

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:	Midvale Ave N from N 97th St to N 96th St		
Site Address:	Date of Inspection:	3/17/2023	
	Date of Clean-Up:	3/21/2023	
Final Inspector:	James Lohman	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
3/17/2023	5	5	1	4	15

PRIORITY CONDITION DATA

VULNERABLE POPULATIONS

Perceived Elderly (60+ years old) Yes No

PUBLIC HEALTH/BIOWASTE

Rats/Mice Yes 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-- 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Presence of Contained Sharps	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
TOTAL COUNT:		1

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
TOTAL COUNT:		6
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

Weapons	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Park	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Sidewalk	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proximity to Bridge	<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



- Impeding Roadway Yes No
- Within 50ft of a Guardrail Yes No
- Heavy Traffic Yes No
- Slope more than 27 degrees Yes No
- Slide Zone Yes No
- Fires Yes No
- Exposed Electrical Wiring Yes No
- Other Yes No

- Rented Area Yes No
- Property Damage Yes No

TOTAL COUNT:	1
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TOTAL COUNT:	2
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TOTAL SCORE:	44
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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 checked="" type="checkbox"/> Blocking intended use of facility		<input type="checkbox"/> Safety of camper
<input checked="" type="checkbox"/> Tent on sidewalk		<input type="checkbox"/> Safety of others near and around camp
<input checked="" 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: _____) Yes No
- Cleanup is occurring on date specified in notice Yes No
- Personnel are ready to identify and collect belongings Yes No
- SPD or WSP officers are present to support cleanup Yes No
- Crew is present and ready to support cleanup Yes No
- NOT REQUIRED but PROVIDED:**
- Outreach was provided before the cleanup (Date: _____) Yes 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 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

EXTERNAL CONTRACTORS

	Total	Description
Number of Labor Crew	6	2 Cascadia 4 Fresh Family
Number of Hazmat Crew	1	
Number of Truck Drivers	3	
Contractors Labor Crew Hours On-Site	8	

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	8	

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
3/21/2023	6	5	0	0	11

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 Tent/Structure #	Owner Present?	Storage?	Not Storable? <i>Check All That Apply</i>	# of Bins	# of Bikes	# of Luggage	# of Large Items	Short Description
T2-JL-0321	No	N/A		0	0	0	0	nothing storable - tent ripped, unknown liquid on floor of tent, wet and moldy bedding and FOULL smell emanating from tent.

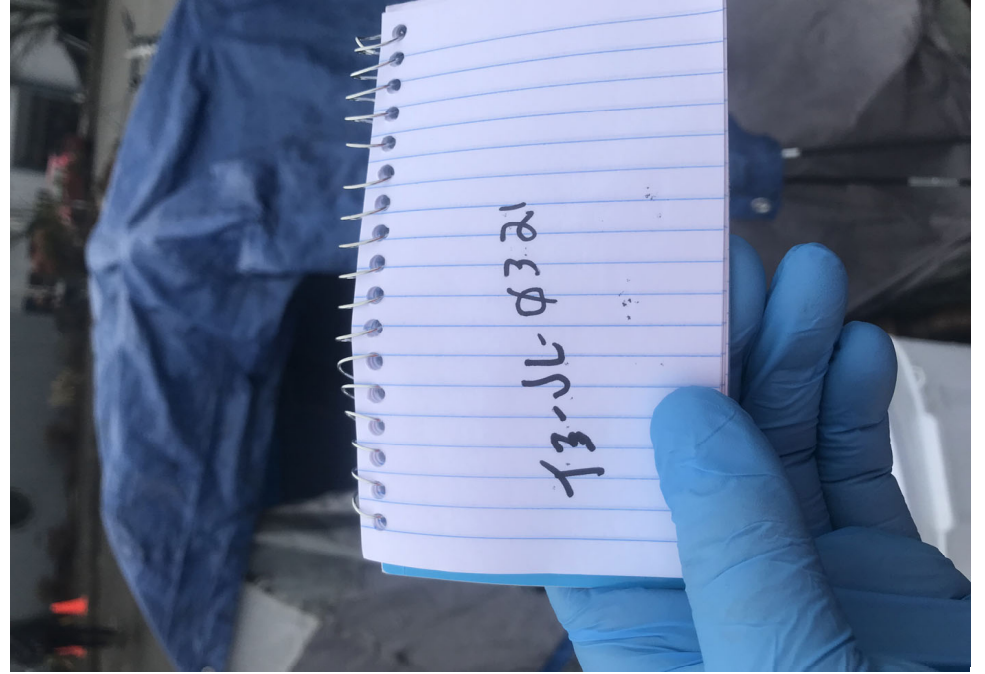
T4-JL-0321	No	N/A		0	0	0	0	nothing storable- tent ripped, unknown liquid on floor of tent, moldy and wet bedding and garbage inside of tent.
T2-JL-0321	No	N/A		0	0	0	0	nothing storable- tent ripped, garbage, syringes and unknow liquid on floor of tent.

