Activity Inspection Form
(CFWC-FM-10)

Use this form for reporting one or more harvesting, silvicultural, infra-structure or management activities, on-going or final. Use a separate form for each activity.

1. Group Member Name: ________________________________ Cert. #: __________________

2. Who is Inspecting: __ Group Member __ Cooperating Forester name: __________________

3. Date: __________________

4. Stand/Tract Name: __________________________________________

5. Activity or Activities being inspected (please √ all that apply):
   - □ Timber Harvest Describe harvest or operation: __________
   - □ Silvicultural Operation - non-harvest _____________________________
   - □ Non-silvicultural Operation (ex. infra-structure) __________________

6. _____ On-Going Activity _____________________________
   _____ Final Inspection ___________________________

   CHECK and PROVIDE INFORMATION FOR ALL THAT APPLY

TIMBER HARVEST

7. BMP use - Must have a copy of BMPs guidelines were used. NOTE: appropriate monitoring documentation, state/industry inspection form or self-inspection form (example: CFWC-FM-8 “Harvest BMP Evaluation Form”) is required to be kept and available for audit.
   a. use of __________________________ state BMPs and/or FSC SMZs
   b. (check one) ___ adequate ___ partial compliance with harvest BMPs required at time of inspection
      If partial - indicate practices needed: __________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

8. Contract Provisions (check all that apply)
   a. ___ adequate ___ partial adherence to timber marking or cutting guidelines
   b. ___ adequate ___ partial adherence to boundaries
   c. ___ adequate ___ partial adherence to other contract stipulations (weather, retention, etc.)
      If partial was checked on any item in C then describe practices needed or used to address issue:
      ______________________________________________________________________________________
      ______________________________________________________________________________________
      ______________________________________________________________________________________

   d. Changes: If there were any changes were made in contract or harvest/sale agreement describe here:
      ____________________________________________________________________________________
      ____________________________________________________________________________________
      ____________________________________________________________________________________

Revised 8/27/18
9. Check All That Apply as ADEQUATELY or PARTIALLY meeting objectives in forest management plan and/or stand or prescription goals.

a. Retention Goals  ____ adequate  ____ partial  Check all retention types that apply  ☐ SMZ  
☐ residual trees in harvested area  ☐ trees in drainage channels  ☐ trees in non-merchantable areas  
☐ other - describe: ____________________________________________________________

b. Regeneration Goals – condition will result in or has resulted in appropriate regeneration (ex. enough residual stand removed to encourage regeneration in appropriate places, advance regen. or seed present).  
  ____ natural  ____ artificial  ____ combination  
  ____ adequate  ____ partial  
If partial describe issue: ______________________________________________________

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c. Residual Stand Goals  ____ adequate  ____ partial (residual trees meet desired conditions)  
If partial describe issue: ______________________________________________________

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d. Special Site Protection  ____ adequate  ____ partial  ____ not applicable  
If partial describe issue: ______________________________________________________

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SILVICULTURAL OPERATION – non-harvest

10.a. Operation Type (check all that apply)  ☐ mechanical  ☐ chemical  ☐ site preparation  ☐ mid-story  
☐ crop tree release  ☐ thinning  ☐ invasive removal  ☐ prescribe burn  ☐ other  
describe operation: __________________________________________________________

b. Prescription adequately detailed in (check one):  ____ FM Plan  ____ stand/tract - other documentation  
  ____ prescription not described elsewhere or was altered  If other documentation what is it OR if not described or has been altered describe here: __________________________________________

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c. Implementation  ____ adequate  ____ partial  If partial describe issue: ________________________________

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Note: Chemical Use - All pesticides use must be described and logged appropriately. For ownerships or foresters that are state regulated and inspected, regulatory documentation will suffice. For ownerships or foresters that are not typically inspected documentation including pesticide used, amount, date of application, and location of application must be maintained see CFWC-FM-09 “Chemical Usage Form”.
NON-SILVICUTURE OPERATION

These include infra-structure projects. Examples include road building, crossing construction, fire lane construction and other operations that could have stand or forest impacts. Activities such as boundary painting, normal road maintenance and other operations that will not have direct forest impacts do not apply.

11. Describe Operation: ____________________________________________________________

______________________________________________________________________________

12. Implementation ___ adequate to meet expectation and consistent with FM plan
   ___ partial – implementation did not meet FM plan objectives

13. Impacts ___ operation did not negatively impact forest/stand attributes or require altering or
   adding to FM plan
   ___ operation negatively impacted attributes or required change in FM plan – describe:

______________________________________________________________________________

OTHER DISTURBANCE

14. Please provide information on other issues or disturbance that was noted when monitoring activities.
   This includes finding new and significant forest damage, trespass, invasive species, problems with special sites, etc. Note these and include plans to further monitor, assess, and take action if necessary.

a. Description

b. Recommended Course of Action (check all that apply)  ☐ monitor periodically  ☐ monitor annually
   ☐ alter FM plan to address  ☐ alter stand planning to address
   ☐ other - describe: ________________________________________________________________

______________________________________________________________________________

Use Additional Space or Add Documentation As Necessary