

## JOURNAL CONTENTS

- Completed Site Journal
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## 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 <G:\FAC\Encampments\Encampment clean ups> directory.

<b>CSR Site:</b>	660 ELLIOTT AVE W, SEATTLE, WA 98119	<b>Date of Inspection:</b>	1/9/20
<b>Site Address:</b>	Elliot Ave N and 200 block	<b>Date of Clean-Up:</b>	1/9/20
<b>Inspection By:</b>	Sili Kalepo		
<b>CSR Number:</b>	19-00273954		
<b>Field Coordinator:</b>	Sili Kalepo	<b>Photos to FAS?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Referred By:</b>	Duty Phone, Community, CSR		

### SITE OCCUPANCY DATA

Date of Inspection	Tents	Structures	Bed Rolls	Vehicles	TOTAL COUNT
1/9/20	1	0	0	0	1

### SITE CHARACTERISICS

- |  |   |  |
|--|---|--|
| Park                                   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Sidewalk                               | <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 |
| 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 type="checkbox"/> Yes            | <input checked="" 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 type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Slide Zone                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Fire                                   | <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 |
| Other:                                 | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

### HEALTH CONDITIONS

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

<b>TOTAL COUNT:</b>	1
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<b>TOTAL COUNT:</b>	2
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- Obstruction or Hazard Clean-up:** Notice of Immediate Removal
- Obstruction Clean-up:** 24 or more -hours of notice

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

## EXHIBIT A: SITE INSPECTION AND POSTING 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
- Documentation of the Actual Obstruction or Hazard
- General Photos of the Encampment
- Debris Fields
- Vehicles/RVs /License Plates

## EXHIBIT B: OUTREACH REPORT

Outreach is not required for an obstruction or Hazard encampment removal. If provided attach documentation.

## EXHIBIT C: CLEAN-UP PHOTOS

### NAVIGATION TEAM ASSESSMENT

<input checked="" type="checkbox"/> Obstruction Removal	<input type="checkbox"/> Safety of others near and around camp	<input type="checkbox"/> Hazard Removal
<input type="checkbox"/> Blocking intended use of facility	<input type="checkbox"/> Tent on sidewalk	<input checked="" type="checkbox"/> Tent on median adjacent to sidewalk
<b>Additional Hazard Description:</b>		

## B. PRE-CLEAN UP ACTIVITIES

### CHECKLIST for OBSTRUCTION CLEAN UP

Notice posting in advance of cleanup (Date:)

Cleanup is occurring on date specified in notice

Personnel are ready to identify and collect belongings

SPD or WSP officers are present to support cleanup

Crew is present and ready to support cleanup

#### NOT REQUIRED but PROVIDED:

Outreach was provided before or day of the cleanup

	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Date:)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## C. 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            |

#### Specifications/Notes

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#### EXTERNAL CONTRACTORS

	Total	Description
Number of Labor Crew Involved	4	Cascadia
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 Approved

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 1
 

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**INTERNAL CLEAN UP TEAMS**

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

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

**SITE OCCUPANCY DATA**

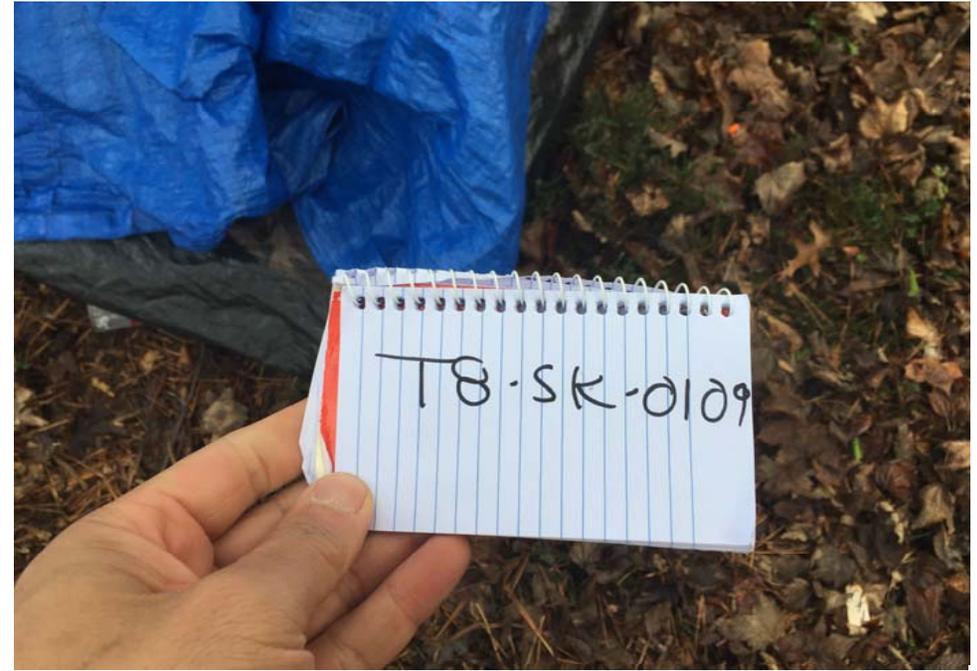
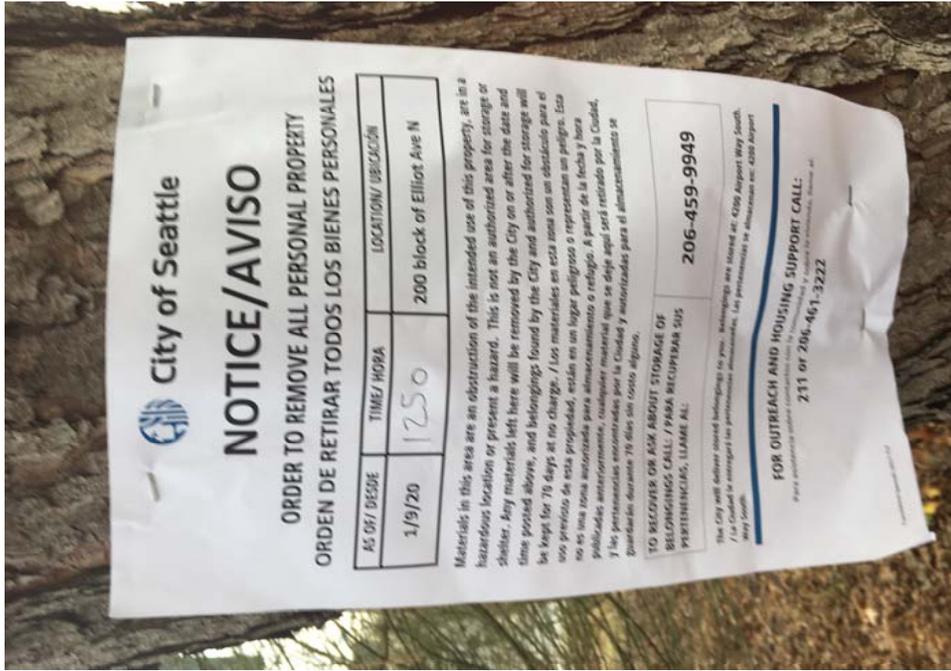
Day of Clean-up	Tents	Structures	Bed Rolls	Vehicles	TOTAL COUNT
1/9/20	1	0	0	0	1

