

**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>      | Burke Gilman Trail – corner of NW 43rd St & 8th Ave NW |                            |                                                                     |
| <b>Site Address:</b>    |                                                        | <b>Date of Inspection:</b> | 8/22/2025                                                           |
|                         |                                                        | <b>Date of Clean-Up:</b>   | 8/27/2025                                                           |
| <b>Final Inspector:</b> |                                                        | <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>      |  |
| <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 |
|--------------------|-------|------------|-----------|----------|-------------|
| 8/22/2025          | 7     | 3          | 0         | 0        | 10          |

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

**TOTAL COUNT:** 0

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

**TOTAL COUNT:** 3

**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 |

**TOTAL COUNT:** 4

**PUBLIC SAFETY/STRUCTURAL CONCERNS**
**STRUCTURAL CONCERNS/ENVIRONMENTAL  
RISKS/EMERGENCY RISKS**





|                            |                                         |                                        |                                            |                                         |                                        |
|----------------------------|-----------------------------------------|----------------------------------------|--------------------------------------------|-----------------------------------------|----------------------------------------|
| Weapons                    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Near Industrial Zone-blocking vehicle site | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Park                       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | lines                                      |                                         |                                        |
| Sidewalk                   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Falling Trees/Limbs                        | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Proximity to Bridge        | <input type="checkbox"/> Yes            | <input checked="" 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 checked="" type="checkbox"/> Yes | <input 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            | TOTAL COUNT: 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 |                                            |                                         |                                        |
| TOTAL COUNT: 3             |                                         |                                        |                                            |                                         |                                        |

|                 |
|-----------------|
| TOTAL SCORE: 30 |
|-----------------|

## 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 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 |

#### Specifications/Notes

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#### EXTERNAL CONTRACTORS

|                                      | Total | Description |
|--------------------------------------|-------|-------------|
| Number of Labor Crew                 | <hr/> | <hr/>       |
| Number of Hazmat Crew                | <hr/> | <hr/>       |
| Number of Truck Drivers              | <hr/> | <hr/>       |
| Contractors Labor Crew Hours On-Site | <hr/> | <hr/>       |

#### INTERNAL CLEAN UP TEAMS

|                          | Total | Description                                                                     |
|--------------------------|-------|---------------------------------------------------------------------------------|
| Number of Heavy Crew     | <hr/> | <hr/>                                                                           |
| Heavy Crew Hours On-site | <hr/> | <hr/>                                                                           |
| Number of Labor Crew     | 3     | SPR Encampment light team with lead and mini packer and 2 trailers<br>- 7 staff |
| Labor Crew Hours On-site | 3     | <hr/>                                                                           |



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

**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** \_\_\_\_\_



CHECKLIST for ENCAMPMENT CLEAN UP

|                                                          |             |                                         |                             |
|----------------------------------------------------------|-------------|-----------------------------------------|-----------------------------|
| Notice posting is 72 hours in advance of cleanup (Date:) | <div></div> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cleanup is occurring on date specified in notice         | <div></div> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Outreach was provided before the cleanup (Date:)         | <div></div> | <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
  - General Photos of the Encampment
- Photos of Not Storable content
  - Tent/Structure Contents
- Photos of Storable tents
  - After Photos

SITE OCCUPANCY DATA

| Date of Inspection | Tents | Structures | Bed Rolls | Vehicles | TOTAL COUNT |
|--------------------|-------|------------|-----------|----------|-------------|
| 8/27/2025          | 8     | 0          | 0         | 0        | 8           |

STORAGE TOTALS

| Number of Bins | Bikes | Large Luggage Items | Large Items |
|----------------|-------|---------------------|-------------|
| 0              | 0     | 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<br>Tent/Structure # | Owner<br>Present? | Storage? | Not Storable?<br><i>Check All That Apply</i> | # of<br>Bins | # of<br>Bikes | # of<br>Luggage | # of Large<br>Items | Short Description |
|-----------------------------------|-------------------|----------|----------------------------------------------|--------------|---------------|-----------------|---------------------|-------------------|
|                                   | No                |          |                                              |              |               |                 |                     | N/A               |



