



CSR Listing: N/A **Date of Inspection:** 3-28-20

Site Address: Burke Gilman Trail from 3rd Ave NW to 8th Ave NW **Date of Clean-Up:** 3-28-20

Referred By: Parks Dept.

CSR Number: N/A

Field Coordinator (Initial Inspector): J Lohman **Photos to FAS?** Yes No

Responding Field Coordinator: J Lohman

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.

SITE OCCUPANCY DATA- Site occupancy must equal zero or photographic proof must show that the tents, structures, bedroll and residual materials are abandoned before a site may be determined a litter pick-up site. Litter removal in an active camp should be documenting on 72 Hour Journal.

| Date of Event | Tents | Structures | Bed Rolls | Vehicles | TOTAL COUNT |
|--|---|------------|-----------------------|---|-------------|
| 3-28-20 | 0 | 0 | 0 | 0 | 0 |
| SITE CHARACTERISICS | | | HEALTH CONDITIONS | | |
| Park | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Disorganized | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Sidewalk | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Garbage/Bagged | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Within 50ft of a water body or wetland | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Garbage/Loose | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Roadway | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Garbage/Bulky Items | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Within 50ft of a Guardrail | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Garbage/Metal | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Heavy Traffic | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Human Waste | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Near Industrial Zone | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Rats/Mice | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Forested Area | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> * No | | Hazardous Materials | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Play Area | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Falling Tree or Limbs | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Rented Area | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Chemical Waste | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Slope | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Fires | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Slide Zone | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Criminal Activity | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Fire | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Weapons | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Other: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Open Alcohol | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Other: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Sharps | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Other: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Property Damage | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| TOTAL COUNT: | | | TOTAL COUNT: | | 5 |



Reason for Litter Removal

| | | |
|--|--|--|
| <input type="checkbox"/> Blocking intended use of facility | <input type="checkbox"/> Blocking intended use of Park | <input checked="" type="checkbox"/> Public Health concern |
| <input type="checkbox"/> Litter onside walk | <input type="checkbox"/> Blocking intended use of facility | <input type="checkbox"/> Safety or Hazard concern for others near litter |

PRE-CLEAN UP ACTIVITIES

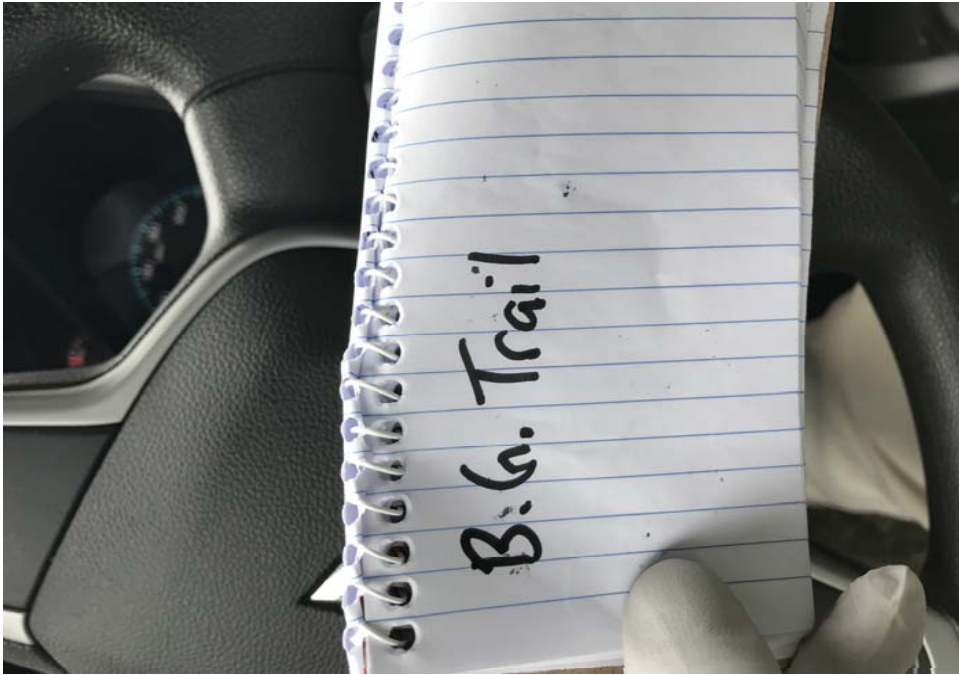
| | | |
|--|---------|---|
| SPD or WSP officers are present to support cleanup | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Crew is present and ready to support cleanup | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Emphasis Zone | (Date:) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

RESOURCE PLANNING

SITE CREW ASSESSMENT *of* FIELD CONDITIONS

| JOB SITE INSTRUCTIONS | | Specifications/Notes |
|---|---|----------------------|
| Fall Protection Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Waste Hauling to Dump | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Waste Hauling to Other Location | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Vegetation Pruning | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Biohazard Waste | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Number of Internal City Labor Crew Involved | 4 | Parks w/packer |
| Number of External Crew Involved | 4 | Black Mountain |
| Number of Hazmat Crew Involved | 1 | |
| Number of Truck Drivers Approved | 1 | |
| Number of Full Time Days On-site Approved | 0 | |
| Number of Partial Days On-site Approved | 1 | |
| Total Hours Required | 1 | |

Exh D - Clean Up Photos



After Clean Photos



Site Name: Burke Gilman Trail from 3rd Ave NW to 8th Ave NW
Date of Clean Up: 3-28-20

 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 |
|--------------------------------|---|--|---|-----------|------------|--------------|------------------|-------------------|
| Nothing storable | <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 | | | | | |
| | <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 | | | | | |
| | <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 | | | | | |