

RI DEM REPORT ON INSPECTION OF NATURAL RESOURCE IMPACT

DEM Official Requesting Inspection: Name: Phone: Case Number:		Date and Time Inspection Requested: Date and Time of Field Inspection:			
Name of Field Inspector:		Address:		Phone:	
Location of Inspection:		Latitude: Longitude:		Shoreline characteristics:	
Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hazy <input type="checkbox"/> Fog Air Temperature: Water Temp:	Water Conditions: <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	Wind: <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) Wind Direction:	Visibility: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor at <input type="checkbox"/> Day <input type="checkbox"/> Night	Tide: <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Rising <input type="checkbox"/> Ebbing	
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:	