



SITE JOURNAL CONTENTS

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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 location.

Encampment:	N 87th St from Palatine Ave N to 1st Ave NW		
Site Address:		Date of Inspection:	1/9/2024
		Date of Clean-Up:	1/11/2024
Final Inspector:		CSR #:	
Referred By:		Photos to HSD?	<input type="checkbox"/> Yes <input checked="" 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
1/9/2024	16	4	0	4	24

PRIORITY CONDITION DATA

VULNERABLE POPULATIONS

Perceived Elderly (60+ years old)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Perceived Infants/Children (≤ 14 years old)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Perceived Youth (15-24 years old)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Perceived Not Ambulatory	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Perceived Wounds	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Near Facilities for Children (e.g., school, daycare)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

PUBLIC HEALTH/BIOWASTE

Rats/Mice	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Hazardous Materials	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Bio Waste	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Chemical Waste	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Food Waste	<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



Near Facilities for the Elderly (e.g., nursing home)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Perceived Women	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Perceived Couples	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
LGBTQIA (DATA ONLY COLLECTED IF ASKED-- otherwise leave blank)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
POC (DATA ONLY COLLECTED IF ASKED-- otherwise leave blank)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Presence of Alcohol	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Presence of Contained Sharps	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
TOTAL COUNT:		0

Loose Sharps	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
TOTAL COUNT:		5
SOLID WASTE		
Disorganized Garbage	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Bagged Garbage	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Loose Garbage	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Bulky Items Garbage	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Metal	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
TOTAL COUNT:		1

PUBLIC SAFETY/STRUCTURAL CONCERNS

Weapons	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Park	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Sidewalk	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proximity to Bridge	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Impeding Roadway	<input checked="" type="checkbox"/> Yes	<input 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

STRUCTURAL CONCERNS/ENVIRONMENTAL RISKS/EMERGENCY RISKS

Near Industrial Zone-blocking vehicle site lines	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Falling Trees/Limbs	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Forested Area	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Rented Area	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Property Damage	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
TOTAL COUNT:		0



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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Exposed Electrical Wiring	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

TOTAL COUNT:	5
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TOTAL SCORE:	37
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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. OBSTRUCTION/HAZARD

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

a. OBSTRUCTION/HAZARD PRE-CLEANUP ACTIVITIES

CHECKLIST *for* OBSTRUCTION CLEAN UP

- | | | | |
|--|-------|---|--|
| Notice posting is 72 hours in advance of cleanup (Date:) | _____ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Cleanup is occurring on date specified in notice | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personnel are ready to identify and collect belongings | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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 |
| NOT REQUIRED but PROVIDED: | | | |
| Outreach was provided before the cleanup (Date:) | _____ | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |



b. OBSTRUCTION/HAZARD 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

EXTERNAL CONTRACTORS

	Total	Description
Number of Labor Crew	4	Cascadia and Fresh Family
Number of Hazmat Crew	4	
Number of Truck Drivers	4	
Contractors Labor Crew Hours On-Site	5	

INTERNAL CLEAN UP TEAMS

	Total	Description
Number of Heavy Crew		



Heavy Crew Hours On-site

Number of Labor Crew

Labor Crew Hours On-site

1

5

SPR Light Team

STAGING LOCATION

Date/Time: _____

Location: _____

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
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OBSTRUCTION SITE OCCUPANCY DATA

Date of Inspection	Tents	Structures	Bed Rolls	Vehicles	TOTAL COUNT
1/11/2024	11	8	0	3	22

Field Coordinators are responsible for completing this form as part of the *Site Journal*. You should log the following –

- Owners who are present and accept storage
- Abandoned property that we are storing
- Abandoned property that we are disposing of and why

Each tent/structure/bedroll/vehicle should occupy one line so we can document if storage was offered, accepted and/or to explain why items were disposed of.

STORAGE TOTALS

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

Owner Name OR	Owner	Storage?	Not Storable?	# of	# of	# of	# of Large	Short Description
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Tent/Structure #	Present?		Check All That Apply	Bins	Bikes	Luggage	Items	
T5-KJ-0111	Yes	Declined						Tent owner siad he got everything out of the tent he was keeping and said the rest could be thrown away.
T2-KJ-0111	Yes	Declined						Tent owner discarded remaining items.
T3-KJ-0111	Yes	Declined						Owner removed all personal belongings. Cited he didn't want anything else.
T4-KJ-0111	Yes	Declined						Tent owner discarded remaining items.
T6-KJ-0111	Yes	Declined						Owner removed all personal belongings. Discarded the remaining items.
T7-KJ-0111	Yes	Declined						Owner discarded remaining items.
T8-KJ-011	Yes	Declined						Tent owner discarded remaining items.



T1-KJ-0111	Yes	Declined						Structure destroyed by fire. Owner removed all property and discarded remaining items.
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Inspection Photos



































Clean Up Photos




















































After Clean Photos





NOTICE OF CLEANUP / AVISO DE LIMPIEZA

CLEANUP DATE/ FECHA DE LIMPIEZA	LOCATION/ UBICACIÓN
01/11/24	NW 87 th St to NW 85 th St and from Palatine Ave N to 1 st Ave NW

This is not an authorized area for storage or shelter. Material found here was removed by the City. / Esta no es una zona autorizada para almacenamiento o refugio. El material que se encontró aquí fue retirado por la Ciudad.

BELONGINGS ARE IN STORAGE:
Las Pertenencias Están En Almacenamiento

YES / SÍ

NO/ No

TO RECOVER OR ASK ABOUT BELONGINGS CALL:

PARA RECUPERAR SUS PERTENENCIAS, LLAME AL:

206-459-9949

Belongings found by the City and authorized for storage will be placed into a secure facility within the City of Seattle and stored for 70 days at no charge. The City will deliver stored belongings to you / Las pertenencias encontradas por la Ciudad y autorizadas para el almacenamiento se colocarán en una instalación segura dentro de la Ciudad de Seattle y se almacenarán durante 70 días sin cargo. La Ciudad le entregará las pertenencias guardadas.

FOR OUTREACH AND HOUSING SUPPORT CALL:

Para asistencia sobre contactos con la comunidad y sobre la vivienda, llame al:

211 or 206-461-3222









Posting Photos



