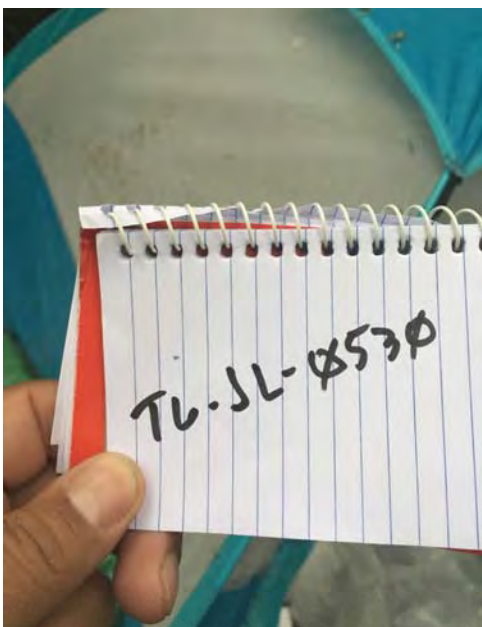
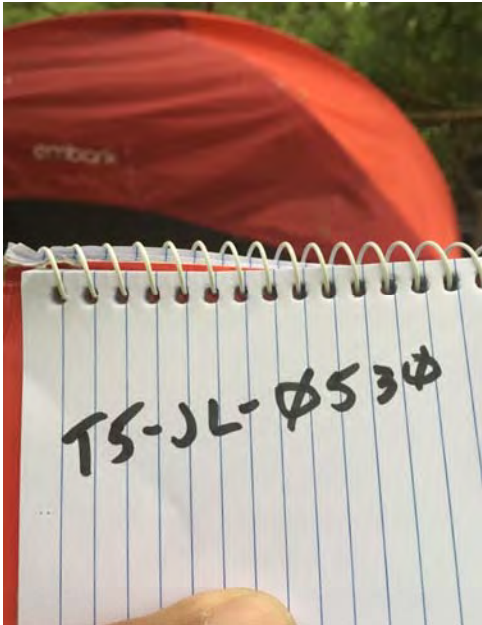
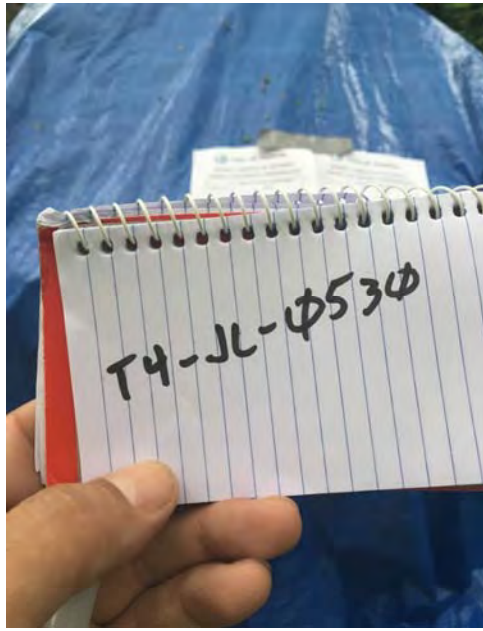






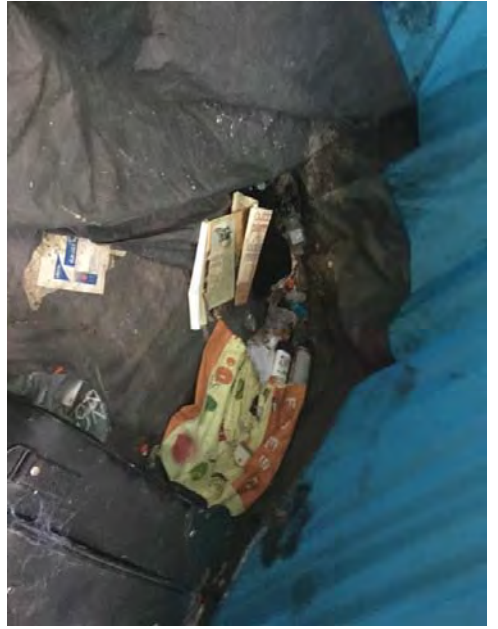
EXH D - Clean Up Photos (JL)







