Output 1: LaVA Pre-treatment Checklist

Project:		District:	
Partnership Project:	Primary Partner(s):		
Project Objective(s):			
Accounting Unit(s):			
Project Location			
Management Area(s)			
Data File Location(s):			
Project Descripti	on (narrative):		

For all "yes" answers below provide documentation on the next page.

YES	NO	Issue:	
		The treatment has the potential to affect long-term stream health. (If yes, go to Decision Trigger 1).	
		The proposed treatment includes treatments meant to maintain or improve wildlife habitat. (If yes, go to Decision Trigger 2).	
		The proposed treatment has the potential to alter wildlife security areas. (If yes, go to Decision Trigger 3).	
		The proposed treatment occurs within a Lynx Analysis Unit or Linkage Corridor. (If yes, go to Decision Triggers 4 thru 9).	
		This treatment will utilize temporary roads to access treatment areas. (If yes, go to Decision Trigger 10 and 11).	
		The treatment has the potential to affect public access thru improvements or closures on roads, trails, and/or developed sites? (If yes, go to Decision Triggers 13 and 14, and list the miles or sites in the narrative on page 3).	
		The treatment was brought forward or is primarily funded through a partnership source.	
		Do any "yes" answers above result in a Yellow-Light Trigger?	
		Do any "yes" answers above result in a Red-Light Trigger?	
		Is it likely that the proposed treatment will result in a deviation from any Forest Plan Guideline? (If yes, elaborate on the next page)	
		Does the proposed treatment impact the Continental Divide National Scenic Trail or a Wild and Scenic River? (If yes, describe length of trail/river affected, type of effects, and duration of effects on next page).	
		Based on the proposed treatment, further Design Features are anticipated. (If yes, elaborate on next page).	

Describe any Issues or Triggers from Page 2:					
District Panger signature confirms all appropriate descriptions	pontation for necessary are implementation				
District Ranger signature confirms all appropriate documentation for necessary pre-implementation items is attached and the treatment planning can proceed.					
Approved By:					
District Ranger	Date				