



# City of Seattle

## Navigation Team Litter Pick Journal

|   |   |                            |   |
|---|---|----------------------------|---|
| <b>CSR Listing:</b>                           | <u>N/A</u>                                | <b>Date of Inspection:</b> | <u>02/26/20</u>   |
| <b>Site Address:</b>                          | <u>SE Chelan Ave SW and SW Spokane St</u> | <b>Date of Clean-Up:</b>   | <u>02/26/20</u>   |
| <b>Referred By:</b>                           | <u>CPT</u>                                |                            |   |
| <b>CSR Number:</b>                            | <u>N/A</u>                                |                            |   |
| <b>Field Coordinator (Initial Inspector):</b> | <u>Coney Moore</u>                        | <b>Photos to FAS?</b>      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Responding Field Coordinator:</b>          | <u>Coney Moore</u>                        |                            |   |

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 |
|--|---|------------|--------------------------|---|-------------|
| 02/26/20                               | 1   | 0          | 0                        | 0   | 1           |
| <b>SITE CHARACTERISTICS</b>            |   |            | <b>HEALTH CONDITIONS</b> |   |             |
| Park                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            | Disorganized             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |             |
| Sidewalk                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            | Garbage/Bagged           | <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 |            | 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 checked="" type="checkbox"/> Yes <input 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 checked="" 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 |             |



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## Navigation Team Litter Pick Journal

**TOTAL COUNT:**

1

**TOTAL COUNT:**

10

### 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 |                      |

### EXTERNAL CONTRACTORS

|   | Total | Description |
|---|-------|-------------|
| Number of Labor Crew Involved             | 2     | 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 Approved                      | 2     |             |