T7-JL-0530

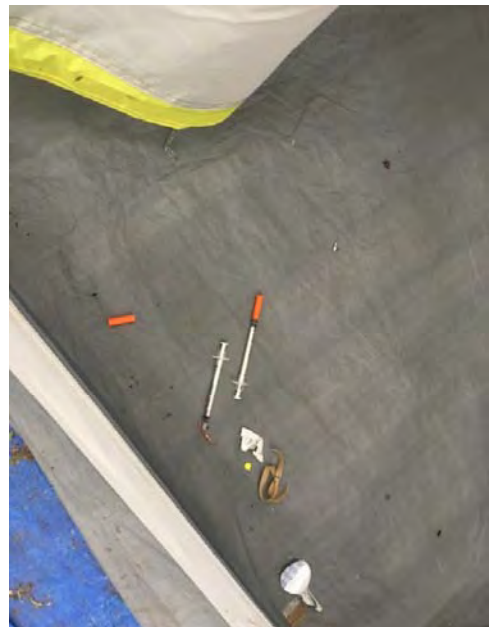
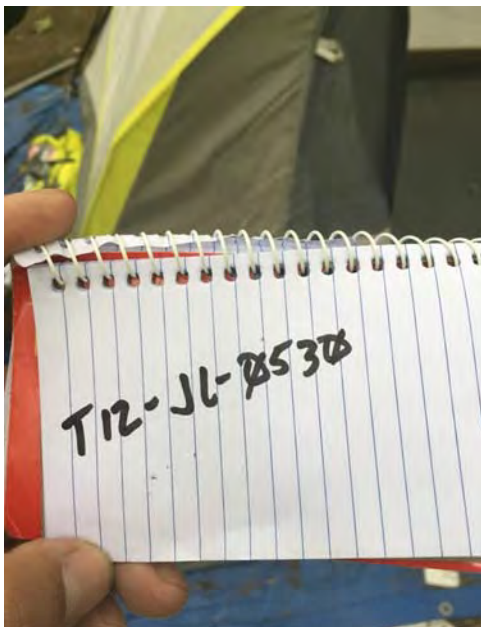
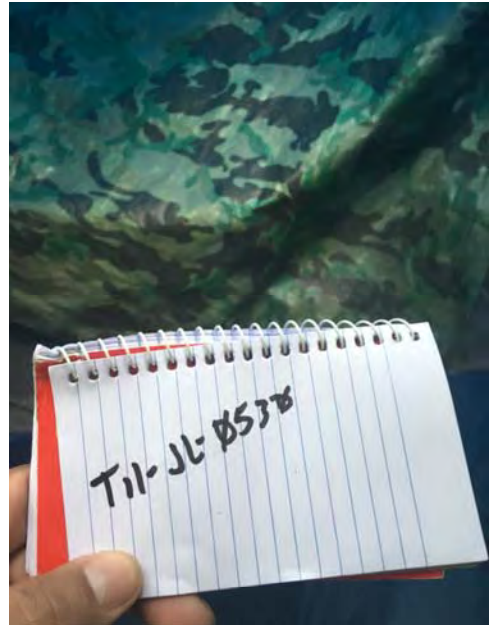
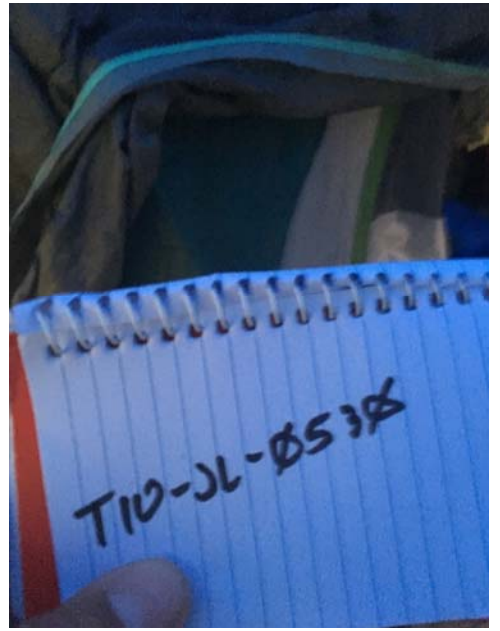