## Inspection Photos













## Clean Up Photos















































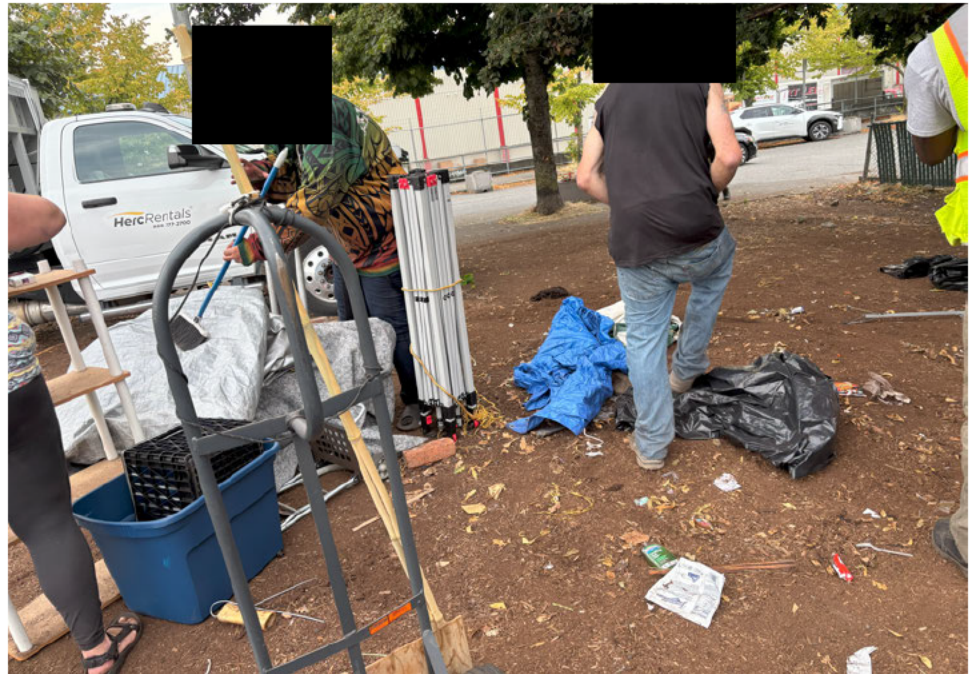










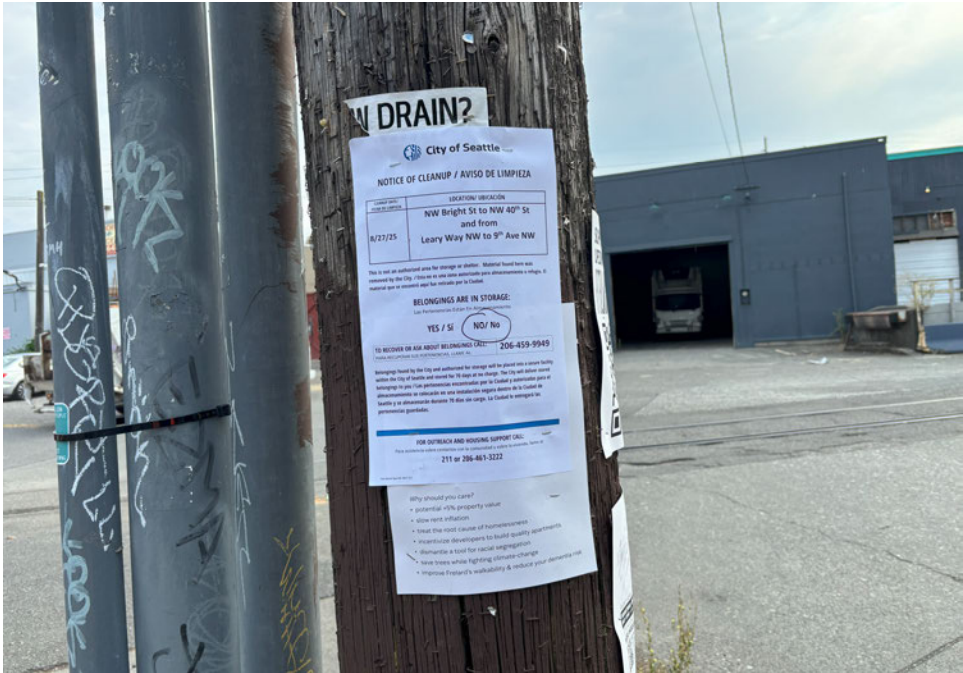
