

Outfall Site & Safety Survey Worksheet



City			
Date mm-dd-yy		Start time	
Volunteer Names		End time	

Outfall ID#	GPS - Latitude	GPS - Longitude	Elevation - Meters

Pictures Taken?	Yes or No	File Name(s):

Accessibility Assessment Part I - Check all that apply					
Pathway to Outfall		Difficulty of Access		Access Affected by Tide?	
Steep	<input type="checkbox"/>	Easy	<input type="checkbox"/>	No	<input type="checkbox"/>
RipRap	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Loose Soil/Rock	<input type="checkbox"/>	Difficult	<input type="checkbox"/>	If yes, Tide Height Required for Access	Less than ____ feet
Brush	<input type="checkbox"/>	Unsafe/Not Recommended	<input type="checkbox"/>		
Wet	<input type="checkbox"/>				

Accessibility Assessment Part II - Check all that apply			
Access Ownership		Access Restrictions	
Public	<input type="checkbox"/>	Key	<input type="checkbox"/>
Private	<input type="checkbox"/>	Gate	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	Other	<input type="checkbox"/>
Owner (if known)		Contact for Access (if known)	

Parking Information - Check which applies								
Room for:	1 car	<input type="checkbox"/>	2 cars	<input type="checkbox"/>	2+ cars	<input type="checkbox"/>	Distance to Outfall (paces)	

Describe any landmarks helpful for locating outfall:

Other pertinent recommendations/comments: