



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
3/31/2023	5	1	0	0	6

**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
<b>TOTAL COUNT:</b>		<b>1</b>

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Loose Sharps	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>TOTAL COUNT:</b>		<b>7</b>

**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
<b>TOTAL COUNT:</b>		<b>4</b>

**PUBLIC SAFETY/STRUCTURAL CONCERNS**

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

<b>TOTAL COUNT:</b>	1
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<b>TOTAL COUNT:</b>	4
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<b>TOTAL SCORE:</b>	54
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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**


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**EXTERNAL CONTRACTORS**

	<b>Total</b>	<b>Description</b>
Number of Labor Crew	1	Cascadia
Number of Hazmat Crew	1	
Number of Truck Drivers	1	
Contractors Labor Crew Hours On-Site	4	

**INTERNAL CLEAN UP TEAMS**

	<b>Total</b>	<b>Description</b>
Number of Heavy Crew	_____	_____
Heavy Crew Hours On-site	_____	_____
Number of Labor Crew	_____	_____
Labor Crew Hours On-site	_____	_____

**STAGING LOCATION**

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

**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
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**OBSTRUCTION SITE OCCUPANCY DATA**

Date of Inspection	Tents	Structures	Bed Rolls	Vehicles	TOTAL COUNT
4/3/2023	3	1	0	0	4

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
T3-KJ-0403	No	N/A						
T2-KJ-0403	No	N/A						

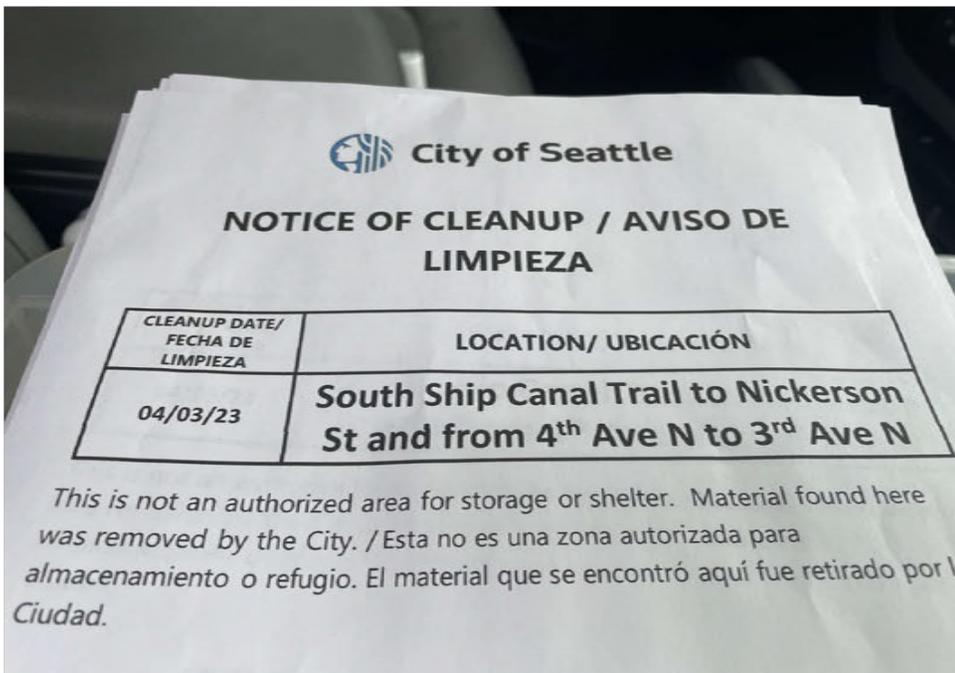
T1-KJ-0403	Yes	Declined						
T4-KJ-0403	No	N/A						

