

**TRINITY RIVER WATERSHED RESTORATION EA CONDITION-BASED MANAGEMENT CHECKLIST**

USFS STAFF TO COMPLETE THIS FORM

Project Name:						Date:	
Activity Category:					Location:		
Timing of Project:					Ground Disturbing:	Y <input type="checkbox"/> /	N <input type="checkbox"/>
Seasonal Restrictions:					Watershed:		
Partners:					Funding Source Identified?	Y <input type="checkbox"/> /	N <input type="checkbox"/>
Tribal Consultation Complete?	N <input type="checkbox"/> / Y <input type="checkbox"/>	Date:		Nearby Private Land Holders Notified?	N <input type="checkbox"/> / Y <input type="checkbox"/>	Date:	
Project Description:							
<input type="checkbox"/> Maps Attached				<input type="checkbox"/> Engineering Designs Attached			
Resource and Land Management Consistency  Y <input type="checkbox"/> / N <input type="checkbox"/> Wilderness: Y <input type="checkbox"/> / N <input type="checkbox"/> Special Habitat – Late-Successional Reserves Y <input type="checkbox"/> / N <input type="checkbox"/> Traditional Cultural Properties (TCP) affected Y <input type="checkbox"/> / N <input type="checkbox"/> Semi-Primitive Non-Motorized Recreation Areas				Y <input type="checkbox"/> / N <input type="checkbox"/> Research Natural Areas Y <input type="checkbox"/> / N <input type="checkbox"/> Wild and Scenic River Y <input type="checkbox"/> / N <input type="checkbox"/> Special Interest Areas Y <input type="checkbox"/> / N <input type="checkbox"/> Inventoried Roadless Area		Environmental Commitments Consistency  <input type="checkbox"/> General Protection Measures (GPMs) <input type="checkbox"/> Design Guidelines <input type="checkbox"/> Conservation Measures	
Comments:							
Survey Needs:							

Environmental Assessment

Project Name

I have reviewed this project and have determined it is within the Design Guidelines identified for my resource.				Notification
Resource	Signature	Date	Comments	60 Days Req'd?
Heritage				
Botany				
Wildlife				
Fish				
Hydrology				
Range				
Soils				
Recreation				
Lands and Special Uses				
Engineering				
Fuels / Fire				
Silvicultural				

USFS Staff to Fill Out ONLY

Line Officer Signature:  X

Date: Click or tap to enter a date.

*Hardcopy Signatures Required*