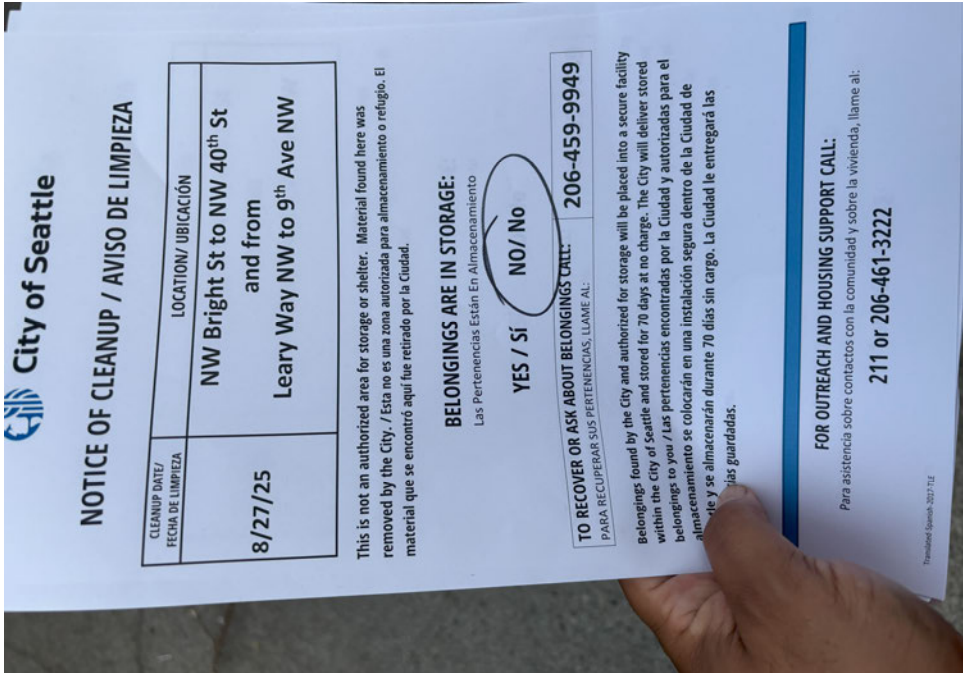
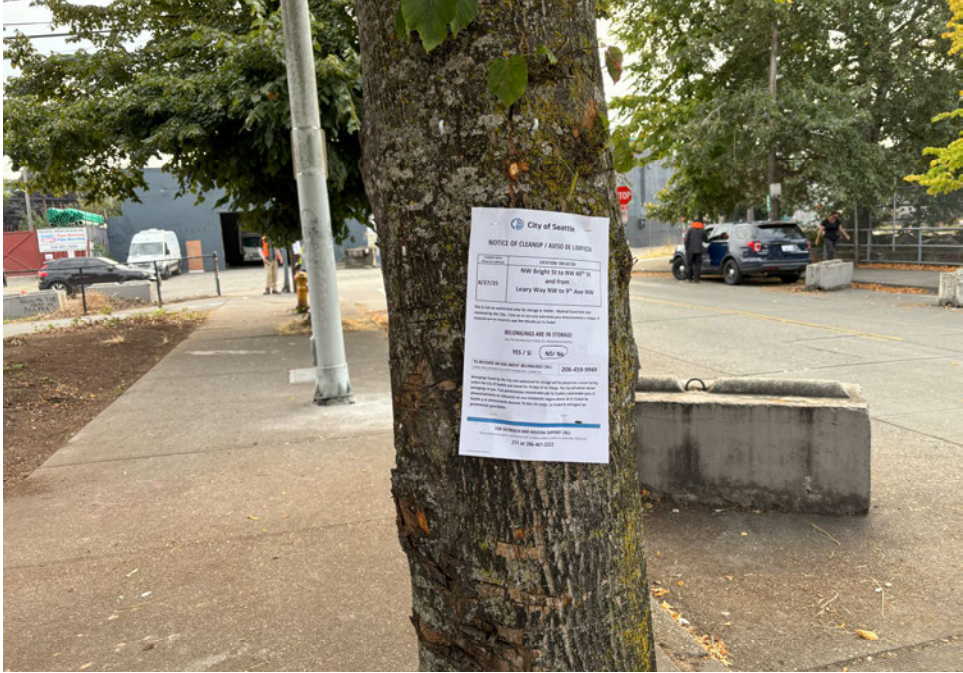
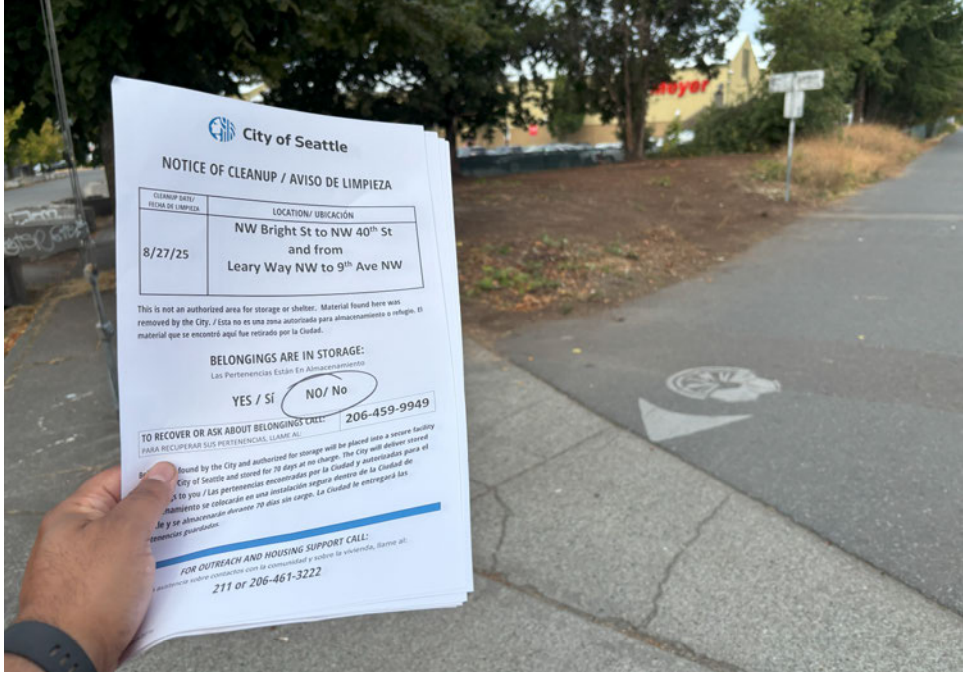




## After Clean Photos













## Posting Photos













