

Tree/Shrub Site Preparation Checkout and Certification

Cooperator:	Field Office:		
Plan No.:	Location:		
Checkout By:	Title:	Date:	

Document actual practice completion

	Field #:	Field #:	Field #:	Field #:
Type of Existing Cover:				
Date Completed:				
Acres Treated:				
Method Used				
Mechanical – Equipment used:				
Pesticide applied:				
WIN/PST results w/mitigating activities planned and applied:				
Prescribed fire according to burn plan:				

Notes:

Signature: _____

I certify that this practice has been carried out as documented and meets standards and specifications.