



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.

Encampment:	Kinnear Park (Lower)		
Site Address:		Date of Inspection:	5/2/2025
		Date of Clean-Up:	5/7/2025
Final Inspector:		CSR #:	
Referred By:		Photos to HSD?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CPT/Bike SPD Response? ☐ Yes ☒ No

Date of Call to Duty Officer :		Time of Call to Duty Officer:	
Date of Call to FC :		Time of Call to FC:	
Date of FC Response :		Time FC arrived on site:	



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
5/2/2025	1	0	0	0	1

PRIORITY CONDITION DATA

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

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



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:		0

Loose Sharps ☐ Yes ☒ No

TOTAL COUNT: 0

SOLID WASTE

Disorganized Garbage ☒ Yes ☐ No

Bagged Garbage ☒ Yes ☐ No

Loose Garbage ☒ Yes ☐ No

Bulky Items Garbage ☒ Yes ☐ No

Metal ☐ Yes ☒ No

TOTAL COUNT: 4

PUBLIC SAFETY/STRUCTURAL CONCERNS

Weapons ☐ Yes ☒ No

Park ☒ Yes ☐ No

Sidewalk ☐ Yes ☒ No

Proximity to Bridge ☐ Yes ☒ No

Impeding Roadway ☐ Yes ☒ No

Within 50ft of a Guardrail ☐ Yes ☒ No

Heavy Traffic ☒ Yes ☐ No

STRUCTURAL CONCERNS/ENVIRONMENTAL RISKS/EMERGENCY RISKS

Near Industrial Zone-blocking vehicle site ☐ Yes ☒ No
lines

Falling Trees/Limbs ☐ Yes ☒ No

Forested Area ☒ Yes ☐ No

Rented Area ☐ Yes ☒ No

Property Damage ☐ Yes ☒ 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 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:	2
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TOTAL SCORE:	15
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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"/> Obstruction Removal	<input type="checkbox"/> Emphasis Zone	<input type="checkbox"/> Hazard Removal
<input type="checkbox"/> Blocking intended use of facility		<input type="checkbox"/> Safety of camper
<input type="checkbox"/> Tent on sidewalk		<input 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 checked="" 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
NOT REQUIRED but PROVIDED:			
Outreach was provided before the cleanup (Date:)	_____	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

Specifications/Notes

 Debris hauled to the city dump

EXTERNAL CONTRACTORS

	Total	Description
Number of Labor Crew	0	
Number of Hazmat Crew	0	
Number of Truck Drivers	0	
Contractors Labor Crew Hours On-Site	0	

INTERNAL CLEAN UP TEAMS

	Total	Description
Number of Heavy Crew	0	



Heavy Crew Hours On-site	<u>0</u>	
Number of Labor Crew	<u>4</u>	<u>1 parks team with a trailer and one parks mini packer</u>
Labor Crew Hours On-site	<u>1</u>	

STAGING LOCATION

Date/Time: _____ Location: _____

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:



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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OBSTRUCTION SITE OCCUPANCY DATA

Date of Inspection	Tents	Structures	Bed Rolls	Vehicles	TOTAL COUNT
5/7/2025	1	0	0	0	1

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
0	0	0	0

Owner Name OR	Owner	Storage?	Not Storable?	# of	# of	# of	# of Large	Short Description
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Tent/Structure #	Present?	Check All That Apply			Bins	Bikes	Luggage	Items
	No							No items were stored everything left by the camper was debris.

Inspection Photos



Clean Up Photos



After Clean Photos



Posting Photos



