

**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.

<b>Encampment:</b>	15TH AVE W & W EMERSON ST Vicinity		
<b>Site Address:</b>	15th Avenue West & West Emerson St Vicinity 98119	<b>Date of Inspection:</b>	5/17/2024
		<b>Date of Clean-Up:</b>	5/22/2024
<b>Final Inspector:</b>	<div></div>	<b>CSR #:</b>	
<b>Referred By:</b>		<b>Photos to HSD?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>CPT/Bike SPD Response?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>	
<b>Time of FC departure from site:</b>		<b>Action:</b>	
<b>System Navigator Called?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Name of SN:</b>	
<b>Date of Call to SN :</b>		<b>Time of Call to SN:</b>	
<b>Time SN arrived on site:</b>		<b>Offer of Shelter Made?:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SITE OCCUPANCY DATA**

Date of Inspection	Tents	Structures	Bed Rolls	Vehicles	TOTAL COUNT
5/17/2024	6	2	0	0	8

**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
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 checked="" type="checkbox"/> Yes	<input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Presence of Contained Sharps	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<b>TOTAL COUNT:</b>	0
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**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 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
Loose Sharps	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>TOTAL COUNT:</b>	6
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**SOLID WASTE**

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
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**PUBLIC SAFETY/STRUCTURAL CONCERNS**

Weapons ☐ Yes ☒ No

**STRUCTURAL CONCERNS/ENVIRONMENTAL RISKS/EMERGENCY RISKS**

Near Industrial Zone-blocking vehicle site ☒ Yes ☐ No



Park	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	lines	
Sidewalk	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Falling Trees/Limbs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proximity to Bridge	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Forested Area	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Impeding Roadway	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Rented Area	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Within 50ft of a Guardrail	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Property Damage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heavy Traffic	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<div style="background-color: black; color: white; padding: 5px; display: inline-block;"><b>TOTAL COUNT:</b></div> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 100px; text-align: center;">2</div>	
Slope more than 27 degrees	<input checked="" type="checkbox"/> Yes	<input 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		
<div style="background-color: black; color: white; padding: 5px; display: inline-block;"><b>TOTAL COUNT:</b></div> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 100px; text-align: center;">4</div>				

**TOTAL SCORE:**

46

### 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. 72-HOUR CLEAN 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

Hazardous waste - propane
Human Waste
Insecticide, paint, aerosol cans

#### EXTERNAL CONTRACTORS

	Total	Description
Number of Labor Crew	2	Fresh Family
Number of Hazmat Crew	2	
Number of Truck Drivers	2	
Contractors Labor Crew Hours On-Site	5	

#### INTERNAL CLEAN UP TEAMS

	Total	Description
Number of Heavy Crew	0	
Heavy Crew Hours On-site	0	
Number of Labor Crew	0	
Labor Crew Hours On-site	0	

**STAGING LOCATION**

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

**72-HOUR CLEAN PRE-CLEANUP ACTIVITIES****EXHIBIT B: 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:

**EXHIBIT C: 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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**72-HOUR CLEAN DAY OF CLEAN-UP**

For **regular encampment clean-ups**, all checklist items must be marked “Yes” at the start time of the event in order proceed with the clean-up. If for any reason the of the following questions are answered “No” – **the Field Coordinator must immediately halt the clean-up activities**. Hazard and Obstruction clean-ups are excluded from this.

**FIELD COORDINATOR**Colin Hunter



CHECKLIST *for* ENCAMPMENT CLEAN UP

Notice posting is 72 hours in advance of cleanup (Date:)	<hr/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Cleanup is occurring on date specified in notice	<hr/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Outreach was provided before the cleanup (Date:)	<hr/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Outreach team is present at cleanup site		<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

EXHIBIT D: CLEAN-UP PHOTOS

Field Coordinators are responsible for ensuring that photos are taken to document the clean-up event and saved to the appropriate location. This includes pictures of site conditions, tents, storage, and before/after photos.

