**OUTFITTER GUIDE FIELD INSPECTION REPORT**

**Permit Holder: National Forest District**

**Type of Operation Location(s)**

**Date(s) of Field Inspection Field Inspector**

**Camp(s) in Operation during Inspection Holder Rep. Present during Inspection: Yes No**

**O = Outstanding U = Unacceptable A = Fully Acceptable NC = Not Checked NI = Needs Improvement NA = Not Applicable**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. SERVICE TO PUBLIC** | **O** | **A** | **NI** | **U** | **NC** | **NA** | | |
| 1. Rates, services, and accommodations provided as represented |  |  |  |  |  |  | | |
| 2. Holder shows courtesy to non-outfitted public. |  |  |  |  |  |  | | |
| 3. Operations properly coordinated with other landowner, if required |  |  |  |  |  |  | | |
| 4. Clients received educational and interpretive information about area and its values |  |  |  |  |  |  | | |
| **B. COMPLIANCE WITH PERMIT CONDITIONS** | **O** | **A** | **NI** | **U** | **NC** | **NA** | | |
| 1. Compliance with Federal, State and County laws and regulations  as required by permit |  |  |  |  |  |  | | |
| **C. COMPLIANCE WITH OPERATING PLAN** | **O** | **A** | **NI** | **U** | **NC** | **NA** | | |
| 1. Holder's employees knowledgeable of operating plan contents |  |  |  |  |  |  | | |
| 2. Adherence to operating plan, schedules, and itineraries, notification of changes. |  |  |  |  |  |  | | |
| 3. Adherence to camp management plans, permitted structures, use of site(s) |  |  |  |  |  |  | | |
| **D. EQUIPMENT & LIVESTOCK** | **O** | **A** | **NI** | **U** | **NC** | **NA** | | |
| 1. Equipment safe & well-maintained |  |  |  |  |  |  | | |
| 2. Boats, aircraft, or vehicles licensed or certified when required |  |  |  |  |  |  | | |
| 3. Livestock treated properly and humanely |  |  |  |  |  |  | | |
| 4. Stock properly contained and no resource damage occurring |  |  |  |  |  |  | | |
| **E. SAFETY** | **O** | **A** | **NI** | **U** | **NC** | **NA** | | |
| 1. Holder exhibits a concern for health and safety of guest, employees,  and general public. |  |  |  |  |  |  | | |
| 2. Staff current with first aid and knowledgeable of safety procedures. |  |  |  |  |  |  | | |
| **F. RESOURCE PROTECTION** | **O** | **A** | **NI** | **U** | **NC** | **NA** | | |
| 1. Holder uses minimum impact techniques |  |  |  |  |  |  | | |
| 2. Operation neat and orderly |  |  |  |  |  |  | | |
| 3. Compliance with fire regulations, Fish and Game regulations, protection of  Cultural Resources. |  |  |  |  |  |  | | |
| 4. Following appropriate procedures for human waste management and garbage |  |  |  |  |  |  | | |
| 5. Protection of threatened and endangered species |  |  |  |  |  |  | | |
| **G. MAJOR INCIDENTS, IF ANY** | **O** | **A** | **NI** | **U** | **NC** | **NA** | | |
| 1. This category relates to handling of unusual incidents, accidents, death,  significant resource damage, serious violation of law, or confrontations.  (Describe in comments section or on a separate attachment) |  |  |  |  |  | |  |

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Officer Holder/Holder Rep. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**