Scoping Checklist
(CFWC-FM-02)
Check (√) if discussed

Group Member Name ________________________  Signature_______________________________
Cooperating Forester _____________________________  Signature__________________________
Center Representative ___________________________  Signature __________________________

The following list of items was discussed during the conference with the potential Group Member:

☐ Describe current status of management plan: ________________________________________________
                             ________________________________________________

☐ Reviewed inventory and CFWC inventory requirements
☐ Review if all lands owned are being certified (partial certification)
☐ Review acreage limits (FSC unlimited, 2,471 acres for FF standards, ATFS Max. 20,000 contiguous) - non-industrial or small business ownership)
☐ Review ownership type (FSC any type, ATFS non-industrial or small business owned and public)
☐ Review certification process (initial assessment, annual reporting, harvesting requirements, etc)
☐ Provide and review the terms of the FM Agreement Form (includes commitments to manage sustainably and committee to FSC and AFF principals)
☐ Discuss overall management plan objectives and how they mesh with the goals of certification
☐ If present, discuss implications of plantations
☐ Discuss current property boundary status
☐ Discuss potential stakeholder consultation
☐ Discuss special sites (ecological: wetlands, clifflines, caves, and glades, archaeologic, historical, cultural (cemeteries) and any other “special sites” landowner deems special and needing protection in FM plan
☐ Discuss use of Genetically Modified Organisms (allowed only under ATFS)
☐ Discuss restrictions of Streamside Management Zones
☐ Review list of FSC banned chemicals
☐ Copy of approved certification standards provided
☐ Copy of CFWC Operations Manual provided
☐ Other items discussed: __________________________________________________________
                             __________________________________________________________
                             __________________________________________________________

Revised 1/12/18