



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.

Encampment:	<u>Lake City Mini Park</u>		
Site Address:	<u>Lake City Mini Park</u>	Date of Inspection:	<u>5/10/2020</u>
		Date of Clean-Up:	<u>5/10/2020</u>
Final Inspector:	<u>Bill Gholston</u>	CSR #:	<u>N/A</u>
Referred By:	<u>Parks Dept</u>	Photos to HSD?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CPT/Bike SPD Response? Yes No

Date of Call to Duty Officer : _____ **Time of Call to Duty Officer:** _____

Date of Call to FC : _____ **Time of Call to FC:** _____

Date of FC Response : _____ **Time FC arrived on site:** _____

Time of FC departure from site: _____ **Action:** _____

System Navigator Called? Yes No **Name of SN:** _____

Date of Call to SN : _____ **Time of Call to SN:** _____

Time SN arrived on site: _____ **Offer of Shelter Made?:** Yes No

SITE OCCUPANCY DATA



Date of Inspection	Tents	Structures	Bed Rolls	Vehicles	TOTAL COUNT
5/10/2020	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

TOTAL COUNT:

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

TOTAL COUNT:

SOLID WASTE

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

TOTAL COUNT:

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

TOTAL COUNT:

- | | | |
|----------------------------|------------------------------|--|
| 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 |

TOTAL COUNT:

TOTAL SCORE:

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 type="checkbox"/>	Blocking intended use of Park	<input checked="" type="checkbox"/>	Public Health concern
<input checked="" 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 checked="" type="checkbox"/> Yes | <input 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 |
| Chemical Waste | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Specifications/Notes

EXTERNAL CONTRACTORS

	Total	Description
Number of Labor Crew	2	Cascadia
Number of Hazmat Crew	1	Cascadia
Number of Truck Drivers	1	Cascadia W/Trailer
Contractors Labor Crew Hours On-Site	1	

INTERNAL CLEAN UP TEAMS

	Total	Description
Number of Heavy Crew	0	
Heavy Crew Hours On-Site	0	
Number of Labor Crew	1	SPR light team W/Packer
Labor Crew Hours On-Site	1	

STAGING LOCATION

Date/Time: _____

Location: COVID _____

SITE POSTING PHOTOS

 No Regular Encampment Clean-up: 72-hour Notice

- 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
			0	3	1	4

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
--------------------------------	----------------	----------	--	-----------	------------	--------------	------------------	-------------------

Exh D - Clean Up Photos







After Clean Photos





