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 Description (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 Ranger signature confirms all appropriate documentation for necessary pre-implementation items is attached and the treatment planning can proceed.

Approved By: _____   _____
                       District Ranger   **Date**