

NATURAL AREAS INSPECTION FORM #2

SITE: _____
DATE: _____
NAME: _____

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

MANAGEMENT ROADS/FENCING/NATURAL FEATURES

Perimeter fencing: General condition _____
Repairs _____
Comments _____

Management roads: General condition _____
Mowed _____
Comments _____

Exotic vegetation: Location and species _____
Comments _____

Vandalism: Type and location _____
Comments _____

Unauthorized vehicle activity: Type and location _____
Comments _____

Unauthorized dumping: Type and location _____
Comments _____

Wildfire: Location and size _____
DOF response/plow lines _____
Comments _____

ACTION TAKEN _____

Additional Notes/Comments

Location map (if necessary)