



**SITE JOURNAL CONTENTS**

- Completed Site Journal
- Exhibit A: Site Inspection Photos
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- 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.

|                         |  |                            |   |
|-------------------------|--|----------------------------|---|
| <b>Encampment:</b>      | Interurban Trail from N 125th St to N 110th St |                            |   |
| <b>Site Address:</b>    |  | <b>Date of Inspection:</b> | 2/13/2024   |
|                         |  | <b>Date of Clean-Up:</b>   | 2/14/2024   |
| <b>Final Inspector:</b> | Jeremy Bodda                                   | <b>CSR #:</b>              |   |
| <b>Referred By:</b>     |  | <b>Photos to HSD?</b>      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**CPT/Bike SPD Response?** ☐ Yes ☒ No

|                                       |  |                                      |  |
|---------------------------------------|--|--------------------------------------|--|
| <b>Date of Call to Duty Officer :</b> |  | <b>Time of Call to Duty Officer:</b> |  |
| <b>Date of Call to FC :</b>           |  | <b>Time of Call to FC:</b>           |  |
| <b>Date of FC Response :</b>          |  | <b>Time FC arrived on site:</b>      |  |



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 |
|--------------------|-------|------------|-----------|----------|-------------|
| 2/13/2024          | 2     | 0          | 0         | 0        | 2           |

### PRIORITY CONDITION DATA

#### VULNERABLE POPULATIONS

|  |                              |  |
|--|------------------------------|--|
| Perceived Elderly (60+ years old)                    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Perceived Infants/Children ( $\leq 14$ 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 type="checkbox"/> Yes            | <input checked="" 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 checked="" type="checkbox"/> Yes | <input 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--<br>otherwise leave blank) | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| POC (DATA ONLY COLLECTED IF ASKED--<br>otherwise leave blank)     | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Presence of Alcohol   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Presence of Contained Sharps                                      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>TOTAL COUNT:</b>   |   | 0                                      |

|                      |   |                             |
|----------------------|---|-----------------------------|
| Loose Sharps         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>TOTAL COUNT:</b>  |   | 5                           |
| <b>SOLID WASTE</b>   |   |                             |
| Disorganized Garbage | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bagged Garbage       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loose Garbage        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bulky Items Garbage  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Metal                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>TOTAL COUNT:</b>  |   | 4                           |

### PUBLIC SAFETY/STRUCTURAL CONCERNS

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

### 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>TOTAL COUNT:</b>                              |   | 1                                      |



|                            |   |  |
|----------------------------|---|--|
| 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 type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Other                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

|                     |   |
|---------------------|---|
| <b>TOTAL COUNT:</b> | 3 |
|---------------------|---|

|                     |    |
|---------------------|----|
| <b>TOTAL SCORE:</b> | 38 |
|---------------------|----|

#### 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"/> <b>Obstruction Removal</b>        | <input type="checkbox"/> <b>Emphasis Zone</b> | <input checked="" type="checkbox"/> <b>Hazard Removal</b>                 |
| <input checked="" type="checkbox"/> Blocking intended use of facility |   | <input type="checkbox"/> Safety of camper                                 |
| <input type="checkbox"/> Tent on sidewalk                             |   | <input checked="" type="checkbox"/> Safety of others near and around camp |
| <input 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            |
| <b>NOT REQUIRED but PROVIDED:</b>                        |       |   |  |
| Outreach was provided before the cleanup (Date:)         | _____ | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |



b. OBSTRUCTION/HAZARD 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 type="checkbox"/> Yes            | <input checked="" 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 type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |                      |

| EXTERNAL CONTRACTORS                 | Total | Description |
|--------------------------------------|-------|-------------|
| Number of Labor Crew                 | 1     |             |
| Number of Hazmat Crew                | 1     |             |
| Number of Truck Drivers              | 1     |             |
| Contractors Labor Crew Hours On-Site | 6     |             |

| INTERNAL CLEAN UP TEAMS | Total | Description |
|-------------------------|-------|-------------|
| Number of Heavy Crew    | 0     |             |



|                          |          |  |
|--------------------------|----------|--|
| Heavy Crew Hours On-site | <u>0</u> |  |
| Number of Labor Crew     | <u>0</u> |  |
| Labor Crew Hours On-site | <u>0</u> |  |

**STAGING LOCATION**

**Date/Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**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 |
|------|------|----------|---------------|-----------------|---------------------|-----------------------------|
|------|------|----------|---------------|-----------------|---------------------|-----------------------------|

### OBSTRUCTION SITE OCCUPANCY DATA

| Date of Inspection | Tents | Structures | Bed Rolls | Vehicles | TOTAL COUNT |
|--------------------|-------|------------|-----------|----------|-------------|
| 2/14/2024          | 2     | 0          | 0         | 0        | 2           |

