



### SITE JOURNAL CONTENTS

- Completed Site Journal
- Exhibit A: Site Inspection Photos
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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>      | <u>S Spokane St Bike Trail Emphasis Area</u> |                            |                                                                     |
| <b>Site Address:</b>    | <u>S Spokane St Bike Trail Emphasis Area</u> | <b>Date of Inspection:</b> | <u>5/1/2020</u>                                                     |
|                         |                                              | <b>Date of Clean-Up:</b>   | <u>5/1/2020</u>                                                     |
| <b>Final Inspector:</b> | <u>James Lohman</u>                          | <b>CSR #:</b>              | <u>N/A</u>                                                          |
| <b>Referred By:</b>     | <u>Nav Team</u>                              | <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>  | <u></u>                                                             | <b>Time of Call to Duty Officer:</b> | <u></u>                                                             |
| <b>Date of Call to FC :</b>            | <u></u>                                                             | <b>Time of Call to FC:</b>           | <u></u>                                                             |
| <b>Date of FC Response :</b>           | <u></u>                                                             | <b>Time FC arrived on site:</b>      | <u></u>                                                             |
| <b>Time of FC departure from site:</b> | <u></u>                                                             | <b>Action:</b>                       | <u></u>                                                             |
| <b>System Navigator Called?</b>        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                      |                                                                     |
| <b>Date of Call to SN :</b>            | <u></u>                                                             | <b>Name of SN:</b>                   | <u></u>                                                             |
| <b>Time SN arrived on site:</b>        | <u></u>                                                             | <b>Time of Call to SN:</b>           | <u></u>                                                             |
|                                        |                                                                     | <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 |
|--------------------|-------|------------|-----------|----------|-------------|
| 5/1/2020           | 0     | 0          | 0         | 0        | 0           |

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

**TOTAL COUNT:**
**PUBLIC HEALTH/BIOWASTE**

|                                        |                              |                                        |
|----------------------------------------|------------------------------|----------------------------------------|
| Rats/Mice                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Hazardous Materials                    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Bio Waste                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Chemical Waste                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Food Waste                             | <input type="checkbox"/> Yes | <input checked="" 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:**
**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 type="checkbox"/> Yes | <input checked="" 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:**
**PUBLIC SAFETY/STRUCTURAL CONCERNS**

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

**TOTAL COUNT:**



|                            |                              |                                        |
|----------------------------|------------------------------|----------------------------------------|
| 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 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 |

**TOTAL COUNT:**

**TOTAL SCORE:**

### 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. LITTER PICK

| 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 on sidewalk                |                                                        | <input type="checkbox"/> Safety or Hazard concern for others near litter |  |

#### a. LITTER PICK PRE-CLEANUP ACTIVITIES



SPD or WSP officers are present to support cleanup

☒ Yes ☐ No

Crew is present and ready to support cleanup

☒ Yes ☐ No

Emphasis Zone (Date:)

☐ Yes ☒ No

## b. LITTER PICK 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 type="checkbox"/> Yes            | <input checked="" 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                 | 2     | Cascadia    |
| Number of Hazmat Crew                | 1     |             |
| Number of Truck Drivers              | 1     |             |
| Contractors Labor Crew Hours On-Site | 2     |             |

#### INTERNAL CLEAN UP TEAMS

|                          | Total | Description             |
|--------------------------|-------|-------------------------|
| Number of Heavy Crew     | 0     |                         |
| Heavy Crew Hours On-Site | 0     |                         |
| Number of Labor Crew     | 1     | SPR light team w/packer |
| Labor Crew Hours On-Site | 2     |                         |

#### STAGING LOCATION

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

Location: Covid \_\_\_\_\_

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

**LITTER PICK STORAGE TOTALS**

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

| 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 |
|--------------------------------|----------------|----------|----------------------------------------------|-----------|------------|--------------|------------------|-------------------|
|--------------------------------|----------------|----------|----------------------------------------------|-----------|------------|--------------|------------------|-------------------|

## Exh D - Clean Up Photo





## After Clean Photos





