



**CSR Listing:** N/A **Date of Inspection:** 3-26-20

**Site Address:** 2<sup>nd</sup> Ave SW & SW Michigan St **Date of Clean-Up:** 3-26-20

**Referred By:** Accessibility Route

**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
3-26-20	10	4	0	1	15
SITE CHARACTERISICS			HEALTH CONDITIONS		
Park	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Disorganized	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sidewalk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Garbage/Bagged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Within 50ft of a water body or wetland	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No		Hazardous Materials	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Slope	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fires	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Sharps	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Property Damage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>TOTAL COUNT:</b>		3		<b>TOTAL COUNT:</b>	11



### 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 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	_____
Number of Internal City Labor Crew Involved	4	Parks w/packer
Number of External 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 Required	3	_____



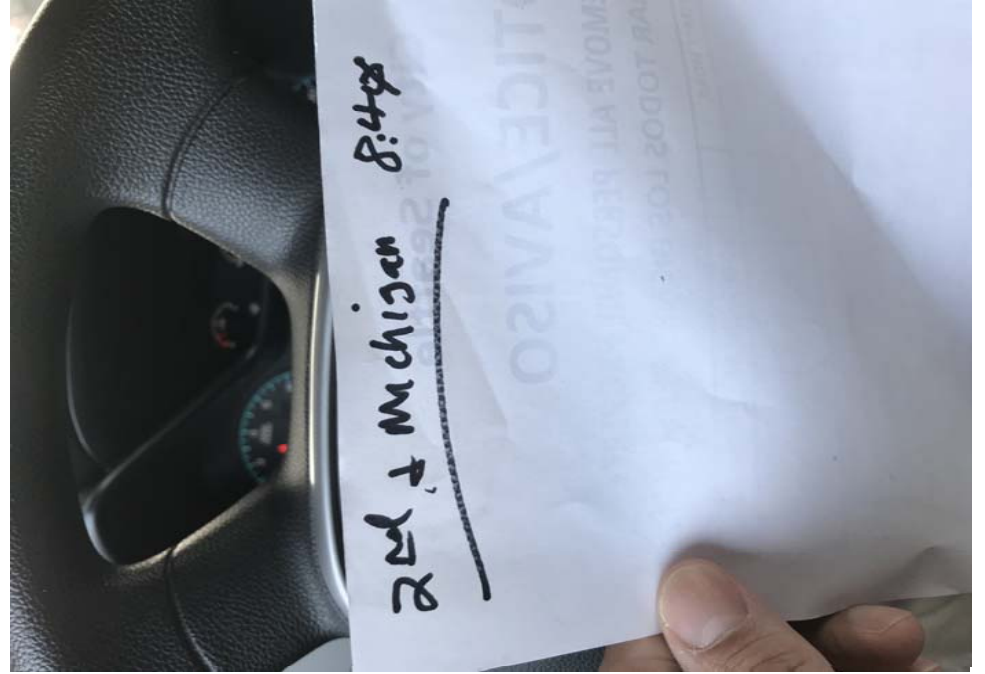
# Exh D - Clean Up Photos





















# After Clean Photos









Site Name: 2<sup>nd</sup> Ave SW & SW Michigan St

 Date of Clean Up: 3-26-20

 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					