

SEGMENT INSPECTION REPORT

INCIDENT NAME

LOCATION	Segment ID
Geographic Name	
Operations Division	

Date of Survey	_____
Time of Survey	_____
Tide Stage	_____
Weather	_____

Inspection Completed Along Entire Segment?	
YES	NO

SCAT Team () Members		
If no further treatment is required, each UC rep sign below:		
Name		Signature
_____	RP rep	_____
_____	FOSC rep	_____
_____	SOSC rep	_____

Treatment Endpoint Criteria:

Is treatment or further treatment required? (circle one)
YES - define below specific treatment action(s) and specific locations within the segment where required. Provide sketches, maps, GPS coordinates to Ops
NO FURTHER TREATMENT required - each UC rep sign appropriate signature box above

Comments:

FOSC

SOSC

RP
