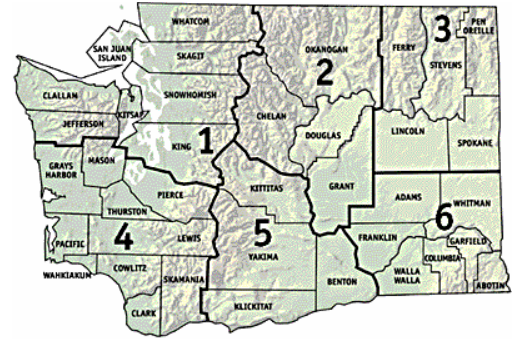




Winter Recreation On-Site Visit

- Non-motorized Sports Program
 Snowmobile Program



<i>Evaluator's Name</i>	<i>Date</i>	<i>Day of Week</i> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S	<i>Sno-Park Name</i>	<i>Geographical Area</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
<i>Project Type</i> <input type="checkbox"/> Snow Removal <input type="checkbox"/> Sanitary Facility <input type="checkbox"/> Trail Grooming	<i>Evaluation Start Time</i>	<i>Verify Sno-Park information including driving directions provided in current Sno-Park brochure:</i> <input type="checkbox"/> No Changes or Change as follows:			
	<i>Evaluation End Time</i>				
<i>Describe Current Weather Conditions</i>	<i>Vehicle Count</i>	<i>Number w/ Permits</i>	<i>Number w/o Permits</i>	<i>Estimated percentage of use by:</i>	
<i>Current Temperature</i>				Snowmobilers:	Cross-Country Skiers:
<i>Snow Depth Around Lot</i>				Dog Sledders:	Snowshoers:
				Snow Players:	Other:
SIGNING -- Condition of Trail Signing			<i>Clear Signing from Main Road to Lot?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>Bulletin Board</i> (Emergency Number, Nearest Phone, etc.)			<i>Trail Map Available at Trailhead?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
PARKING LOT -- Conditions of Parking Lot (Snow Removed, Users Parking Efficiently, Garbage, etc.)					
SANITARY FACILITY -- Conditions of Sanitary Facility (Empty, Clean Surroundings, Etc.)					
TRAIL -- Conditions of Trail					
PUBLIC CONTACT/COMMENT --					

ADDITIONAL COMMENTS –

EQUIPMENT -- *Equipment Inspection (Damage, Condition of Paint, Parks Logo, Grooming, etc.)*

P&R A-290 (10/02)

Please secure open ends with tape before mailing – do not staple.

WA State Parks & Recreation Commission
WINTER RECREATION PROGRAM
P O BOX 42650
OLYMPIA WA 98504-2650