# Inspections Photos





# Clean Up Photos









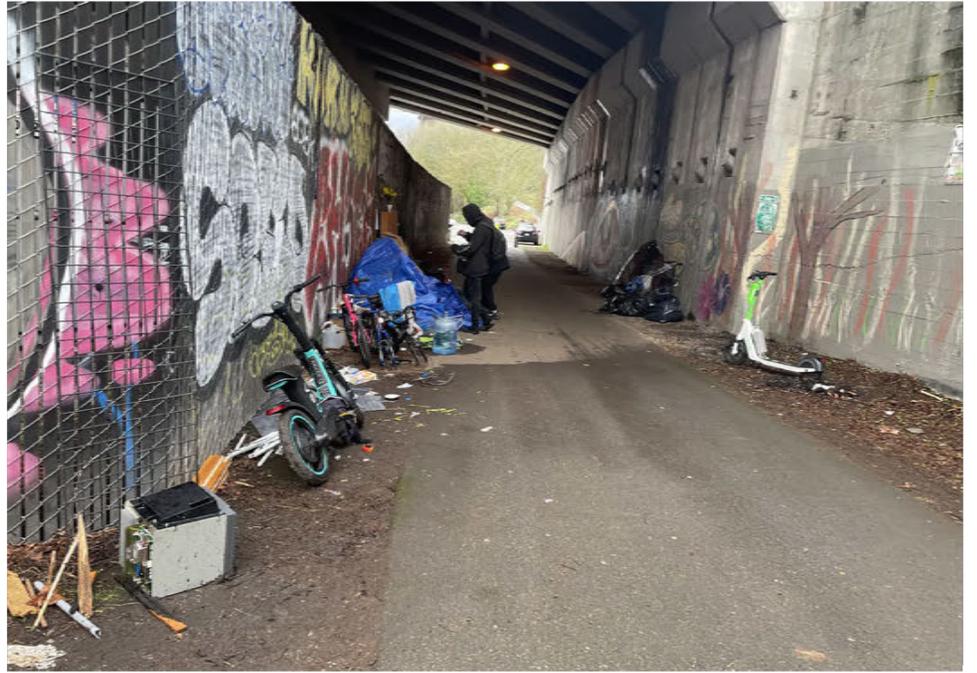


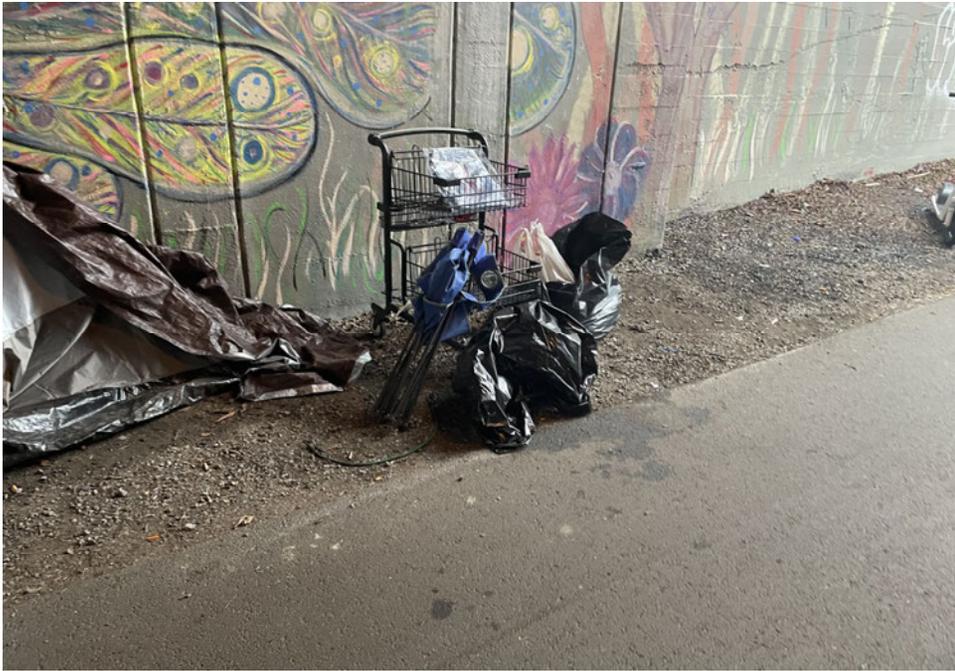












# After Photos





# Posting Photos