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 |
|----------------|-------|---------------------|-------------|
| 1              | 0     | 0                   | 0           |

| Owner Name OR | Owner | Storage? | Not Storable? | # of | # of | # of | # of Large | Short Description |
|---------------|-------|----------|---------------|------|------|------|------------|-------------------|
|---------------|-------|----------|---------------|------|------|------|------------|-------------------|



| Tent/Structure # | Present? | Check All That Apply |  | Bins | Bikes | Luggage | Items |  |
|------------------|----------|----------------------|--|------|-------|---------|-------|--|
| T1-JB-0214       | No       | Accepted             |  | 1    | 0     | 0       | 0     | Black handbag with personal paperwork, collection of pocket knives, kodak camera box, hp laptop, small hatchet, red handle tool, orange emergency tool, portable light, black bag with hyguine products. |
| T2-JB-0214       | No       | Declined             |  | 0    | 0     | 0       | 0     | No storable items in tent 2, stong smell of mold/mildew and large amounts of human waste present.  |



## Inspection Photos





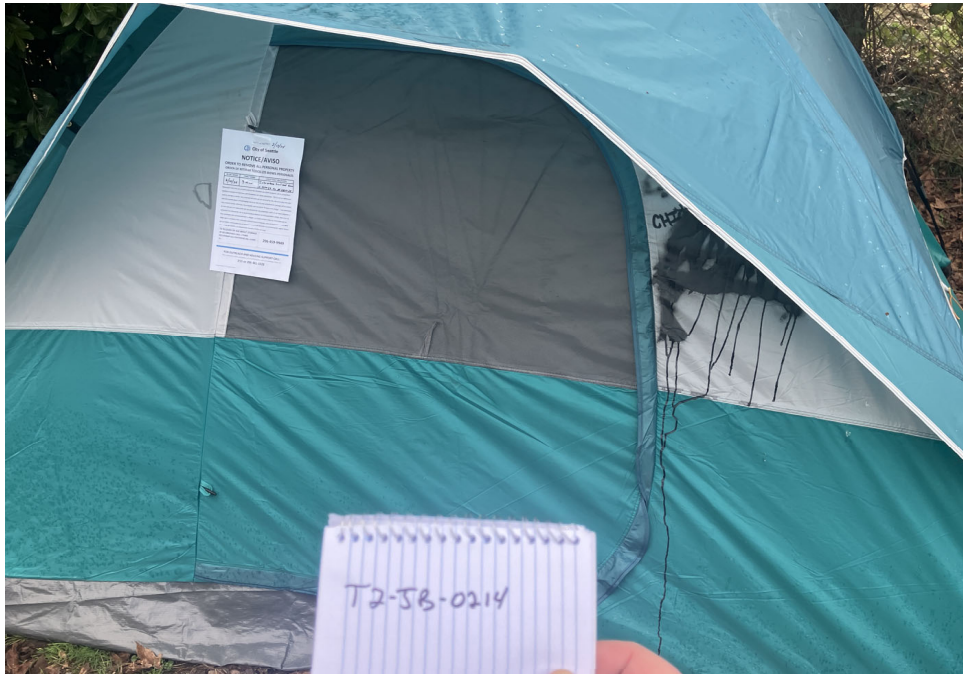




## Clean Up Photos



















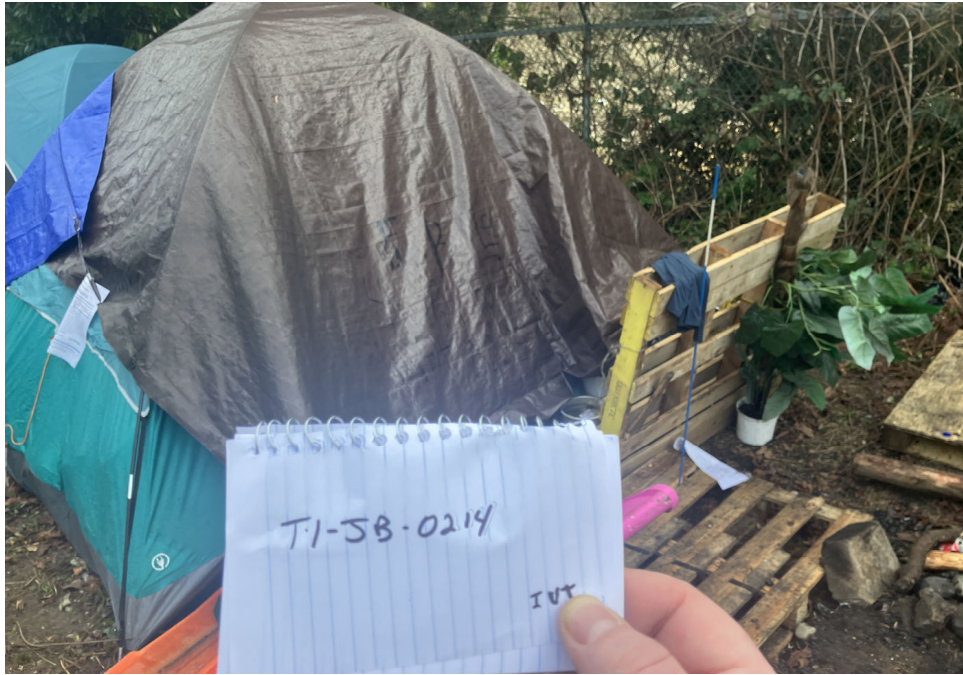


































## After Clean Photos





## Posting Photos

