

### Tree/Shrub Establishment Checkout and Certification

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

#### ***Document actual practice completion***

*\*Attach diagram or map indicating completion of tree/shrub establishment location.*

	Field #:				
<b>Method of Site Preparation:</b>					
<b>Species Planted:</b>					
<b>Type of Planting Material:</b>					
<b>Seedlings Meet Minimum Size?:</b>	Yes No				
<b>Planting Method:</b>					
<b>Planting Depth Adequate?:</b>	Yes No				
<b>Trees/Ac:</b>					
<b>Spacing (ft):</b>					
<b>Date Planted:</b>					
<b>Acres Planted:</b>					

<b>Notes:</b>

Signature: \_\_\_\_\_

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