



PACIFIC REGION MARINE COMPLIANCE MONITORING SITE VISIT FORM

PROJECT INFO	<input type="checkbox"/> Authorization		<input type="checkbox"/> LOA		<input type="checkbox"/> OS /BMP		Indicate specific OS or BMP:				
	Path File No.:			Action Log ID No.:			Title:				
	Assessor Name:				Proponent Name:						
	Nearest Community:						GPS Coord's:				
	Location Detail:				Local Water:						
	Location of compensation if at different site than HADD:										
SITE VISIT INFO	Date (yyyy/mm/dd):				Work status: <input type="checkbox"/> Not started <input type="checkbox"/> Completed <input type="checkbox"/> Unkn <input type="checkbox"/> In-progress If In-progress, stage: _____						
	Site Visit Conducted by:				Element or Phase of Project Assessed:						
	Who else was on site? (Proponent, Consultant, Other regulators, Fishery Officer, etc.) Obtain business card if possible										
	Weather/Environmental Conditions (cloud cover, precipitation, temperature, wind, tide, past weather):										
COMPLIANCE MONITORING (PATH)	*Read and understand Answer Guide prior to completing*						Yes	No	Partial	Unkn	N/A
	1. Were photos taken? (Indicate drive where photos will be stored.)						<input type="checkbox"/>	<input type="checkbox"/>			
	2. Was the work or undertaking completed as proposed <u>or</u> were the conditions of the OS / BMP met?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Authorization only: Was the HADD as described in the Authorization?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Authorization only: Were the compensation requirements implemented as described?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Were the mitigation measures provided conformed with? Enumerate: Total: _____ Expected: _____ Actual: _____						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Were the mitigation measures effective in preventing negative impacts to fish habitat?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Are there additional remedial measures or mitigation measures required that were not originally identified? (If remedial measures were required list in Additional Notes section or attach a piece of paper.)						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	8. If required, were the additional remedial measures or mitigation measures implemented and/or conformed with?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Is there a compliance issue with the <i>Fisheries Act</i> ?						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	10. If there is a compliance issues with the <i>Fisheries Act</i> , will there be further compliance action required?						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	11. Is a follow-up site visit required? If yes, provide DATE:						<input type="checkbox"/>	<input type="checkbox"/>			
	12. Is habitat monitoring now complete on this action?						<input type="checkbox"/>	<input type="checkbox"/>			



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HABITAT INFORMATION	Type of Species/Habitat Present (i.e. spawning, rearing, migratory, intertidal, subtidal, estuarine, etc.):		
	List Key Species (indicate if SARA species present):		
	Habitat Category	Amount Actually Impacted (m ²)	Habitat Quality Description (substrate, aquatic veg, depth, slope, water clarity, current, wave action, etc.)
	Intertidal Estuarine		
	Intertidal Marine		
	Subtidal Estuarine		
	Subtidal Marine		
	Riparian Zone (m ²)		
	Vegetated Area within Riparian Zone (m ²)		
	Project Footprint within Riparian Zone (m ²)		
ADDITIONAL NOTES	<div><u>Riparian Zone Sketch</u></div>		