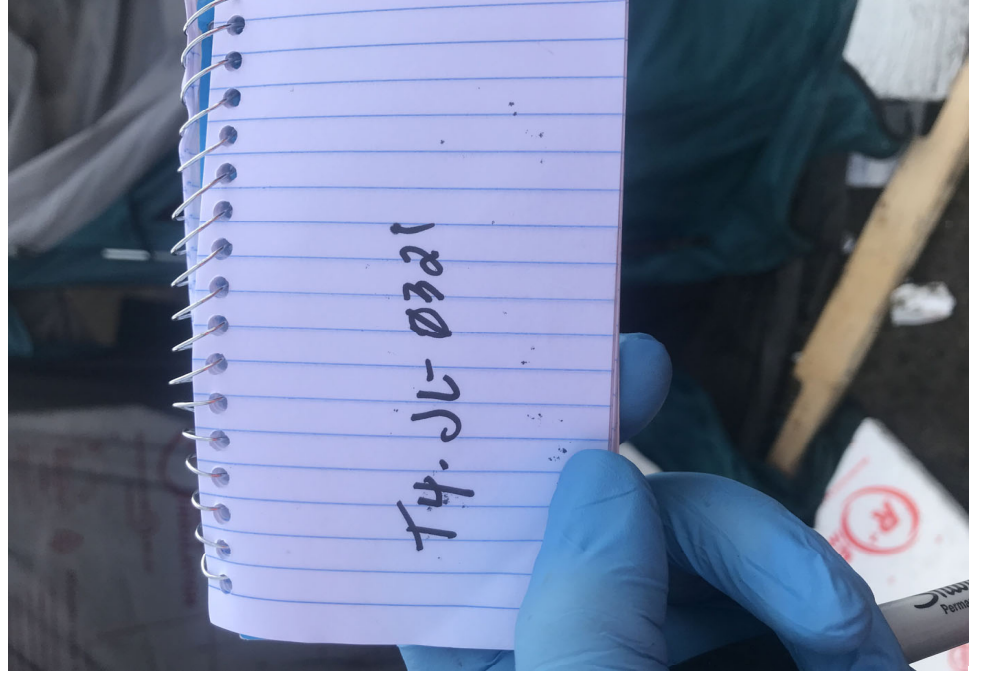
Inspection Photos





Clean Up Photos

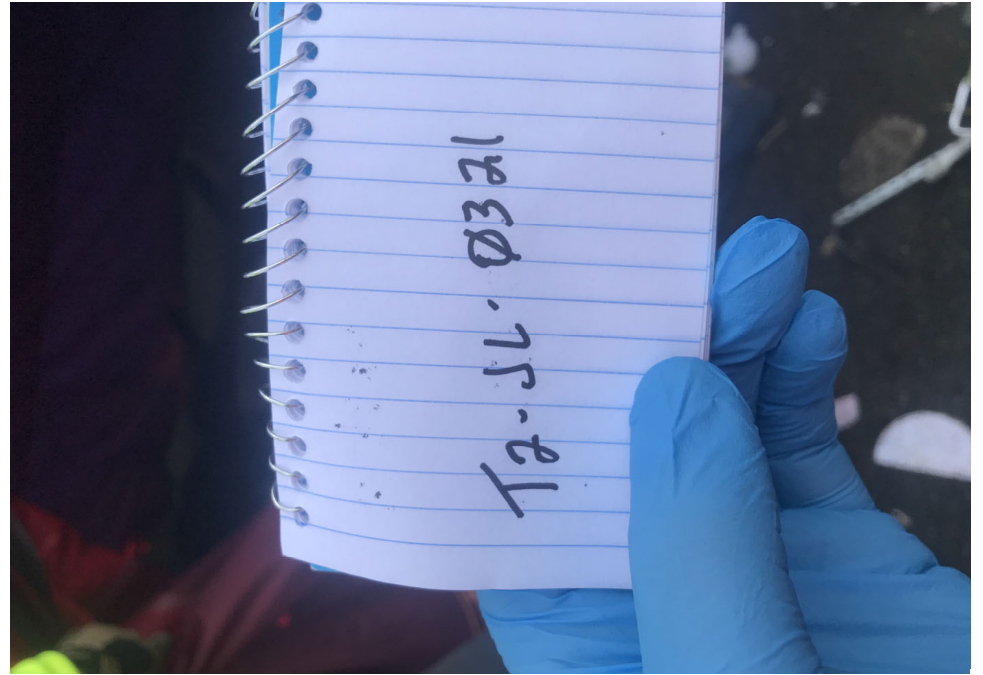