- Photo of Storage Post
- Photos of Not Storable content
- Photos of Storable tents
- General Photos of the Encampment
- Tent/Structure Contents
- After Photos

SITE OCCUPANCY DATA

Date of Inspection	Tents	Structures	Bed Rolls	Vehicles	TOTAL COUNT
5/22/2024	5	1	0	0	6

STORAGE TOTALS

Number of Bins	Bikes	Large Luggage Items	Large Items
0	1	0	0

EXHIBIT E: STORAGE INFO

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.

**Tent Naming Convention:** T#-Initials-MonthDay

**Example:** T1-JH-0428

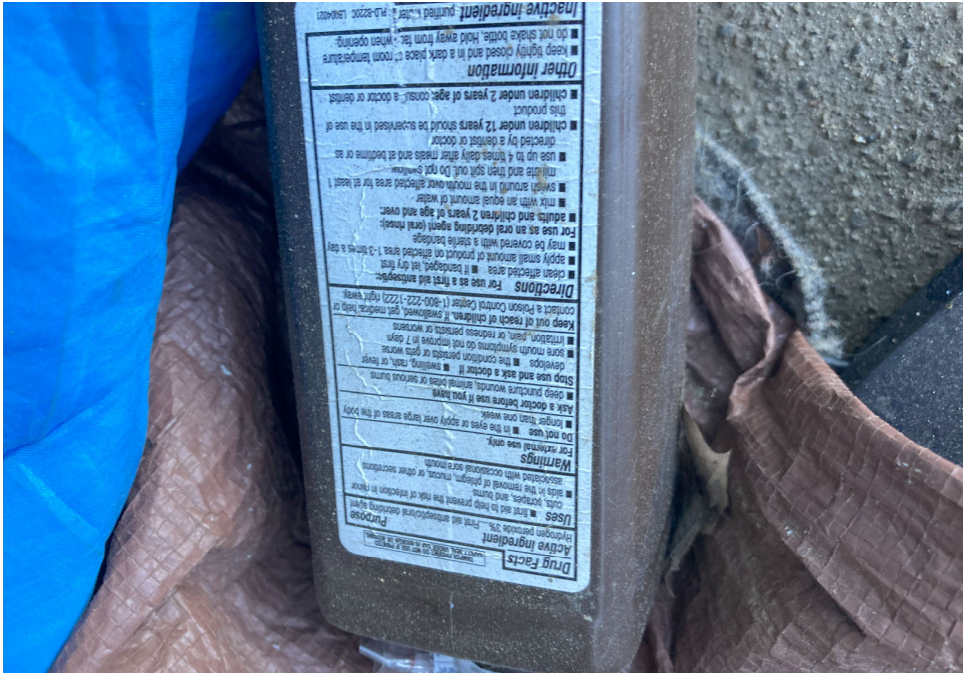
Owner Name OR Tent/Structure #	Owner Present?	Storage?	Not Storable? <i>Check All That Apply</i>	# of Bins	# of Bikes	# of Luggage	# of Large Items	Short Description
[REDACTED]	Yes	Accepted			1			Items Stored - 1 Mongoose Model Mountain Bike [REDACTED] DOB - 04/15/1969 Phone - 253-468-8450
[REDACTED]	Yes	Declined		0	0	0	0	Items Not Stored - Owner discarded two tents and surrounding debris.
T1 - CFH - 0522	No	N/A		0	0	0	0	Not Stored - One blue tent damaged and contaminated with human waste



