

**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 location.

<b>Encampment:</b>	Homewood Natural Area		
<b>Site Address:</b>	Homewood Natural Area	<b>Date of Inspection:</b>	4/14/2020
		<b>Date of Clean-Up:</b>	4/16/2020
<b>Final Inspector:</b>	Jeff Horan	<b>CSR #:</b>	N/A
<b>Referred By:</b>	Nav Team	<b>Photos to HSD?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>CPT/Bike SPD Response?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Date of Call to Duty Officer :</b>	_____	<b>Time of Call to Duty Officer:</b>	_____
<b>Date of Call to FC :</b>	_____	<b>Time of Call to FC:</b>	_____
<b>Date of FC Response :</b>	_____	<b>Time FC arrived on site:</b>	_____
<b>Time of FC departure from site:</b>	_____	<b>Action:</b>	_____
<b>System Navigator Called?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Name of SN:</b>	_____
<b>Date of Call to SN :</b>	_____	<b>Time of Call to SN:</b>	_____
<b>Time SN arrived on site:</b>	_____	<b>Offer of Shelter Made?:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SITE OCCUPANCY DATA**



Date of Inspection	Tents	Structures	Bed Rolls	Vehicles	TOTAL COUNT
4/14/2020	0	0	0	0	0

**VULNERABLE POPULATIONS**

- Perceived Elderly (60+ years old)  Yes  No
- Perceived Infants/Children (≤ 14 years old)  Yes  No
- Perceived Youth (15-24 years old)  Yes  No
- Perceived Not Ambulatory  Yes  No
- Perceived Wounds  Yes  No
- Near Facilities for Children (e.g., school, daycare)  Yes  No
- Near Facilities for the Elderly (e.g., nursing home)  Yes  No
- Perceived Women  Yes  No
- Perceived Couples  Yes  No
- LGBTQIA (DATA ONLY COLLECTED IF ASKED-- otherwise leave blank)  Yes  No
- POC (DATA ONLY COLLECTED IF ASKED-- otherwise leave blank)  Yes  No
- Presence of Alcohol  Yes  No
- Presence of Contained Sharps  Yes  No

<b>TOTAL COUNT:</b>	0
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**PUBLIC HEALTH/BIOWASTE**

- Rats/Mice  Yes  No
- Hazardous Materials  Yes  No
- Bio Waste  Yes  No
- Chemical Waste  Yes  No
- Food Waste  Yes  No
- Within 50ft of a water body or wetland  Yes  No
- Loose Sharps  Yes  No

<b>TOTAL COUNT:</b>	4
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**SOLID WASTE**

- Disorganized Garbage  Yes  No
- Bagged Garbage  Yes  No
- Loose Garbage  Yes  No
- Bulky Items Garbage  Yes  No
- Metal  Yes  No

<b>TOTAL COUNT:</b>	4
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**PUBLIC SAFETY/STRUCTURAL CONCERNS**

- Weapons  Yes  No
- Park  Yes  No
- Sidewalk  Yes  No
- Proximity to Bridge  Yes  No
- Impeding Roadway  Yes  No
- Within 50ft of a Guardrail  Yes  No
- Heavy Traffic  Yes  No

**STRUCTURAL CONCERNS/ENVIRONMENTAL RISKS/EMERGENCY RISKS**

- Near Industrial Zone-blocking vehicle site  Yes  No lines
- Falling Trees/Limbs  Yes  No
- Forested Area  Yes  No
- Rented Area  Yes  No
- Property Damage  Yes  No

<b>TOTAL COUNT:</b>	1
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- |                            |                              |  |
|----------------------------|------------------------------|--|
| Slope more than 27 degrees | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Slide Zone                 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fires                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Exposed Electrical Wiring  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Other                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

<b>TOTAL COUNT:</b>	1
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<b>TOTAL SCORE:</b>	28
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**PRIORITY CONDITION DATA**
**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
- Vehicle/RVs/License Plates
- General Photos of the Encampment
- Debris Fields

**NAVIGATION TEAM ASSESSMENT**

- Full encampment cleanup
- Litter pick
- Reported to SPU as illegal dump
- Obstruction or hazard cleanup
- Clean - no campers

**B. LITTER PICK**

Reason for Litter Removal			
<input type="checkbox"/> Blocking intended use of facility	<input checked="" type="checkbox"/> Blocking intended use of Park	<input checked="" type="checkbox"/> Public Health concern	
<input type="checkbox"/> Litter on sidewalk		<input type="checkbox"/> Safety or Hazard concern for others near litter	

**a. LITTER PICK PRE-CLEANUP ACTIVITIES**

SPD or WSP officers are present to support cleanup

 Yes     No

Crew is present and ready to support cleanup

 Yes     No

Emphasis Zone (Date:): \_\_\_\_\_

 Yes     No

**b. LITTER PICK RESOURCE PLANNING**
**SITE CREW ASSESSMENT of FIELD CONDITIONS**
**JOB SITE INSTRUCTIONS**

- |                                 |   |  |
|---------------------------------|---|--|
| 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Chemical Waste                  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

**Specifications/Notes**


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**EXTERNAL CONTRACTORS**

	<b>Total</b>	<b>Description</b>
Number of Labor Crew	2	<b>Cascadia</b>
Number of Hazmat Crew	1	
Number of Truck Drivers	1	
Contractors Labor Crew Hours On-Site	2	

**INTERNAL CLEAN UP TEAMS**

	<b>Total</b>	<b>Description</b>
Number of Heavy Crew	_____	
Heavy Crew Hours On-Site	_____	
Number of Labor Crew	1	<b>SPR light team w/packer</b>
Labor Crew Hours On-Site	2	

**STAGING LOCATION**

Date/Time: \_\_\_\_\_

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

**SITE POSTING PHOTOS**

 No Regular Encampment Clean-up: 72-hour Notice
 

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- Cross Street Signs
- General Photos of the Encampment
- Close up to read post signage
- At a distance to view entire camp
- After Photos

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

**OUTREACH REPORT**

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

Date	Type	Location	Male Outreach	Female Outreach	Non-specific Gender	TOTAL # of People Contacted
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**LITTER PICK STORAGE TOTALS**

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

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
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# Exh D - Clean Up Photos





## After Clean Photos

