

Name _____ Home Phone _____
Address _____
City, State, Zip _____

NOT FOR PUBLIC RELEASE

TREE INFORMATION

Tree # _____	Species _____	DBH _____	Ht. _____	# of Stems _____
CROWN DENSITY		TREE FORM		LEAF SIZE
<input type="checkbox"/> Normal (Full Canopy) <input type="checkbox"/> Thin (Foliage/Small Leaf) <input type="checkbox"/> Sparse <input type="checkbox"/> Dormant		<input type="checkbox"/> Generally Symmetric <input type="checkbox"/> Minor Asymmetry <input type="checkbox"/> Major Asymmetry <input type="checkbox"/> Lean		<input type="checkbox"/> Normal <input type="checkbox"/> Smaller than Normal <input type="checkbox"/> Dormant
CROWN DIEBACK		FOLIAR COLOR		ANNUAL SHOOT GROWTH
<input type="checkbox"/> None <input type="checkbox"/> Initial (Small Branches) <input type="checkbox"/> Moderate <input type="checkbox"/> Severe (Large Dead)		<input type="checkbox"/> Normal <input type="checkbox"/> Off Color <input type="checkbox"/> Chlorotic <input type="checkbox"/> Necrotic		<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> No Rating
WOUNDED (CALLUS) DEVELOPMENT				
<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> None				
CROWN SYMPTOMS ATTRIBUTED TO				
<input type="checkbox"/> Root Rot <input type="checkbox"/> Construction Damage <input type="checkbox"/> Insect/Disease <input type="checkbox"/> Site Conditions <input type="checkbox"/> Environment <input type="checkbox"/> Other _____ <input type="checkbox"/> No Crown Symptoms <input type="checkbox"/> Not Determined				
Serious Insect or Diseases: _____				
OVERALL TREE CONDITION: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor <input type="checkbox"/> Dead				

<p style="text-align: center;">SITE CONDITIONS</p> <p>GRADE CONDITIONS</p> <input type="checkbox"/> Raised <input type="checkbox"/> Lowered <input type="checkbox"/> No Recent Change <p>SOIL</p> <input type="checkbox"/> Excessive Irrigation <input type="checkbox"/> Clay <input type="checkbox"/> Sand <input type="checkbox"/> No Rating <p>TREE EXPOSURE</p> <input type="checkbox"/> Single Tree Full Wind <input type="checkbox"/> Single Tree Recent Exp. <input type="checkbox"/> Large Tree in Group of Smaller Trees <input type="checkbox"/> Edge Tree <input type="checkbox"/> Reduced Exposure (Similar Tree in Group)	<p style="text-align: center;">TARGET</p> <input type="checkbox"/> House/Building <input type="checkbox"/> Parking <input type="checkbox"/> Pedestrian <input type="checkbox"/> Traffic <input type="checkbox"/> Landscape <input type="checkbox"/> Utility Lines <input type="checkbox"/> Hard Scape <input type="checkbox"/> Other _____ <p>OCCUPANCY/TARGET RATING</p> <input type="checkbox"/> Occasional Use - 1 <input type="checkbox"/> Intermittent Use - 2 <input type="checkbox"/> Frequent Use - 3 <input type="checkbox"/> Constant Use - 4 Fail Toward Target <input type="checkbox"/> Y <input type="checkbox"/> No Likely Fall Direction? N S E W
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TREE DEFECTS

Rate as: (S) Severe, (M) Moderate, (L) Low, (P) Present Rate all that can be found.

<p style="text-align: center;">ROOT SYSTEM</p> <input type="checkbox"/> Root Rot - Suspicion based on _____ <input type="checkbox"/> Poor Canopy <input type="checkbox"/> Rhizomorphs <input type="checkbox"/> Root Pruning - Distance from Trunk _____ <input type="checkbox"/> % Roots Affected _____ <input type="checkbox"/> Root Decay _____ Confirmed in Root Crown Excavation <p>TRUNK (Above Root Crown to Scaffold Branches)</p> <input type="checkbox"/> Wounds <input type="checkbox"/> Cracks <input type="checkbox"/> Loose Bark <input type="checkbox"/> Nesting Holes <input type="checkbox"/> Fungal Fruit Bodies <p>SCAFFOLDS (Main Structural Branches of Crown)</p> <input type="checkbox"/> Wounds <input type="checkbox"/> Decay <input type="checkbox"/> Cavity <input type="checkbox"/> Cracks <input type="checkbox"/> Excessive End Wt.	<p style="text-align: center;">ROOT CROWN (Base of Tree)</p> <input type="checkbox"/> Wound <input type="checkbox"/> Decay <input type="checkbox"/> Cavity <input type="checkbox"/> Fungal Fruit Bodies <p>TRUNK SCAFFOLD ATTACHMENT (Point of Attachment of Scaffold Branches to Trunk)</p> <input type="checkbox"/> Include Bark <input type="checkbox"/> Multiple Attachments <input type="checkbox"/> Decay/Cavity <p>BRANCHES (4"+ in size)</p> <input type="checkbox"/> Dead <input type="checkbox"/> Split <input type="checkbox"/> Hangers <p>FAILURE RISK</p> <input type="checkbox"/> Severe - 4 <input type="checkbox"/> High - 3 <input type="checkbox"/> Moderate - 2 <input type="checkbox"/> Low - 1
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RECOMMENDATIONS

<input type="checkbox"/> Remove Tree <input type="checkbox"/> Maintenance Prune <input type="checkbox"/> Crown Reduce <input type="checkbox"/> Safety Prune	<input type="checkbox"/> Cable Prune <input type="checkbox"/> Cable, Brace & Prune <input type="checkbox"/> Other _____ <input type="checkbox"/> Failure Risk Rating (Target Rating x Failure Risk Rating, 16 - highest risk) _____	<p>ADDITIONAL EVALUATION (N) Needed (P) Performed</p> <input type="checkbox"/> Resistograph Decay <input type="checkbox"/> Root Crown <input type="checkbox"/> Aerial Inspection <input type="checkbox"/> Annual Inspection <p>NOTIFICATION</p> <input type="checkbox"/> Owner <input type="checkbox"/> Manager Date _____ <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> On-Site	<p>COMMENTS</p> _____ _____ _____
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