

# MONTANA SITE STEWARDSHIP PROGRAM Site Monitoring Form

Site Name: \_\_\_\_\_ Township/Range/Section: \_\_\_\_\_

Site Number: \_\_\_\_\_ GPS Coord: N \_\_\_\_\_ E \_\_\_\_\_ USGS Quad: \_\_\_\_\_

Site Number: \_\_\_\_\_ Agency/Land Manager: \_\_\_\_\_

Date: / / Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Travel Time: \_\_\_\_\_

Steward Name: \_\_\_\_\_ Others with you: \_\_\_\_\_

Sign-out  Call-in  Return Time: \_\_\_\_\_ Total volunteer hours (travel monitoring): \_\_\_\_\_

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Did you pick up the trash when you finished your site visit?  - yes  - no

**Interpretive Signs** (if applicable):  - No Damage  - Damage (describe): \_\_\_\_\_

**Photographs:** Were photographs taken and included with this report?  - No  - Yes (digital- film-)

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(fill in photo log)

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**General Site Condition:**  - No Impact  - Minor Impact  - Major Impact

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> - animal burrows       | <input type="checkbox"/> - runoff erosion      | <input type="checkbox"/> - river bank erosion          | <input type="checkbox"/> - livestock      |
| <input type="checkbox"/> - digging              | <input type="checkbox"/> - recent trash        | <input type="checkbox"/> - cans _____                  | <input type="checkbox"/> - fireworks      |
| <input type="checkbox"/> - broken glass/bottles | <input type="checkbox"/> - shell casings       | <input type="checkbox"/> - recent footprints           | <input type="checkbox"/> - construction   |
| <input type="checkbox"/> - recent fire/campfire | <input type="checkbox"/> - ATV/tire tracks     | <input type="checkbox"/> - collectors' artifact pile   | <input type="checkbox"/> - graffiti _____ |
| <input type="checkbox"/> - rock art damage      | <input type="checkbox"/> - structural collapse | <input type="checkbox"/> - alteration/defacement _____ |   |

Describe above impacts: \_\_\_\_\_

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**If Significant Human Impact is Noted, Fill in the Following Information (where possible):**

Evidence noted on site (tools, trash, tracks, footprints, etc.)\_\_\_\_\_

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Estimate time elapsed since human impacts occurred (include basis for estimate):\_\_\_\_\_

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Was there a vehicle at the site when you arrived? - No - Yes

MAKE\_\_\_\_\_ MODEL\_\_\_\_\_ YEAR\_\_\_\_\_

COLOR\_\_\_\_\_ PLATE# AND STATE\_\_\_\_\_

UNIQUE STICKERS, DENTS, MISSING BUMPERS, ETC.?.\_\_\_\_\_

Were there any suspicious people at the site when you arrived? - No - Yes

SKIN COLOR\_\_\_\_\_ SEX: - MALE - FEMALE AGE:\_\_\_\_\_

HEIGHT:\_\_\_\_\_ WEIGHT:\_\_\_\_\_ HAIR COLOR:\_\_\_\_\_ EYE COLOR:\_\_\_\_\_

GLASSES: - No - Yes\_\_\_\_\_ FACIAL HAIR:\_\_\_\_\_

SCARS, MARKS, TATTOOS:\_\_\_\_\_ CLOTHING:\_\_\_\_\_

If any conversations occurred with people on site, please describe your encounter in detail below.