

RI DEM REPORT ON INSPECTION OF NATURAL RESOURCE IMPACT

DEM Official Requesting Inspection:		Date and Time Inspection Requested:		
Name:		Date and Time of Field Inspection:		
Phone:				
Case Number:				
Name of Field Inspector:		Address:	Phone:	
Location of Inspection:		Latitude:	Shoreline characteristics:	
		Longitude:		
Weather:	Water Conditions:	Wind:	Visibility:	Tide:
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hazy <input type="checkbox"/> Fog	<input type="checkbox"/> Calm (waves <6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very Rough (waves >6') <input type="checkbox"/> Strong Current	<input type="checkbox"/> None <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-17 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (over 25 mph)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Rising <input type="checkbox"/> Ebbing
Air Temperature:	Water Temp:	Wind Direction:	at	<input type="checkbox"/> Day <input type="checkbox"/> Night
Inspection Procedure:				
Finding (natural resources injured or at risk):				
<input type="checkbox"/> No significant impact on natural resources visible or imminent <input type="checkbox"/> Significant injury to natural resources visible or imminent				
Signature of Inspector:			Date and Time:	
Recommendation of Supervising Officer:				
Signature of Supervisor:			Date and time:	