## Inspection Photos



































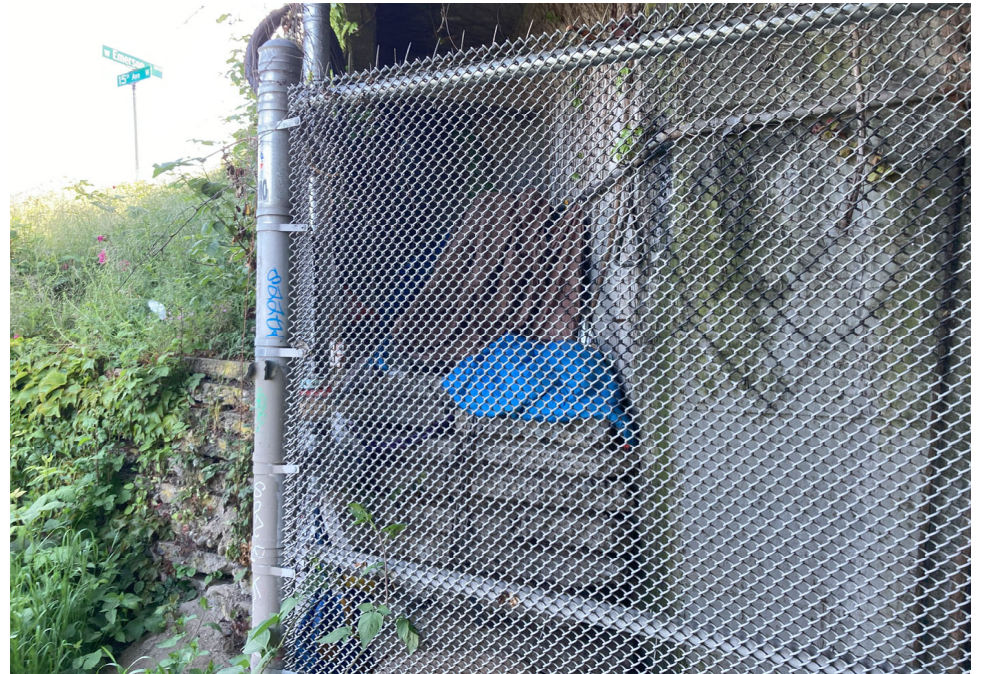


















## Clean Up Photos





















































































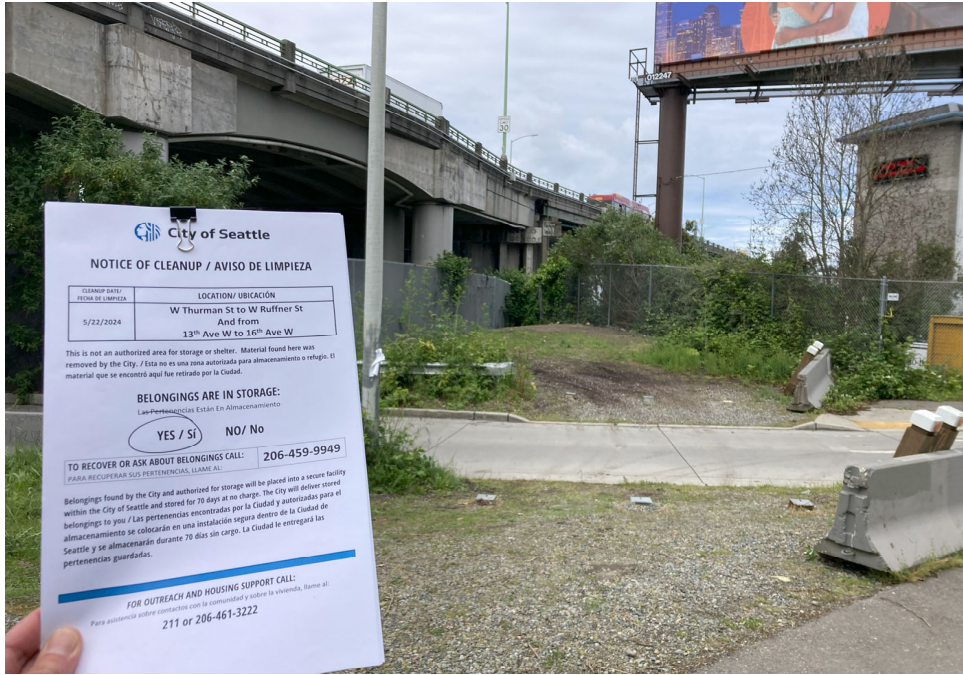
After Clean Photos





















## Posting Photos