T8-JL-0530



T9-JL-0530





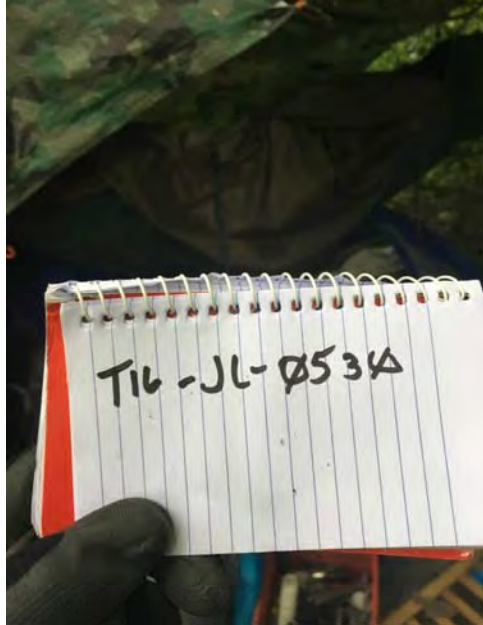
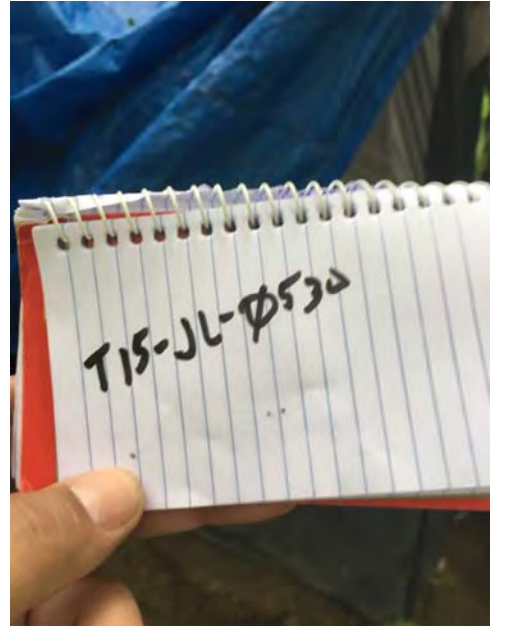