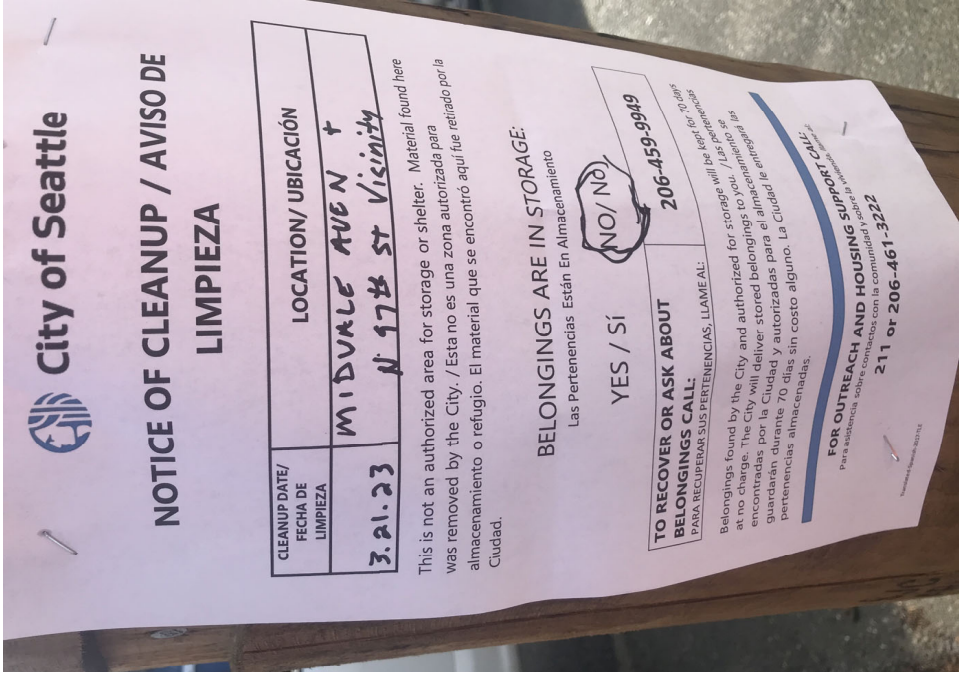






After Clean Photos







Posting Photos

