





Date of Inspection	Tents	Structures	Bed Rolls	Vehicles	TOTAL COUNT
5/23/2020	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 |

<b>TOTAL COUNT:</b>	
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<b>TOTAL SCORE:</b>	
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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 type="checkbox"/> Blocking intended use of Park	<input checked="" type="checkbox"/> Public Health concern	
<input type="checkbox"/> Litter on sidewalk		<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Chemical Waste	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

#### Specifications/Notes

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#### EXTERNAL CONTRACTORS

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

#### 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	2	

#### STAGING LOCATION

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

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

**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
			2	1	0	3

**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