# City of Seattle

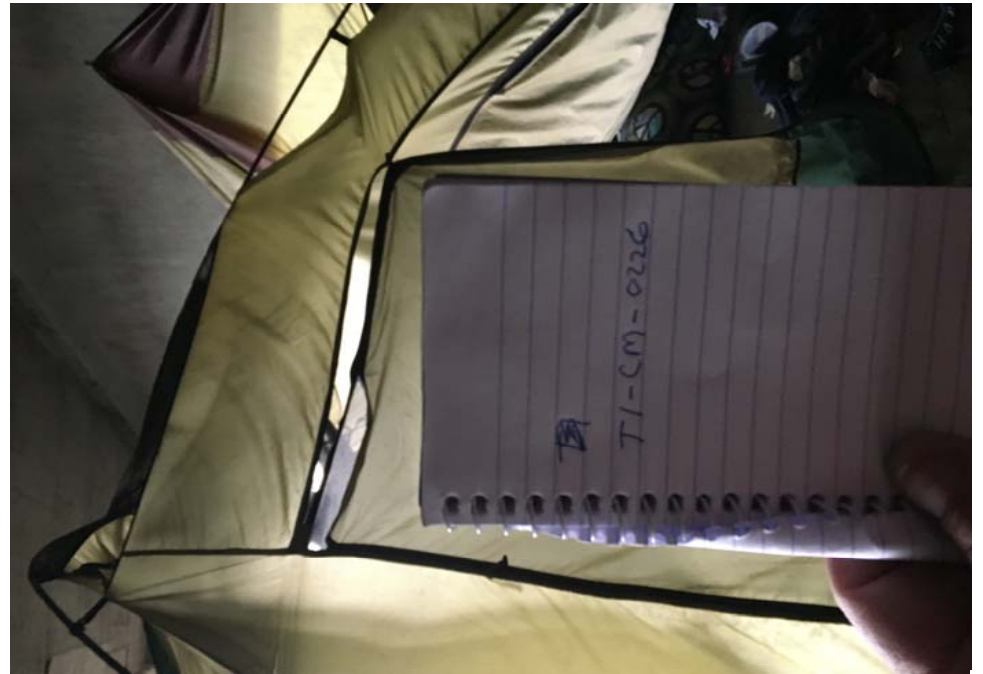
Navigation Team

Litter Pick Journal

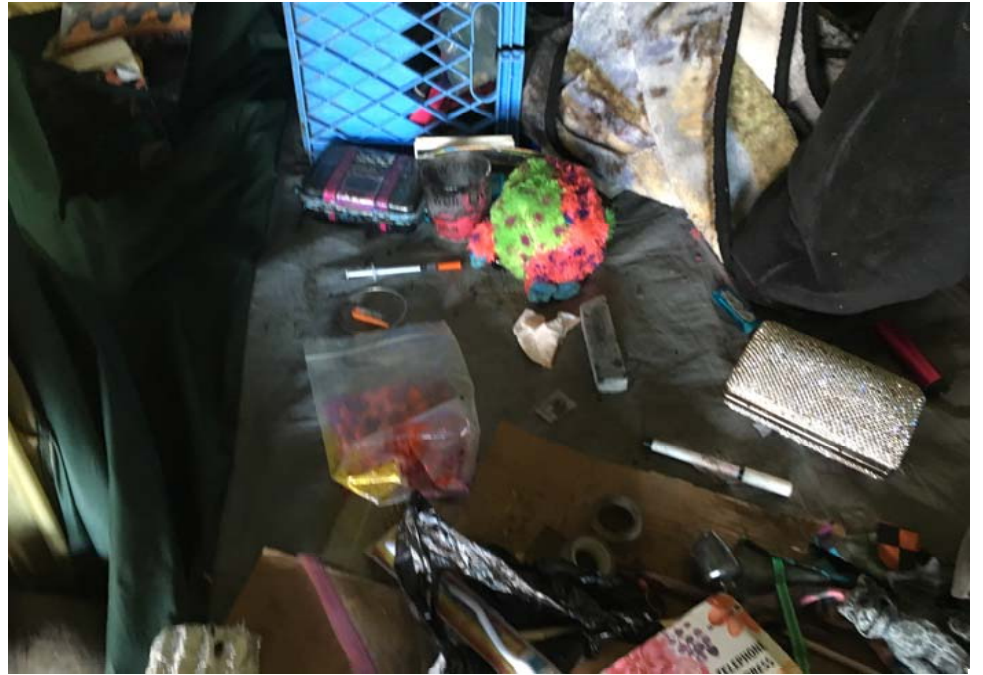
## INTERNAL CLEAN UP TEAMS

|                                  | Total | Description |
|----------------------------------|-------|-------------|
| Number of Heavy Teams            | 0     |             |
| Number of Light Teams            | 0     |             |
| Number of Full Time Days On-site |       |             |
| Approved                         | 0     |             |
| Number of Partial Days On-site   |       |             |
| Approved                         | 0     |             |
| Total Hours Approved             | 0     |             |

## Exh D - Clean Up Photos

















## After Clean Photos












**City of Seattle**

**NOTICE OF CLEANUP / AVISO DE LIMPIEZA**

| CLEANUP DATE/<br>FECHA DE LIMPIEZA | LOCATION/ UBICACIÓN   |
|------------------------------------|---|
| 02-26-20                           | CHELAN AVE SW AND SW SPOKANE ST<br>(UNDER W. SEATTLE FIREWAY) |

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 Pertencias 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 kept for 70 days at no charge. The City will deliver stored belongings to you. Belongings are stored at: 4200 Airport Way South. / Las pertenencias encontradas por la Ciudad y autorizadas para el almacenamiento se guardarán durante 70 días sin costo alguno. La Ciudad le entregará las pertenencias almacenadas. Las pertenencias se almacenan en: 4200 Airport Way South.

**FOR OUTREACH AND HOUSING SUPPORT CALL:**  
Para asistencia sobre contactos con la comunidad y sobre la vivienda, llame al:  
**211 or 206-461-3222**





**Site Name:** SE Chelan Ave SW and SW Spokane St

**Date of Clean Up:** 02/26/20

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:** Example: T1-JH-0428

| Owner Name or Tent/Structure # | Owner Present?   | Storage?  | Not Storable?<br><i>Check All That Apply</i>   | # of Bins | # of Bikes | # of Luggage | # of Large Items | Short Description  |
|--------------------------------|--|---|--|-----------|------------|--------------|------------------|--|
| T1-CM-0226                     | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Accepted<br><input type="checkbox"/> Declined<br><input checked="" type="checkbox"/> N/A | <input checked="" type="checkbox"/> Hazardous Material<br><input checked="" type="checkbox"/> Human Waste<br><input checked="" type="checkbox"/> Damaged | 0         | 0          | 0            | 0                | I was informed by Officer Kohn the owner took what he wanted and asked that we dispose of everything. I inspected the tent due to not talking with the owner myself. The tent was not stored due to being ripped. Inside was a strong urine smell and multiple needles. Tent was unsafe to enter. Nothing was stored |
|                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Accepted<br><input type="checkbox"/> Declined<br><input type="checkbox"/> N/A            | <input type="checkbox"/> Hazardous Material<br><input type="checkbox"/> Human Waste<br><input type="checkbox"/> Damaged                                  |           |            |              |                  |  |
|                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Accepted<br><input type="checkbox"/> Declined<br><input type="checkbox"/> N/A            | <input type="checkbox"/> Hazardous Material<br><input type="checkbox"/> Human Waste<br><input type="checkbox"/> Damaged                                  |           |            |              |                  |  |
|                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Accepted<br><input type="checkbox"/> Declined<br><input type="checkbox"/> N/A            | <input type="checkbox"/> Hazardous Material<br><input type="checkbox"/> Human Waste<br><input type="checkbox"/> Damaged                                  |           |            |              |                  |  |