



**OKANAGAN SHUSWAP NATURAL
RESOURCE DISTRICT**
SMALL SCALE SALVAGE
POST HARVEST ASSESSMENT FORM

Version: 2016/03/08

FLTC #: A	Inspection Date:	Inspected By:
<p>I have reviewed the relevant documents and conducted a field assessment on the area(s) authorized for harvest under <u>FLTC A</u>. Reporting requirements, per license and <i>Forest Planning and Practices Regulation</i> (FPPR) Section 86(3), are attached. I attest that the obligations set out in <u>FLTC A</u> including the Salvage Plan are complete, subject to specific comments below:</p>		
<p>Driving Directions (from Vernon to the site):</p> <p>Circle Post-harvest access type: (2WD / 4WD / ATV / Walk-in)</p>		
Gross Area: Ha	Harvested Area: Ha	NAR^A: Ha
Silviculture System (Harvest Type):	Harvest Start Date: Harvest End Date:	Post-Harvest Basal Area: m ²

Obligations

1. The salvage area contains a minimum of 20m ² /ha basal area.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Stand is stocked in accordance with Section 46 of the FPPR.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Stand is free growing in accordance with Section 46 of the FPPR.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Accurate inventory/silviculture label has been submitted with the RESULTS spatial update.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Post-harvest fuel levels on the harvest area meet requirements of Section 7 of the <i>Wildfire Act</i> .	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. The License Area contains NSR openings larger than 0.5 ha in size.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Block boundary is clearly marked in the field.	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Percent distribution of slash and its average height:	____%; ____m
9. Site preparation will be required (by license holder) to achieve target stocking on the site. If Yes, then specify actions and timelines:	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Harvesting has been conducted in a manner consistent with the FLTC and Salvage Plan.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Waste and residue is clearly below benchmarks (see <i>Residue and Waste Manual Appendix</i> for benchmarks) based on walkthrough. If not, then complete and submit an ocular estimate as per Sec 3.3 of Provincial Logging Residue and Waste Measurement Procedures Manual (RW01 Estimate Form – Interior).	Yes <input type="checkbox"/> No <input type="checkbox"/> Benchmark: ____m³/ha Est total waste: ____m³
12. All timber required to be harvested has been removed from the site.	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. All roads, landings and trails have been deactivated to acceptable standards.	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. A map is included with this declaration.	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. The salvage area includes RMZs, WTPs, OGMAs (circle). If Yes, then show on the attached map.	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. The salvage area includes Terrain class 4 or 5. If Yes, then show on the attached map.	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Harvested area differs from Exhibit A area (E.g. part of block not harvested) and is shown on the attached map.	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Grass seeding completed where necessary for erosion or weed prevention.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
19. Measures undertaken to protect soil, water, archeological features, wildlife habitat have achieved the desired results.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
20. Opening has been created and updated in RESULTS, per FLNR's current "RESULTS Information Submission Specifications." https://www.for.gov.bc.ca/his/results/Forest_Cover_Retention_Submissions_March%2031%202014_FIN_AL.pdf	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. All debris piles have been burned. If No, then provide locations below. (N/A applies where exemption has been received).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
22. All on-site obligations are complete. If No, then note the specific obligations unsatisfactorily or not completed:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Footnotes:

A. For openings with un-mappable retention there is a need to track and prescribe more accurate areas for treatments and planning. There is a capability within RESULTS to determine a total area for an SU, and then deduct a % of reserve from the NAR in order to net the NAR down to a more refined estimate of the actual NAR of the SU. This SU maybe an aggregate of many small openings as per the nature of small scale salvage. The estimate of the deduction must be assessed by a field estimate using an accurate sampling of crown closure (using Crown Closure diagrams from section 27a of FS660 Silviculture Survey Reference at <http://www.for.gov.bc.ca/isb/forms/lib/FS660.PDF>).



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Locations of debris piles yet to be burned:

Pile #	UTM coordinates

Post Harvest Assessment of Salvage Plan Reforestation Prescription

1. Describe dispersion of standing timber, advanced regen, and NSR polygons on post-harvest site: (E.g. NSR strips or patches between standing timber, or contains scattered retention patches, etc.).	
2. Number of plantable spots per hectare: If <1200 sph, then list actions with timelines to be taken by the license holder: _____	_____ sph
3. Percent reduction of NAR due to unmappable, unplantable spots such as retention patches, rock, brush, wet, specify other: _____ (Circle factors):	_____ %
4. Expected brush concerns? If Yes, then list species of expected competing vegetation: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Expected risk of damage to regenerating stand due to cattle.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Expected risk of root disease to regenerating stand.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. If Yes to #6, then are planting requirements in the SP consistent with current management strategies for root disease? If No, then submit SP amendment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Digital photos of post-harvest site included.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please attach additional notes if necessary

See Over →



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Comments:

R.P.F. Name, number _____

- ☐ I certify that the work described herein fulfills the standards expected of a member of the Association of British Columbia Forest Professionals and that I did personally supervise the work; or
- ☐ I certify that I have reviewed this document and, while I did not personally supervise the work described, I have determined that this work has been done to the standards expected of a member of the Association of British Columbia Forest Professionals.

SEAL

R.P.F. Signature

Date