

Forest Stand Improvement Checkout and Certification

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

Document actual practice completion

**Attach diagram or map indicating completion of Forest Stand Improvement.*

Harvest – Regeneration Strategy:	Type of Thinning:
<input checked="" type="checkbox"/> Uneven-Aged Management	<input checked="" type="checkbox"/> Precommercial
<input type="checkbox"/> Even-Aged Management	<input type="checkbox"/> Commercial

PRECOMMERCIAL THINNING		
	BEFORE	AFTER
Tree Specie(s):		
Tree Spacing:		
Stocking:		
Ave. DBH:		
Trees/Acre:		
Basal Area:		
<u>Mechanical Release</u>		
Method used (Mowing, roller chopper, hand tools, etc.):		
<u>Chemical Release</u>		
Method used (Stem injection, basal spray, stump cut, etc.):		
Herbicide used:		
Herbicide rate:		
Timing of application:		

COMMERCIAL THINNING/CUTTING		
Type of Operation:	<input type="checkbox"/> Intermediate Thinning <input type="checkbox"/> Harvest/Regeneration Cut <input type="checkbox"/> Salvage/Sanitation Cut	
	BEFORE	AFTER
Tree Specie(s):		
Tree Spacing:		
Stocking:		
Ave. DBH:		
Trees/Acre:		
Basal Area:		
Intermediate Thinning		
D + X Spacing:		
BA Spacing:		
Cutting Cycle:		
Harvest/Regeneration Cut		
Seed Tree Cut (Trees remaining and size):		
Shelterwood Cut (Trees remaining and size):		
Clear Cut Type (Stand, strip, block, patch):		
Selection Cut (Describe activity):		
Salvage/Sanitation Cut		
Type of Damage (Insect, wind, etc.):		

Notes:

Signature: _____ Date: _____

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