



NRCS-WA Practice Documentation Checklist

666

Forest Stand Improvement

Owner _____ Operator I.D. _____ Date _____
 Operator _____ Tract _____ Field (s): _____
 Contract Number _____ Contract Item Number (s): _____
 Field Office _____

MANDATORY DOCUMENTATION WITHIN THE PLAN

- Practice objective,
 Identification of the extent of practices applied,
 Location identification, this can be an aerial photo, soils map, reference to the conservation plan map, or a sketch in the plan drawings (legal description is required),
 Environmental Evaluation NRCS-WA-CPA-052,
 Documentation of necessary permits – federal, state, tribal, local - as applicable, and
 Site-specific practice specification

The following additional data are needed for the specific practices listed.

Use the Check Box to indicate the Requirements are met.

Check Box

Requirements

COMMENTS

<input type="checkbox"/>	Access roads suitable for product removal.	_____
<input type="checkbox"/>	Characteristics of residual trees provided to landowner.	_____
<input type="checkbox"/>	Forest interpretations and productivity.	_____
<input type="checkbox"/>	Location and extent of access.	_____
<input type="checkbox"/>	Maintenance plan and erosion control needs.	_____
<input type="checkbox"/>	NRCS-WA-TN-14 evaluation.	_____
<input type="checkbox"/>	Product use.	_____
<input type="checkbox"/>	Safety measures.	_____
<input type="checkbox"/>	Slash disposal needed.	_____
<input type="checkbox"/>	Soils.	_____
<input type="checkbox"/>	Species selection and establishment.	_____
<input type="checkbox"/>	Thinning requirements.	_____
<input type="checkbox"/>	Timing to avoid insect infestations.	_____
<input type="checkbox"/>	Type of equipment.	_____

Additional practices [supporting practices] may be necessary to implement, install, operate or maintain this practice. Check the requirements of this practice standard and provide the Practice Documentation Checklist for the necessary supporting practices.

Certification:

I have completed a review of all of the practice documentation and certify the applied practice meets NRCS specifications."

Certified by: /s/ _____ Date: _____

Job Title: _____