



WILDFIRE DANGER TREE ASSESSMENT

Supplementary Page

ASSESSOR'S NAME:		DATE: YY/MM/DD
		TIME:
FIRE NUMBER:	GEOGRAPHIC LOCATION:	

				TREE DEFECTS												L.O.D. - 1	MANAGEMENT SAFETY PROCEDURES				
				<input checked="" type="checkbox"/> High defect potential, or record length (m) of the defect <input type="checkbox"/> Low defect potential <input type="checkbox"/> No defect												Significant Hazards					
TREE #	SPECIES	TREE CLASS	WILDLIFE TREE VALUE (L, M, H)	HT	DL	WB	ST	SD	SB	CA	CM	TL	ROOT INSPECTION	Insecure Lodged Tree Hung-up Limbs, Tops Highly Decadent or Unstable Trees Recent Lean > 15% & Damaged Roots	OVERALL DANGER RATING (S or D)	SAFE	DANGEROUS	INSTALL	ACTION COMPLETED		
								NEST CAVITY OR								no action required	fall tree	No Work Zone (Sketch shape and note size (m))	YY/MM/DD		
COMMENTS:																					
Assessor's Signature																	Page of				