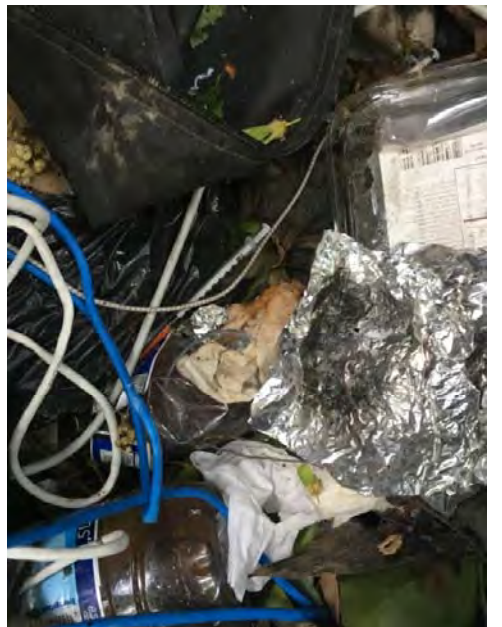
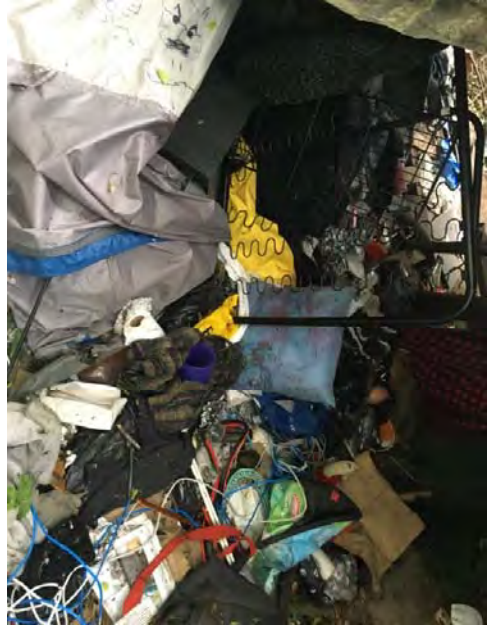
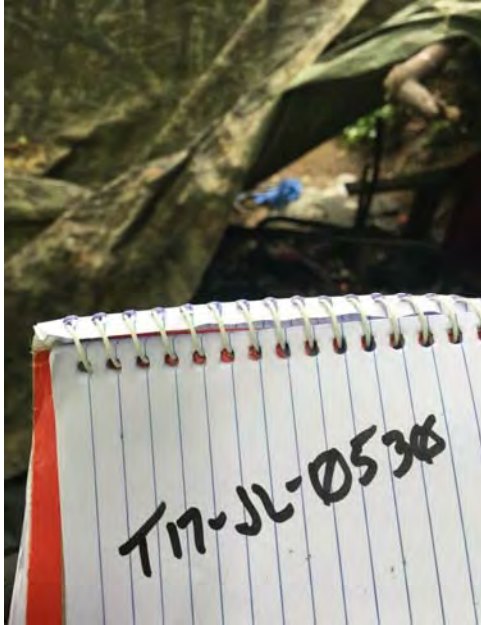
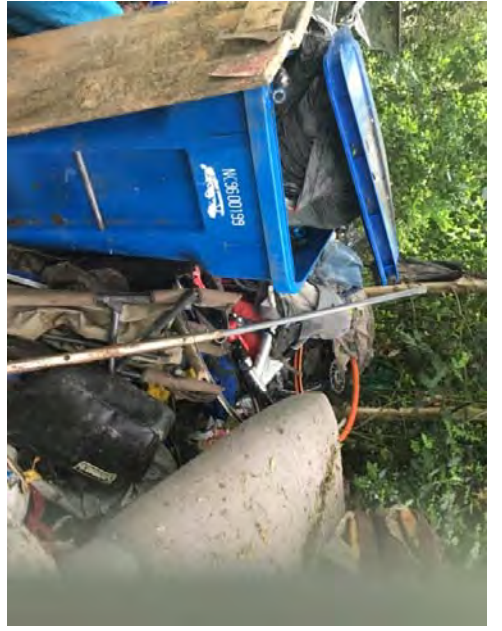
T13-JL-0530

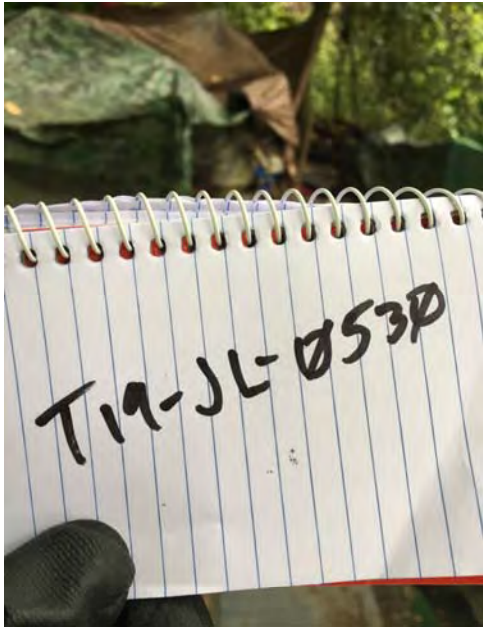
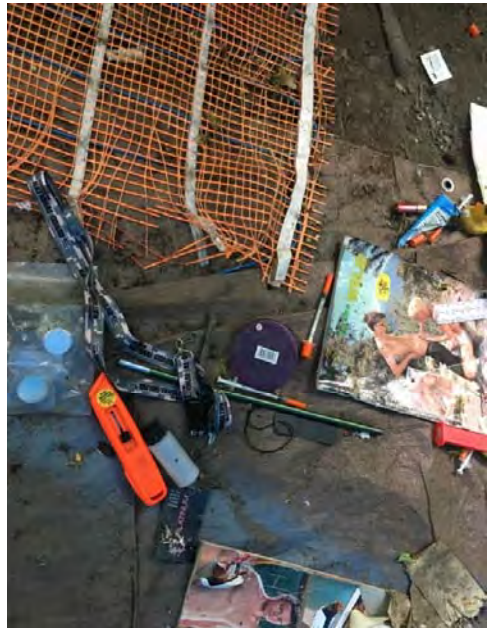


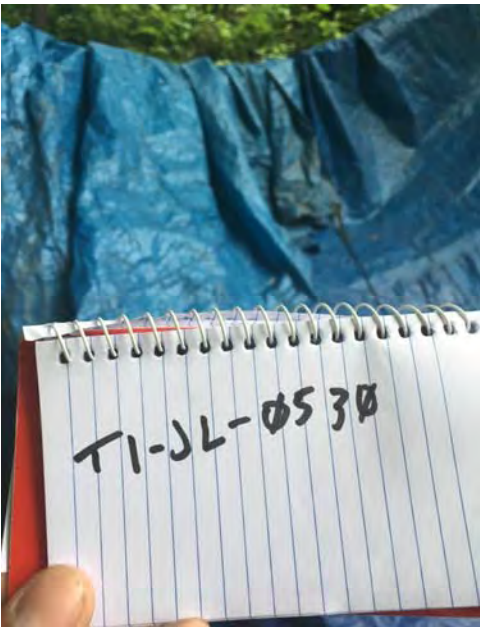
T14-JL-0537











Site Name: East Queen Anne

 Date of Clean Up: 05-30-17

 Field Coordinators are responsible for completing this form as part of the *Site Journal*. You should log the following –

- Tent owners who present and accept storage
- Tent owners who are present and indicate that they want their tent/belongings disposed of
- Abandoned tents or items found in debris that we are storing
- Abandoned tents that we are disposing of

Each tent/structure should occupy one line so we can document if storage was offered, accepted or to explain why we disposed or stored items. After this form is complete, you will use the totals from this form to fill out the Storage Summary and Totals information.

**Tent Naming Convention:** T#-Initials-MonthDay

**Example:** T1-JH-0428

Owner Name or Tent/Structure #	Owner Present?	Storage?	Not Storable? <i>Check All That Apply</i>	# of Bins	# of Bikes	# of Luggage	# of Large Items	Short Description
T1-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable, tent ripped
T2-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input checked="" type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable,,syringes, bad urine smell
T3-JL-0530	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input checked="" type="checkbox"/> Declined <input type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input type="checkbox"/> Damaged	0	0	0	0	Owner stated anything left behind was garbage
T4-JL-0530	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input checked="" type="checkbox"/> Declined <input type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input type="checkbox"/> Damaged	0	0	0	0	Owner stated anything left behind was garbage
T5-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable Tent ripped syringes inside
T6-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable, tent ripped, syringes inside



Owner Name <i>or</i> Tent/Structure #	Owner Present?	Storage?	Not Storable? <i>Check All That Apply</i>	# of Bins	# of Bikes	# of Luggage	# of Large Items	Short Description
T7-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input checked="" type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable, tent ripped, syringes, urine bottles inside
T8-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Tent ripped, syringes, moldy mattress
T9-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable, tent ripped
T10-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable, bad smell of urine and feces
T11-JL-0530	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input checked="" type="checkbox"/> Declined <input type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input type="checkbox"/> Damaged	0	0	0	0	Owner stated anything left behind was garbage
<span style="background-color: black; color: black;">[REDACTED]</span> T12-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	1	0	0	0	Paper work found and stored, nothing else storable, syringes inside
T13-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged Beyond Repair	0	0	0	0	Nothing storable, tent ripped, syringes inside
T14-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable, tent ripped, syringes inside
T15-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input checked="" type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable, syringes inside

Owner Name <i>or</i> Tent/Structure #	Owner Present?	Storage?	Not Storable? <i>Check All That Apply</i>	# of Bins	# of Bikes	# of Luggage	# of Large Items	Short Description
T16-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable, syringes inside, dirty pots and pans, wet bedding
T17-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input checked="" type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable, urine bottles inside, syringes inside
T18-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable, syringes inside
<span style="background-color: black; color: black;">[REDACTED]</span> T19-JL-0530	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input type="checkbox"/> Damaged	2	0	0	0	Self stored- white bag w/clothes, red/gray stove, blue bag
T20-JL-0530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input checked="" type="checkbox"/> Damaged	0	0	0	0	Nothing storable, syringes inside
Found in debris	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input type="checkbox"/> Damaged	1	0	0	0	Found flat iron in debris pile
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input type="checkbox"/> Damaged					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input type="checkbox"/> Damaged					