**STORAGE SUMMARY**

Total should equal total in Occupancy Data

TOTAL TENTS/STRUCTURES/BEDROLL/VEHICLES				
OWNER PRESENT Accepted Storage	0		ABANDONED TENT Content Storable	0
OWNER PRESENT Removed Tent	0		ABANDONED TENT Content Not Storable	1
OWNER PRESENT Removed tent but stored contents	0		ABANDONED TENT Storable	0
OWNER PRESENT Asked FC to Discard Tent	0		ABANDONED TENT Not Storable	0
Impounded Vehicle(s)	0		ABANDONED BEDROLL Storable	0
Vehicle(s) -Left Premises	0		ABANDONED BEDROLL Not Storable	0

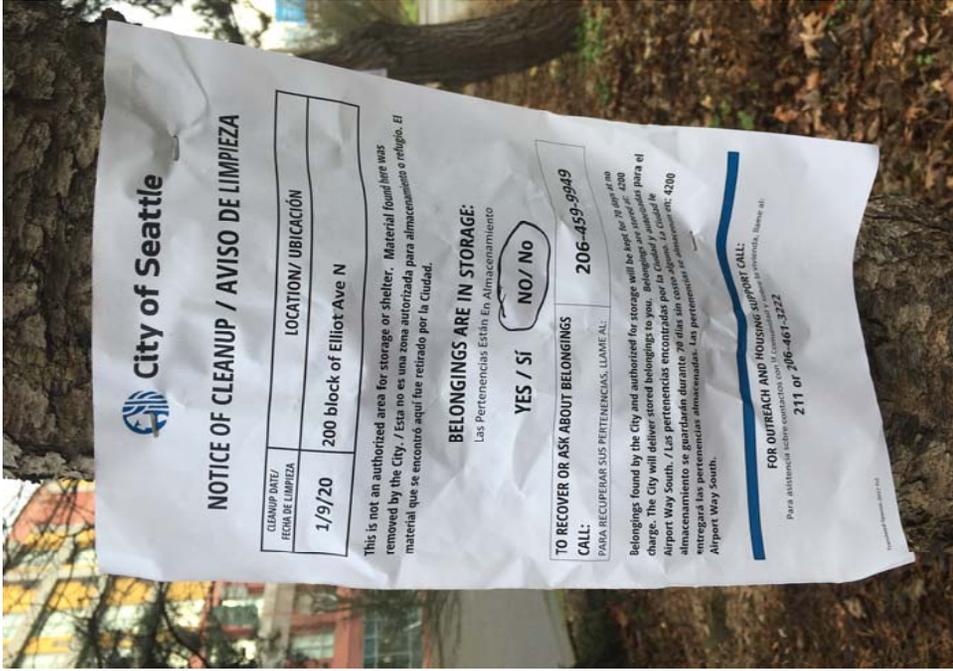
# Exh D - Clean Up Photos







# After Clean Photos



Site Name: Elliot Ave N and 200 block

 Date of Clean Up: 1/9/20

 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
T8-SK-0109	<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 type="checkbox"/> Damaged	0	0	0	0	Abandon Tent. Nothing Storable. Wet tent, soaked bedding and sleeping pad, strong smell of urine and alcohol, trash inside tent, and wine located on the outside.
	<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					