

NATURAL AREAS INSPECTION FORM #1

SITE: _____
DATE: _____
NAME: _____

FOLLOW-UP REQUIRED: _____
** IF FOLLOW-UP IS REQUIRED, EXPLAIN
ACTION TAKEN IN SPACE PROVIDED
BELOW

PUBLIC USE FACILITIES

Parking area: General condition _____
Vegetation trimmed _____
Comments _____

Trash receptacle: Empty _____
Clean _____
Comments _____

Toilets: General condition _____
Comments _____

Bicycle rack: General condition _____
Comments _____

Gates/Locks: General condition _____
Comments _____

Signage: Parking lot - general condition _____
Trail markers - general condition _____
Comments _____

Kiosk: Framework condition _____
Information condition _____
Brochure box _____
Comments _____

ADA Nature trail: General condition _____
Comments _____

Boardwalk/Observation platform:
General condition _____
Comments _____

ACTION TAKEN _____

Additional Notes/Comments

Location map (if necessary)