



1. Opening Information		
Date (mm/dd/yy)	Assessed by	District
Opening ID	Licence # / CP #	Block #
Proponent	Year of Harvest	First Nations' place name or Block name
BEC subzone variant and site series	General Location	

2. Summary of Known Cultural Heritage Sites and Features				
Feature ID	Description Code ¹	Information Source ²	Associated feature(s) [provide feature ID(s)]	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Description Codes	
Archaeological Resource	A
Culturally Modified Tree	CMT
Cultural Plants	P
Cultural Trail	CT
Ecological Features with Cultural Significance	EF
Traditional Use, Spiritual, or Ceremonial Sites or Features	TUA
Other	O

Information Source Codes	
Archaeological Impact Assessment	AIA
Archaeological Overview Assessment	AOA
CMT survey	S - CMT
Consultation/referral records	C
FRA/FRO Areas of Interest	FRA or FRO
Personal Communication (please specify in comments)	PC
Preliminary Field Reconnaissance	PFR
Pre-harvest CHR survey or assessment report	S - PH
Site Plan or Silviculture Prescription	SP (1) or SP (2)
Traditional Use Study	TUS
Other	O



3. First Nation and/or Proponent Contacts

Include dates and names. Use card C if needed.	Contacted	Attending on site
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Block Summary

Q1 Were there operational factors that limited CHR management options on this block?

Yes (please describe) No

Q2 Were there management strategies and/or practices used on this block that were particularly effective in managing CHR values? Yes (please describe) No

Q3 Are there management strategies and/or practices that could have been used to reduce impacts on CHR values on this block? Yes (please describe) No

Q4 To what extent did practices on this block maintain CHR values given the recommendations and opportunities that were available? very poorly poorly moderately well

very well don't know Rationale:

Additional comments on Form C



Opening ID _____ Feature ID(s) (from Form A) _____

1. Site or Feature Description Individual feature Composite site or feature: Composite ID# _____
(please assign)

Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Archaeological or heritage site | <input type="checkbox"/> Burial site | <input type="checkbox"/> Nest (eagle, goshawk, other) |
| <input type="checkbox"/> Cultural trail with associated features | <input type="checkbox"/> Cremation site | <input type="checkbox"/> Den (bear, cougar, coyote, other) |
| <input type="checkbox"/> Cultural trail (designated/undesignated) | <input type="checkbox"/> Ceremonial site | <input type="checkbox"/> Cave or other Karst feature |
| <input type="checkbox"/> Individual CMT | <input type="checkbox"/> Cedar bark strip area | <input type="checkbox"/> Stand of _____ (#) CMTs |
| <input type="checkbox"/> Stand of _____ (#) CMTs | <input type="checkbox"/> Individual monumental cedar | <input type="checkbox"/> Rock outcrop |
| <input type="checkbox"/> Traditional use site | <input type="checkbox"/> Stand of _____ (#) monumental cedar | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Spiritual site | | |

Description of site or feature and location description:

Size of feature (if applicable): Length _____ m OR Area _____ ha

Is this CHR a registered archaeological site? No Yes Borden #: _____

2. Location UTM Coordinate: Zone _____ E _____ N _____

Check all that apply, if known:

- In harvested area Adjacent to block Adjacent to, or in close proximity to water
 Entire cutblock area In reserve – type: _____

3. Age Check all that apply: Pre-1846 Post-1846 Age unknown Historical use

4. Management Planning

	Recommendation(s) by First Nation(s) (specify First Nation(s))	Recommendation(s) in AIA or site alteration permit	Identified in site plan or silviculture prescription (SP)
Management Strategy	<input type="checkbox"/> No First Nations provided management recommendations	<input type="checkbox"/> No permit issued <input type="checkbox"/> Yes Permit # _____	<input type="checkbox"/> No management strategies noted in SP
Modify block boundary to avoid the feature	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Retain a buffer of _____ m around site or feature	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Retain in harvest area – no buffer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Crown or stand modification	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Conserve in permanent reserve type:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Conserve in temporary retention area type:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date the feature	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Stub (some/all) CMT(s) above scars	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Leave standing where safe to do so	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Alter silviculture activities	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Additional comments on Form C

5. Management Effectiveness (field portion)		<input type="checkbox"/> Unable to locate the feature
For composite features:		
<input type="checkbox"/> One mgmt. strategy used for all features <input type="checkbox"/> Different mgmt. strategies used <input type="checkbox"/> N/A (individual feature)		
Check all that apply:		
<input type="checkbox"/> No management of the site or feature	<input type="checkbox"/> partially conserved in permanent reserve	type: _____
<input type="checkbox"/> Modified block boundary to avoid the feature	<input type="checkbox"/> Fully conserved in permanent reserve	type: _____
<input type="checkbox"/> Retained a buffer of _____ m around site or feature	<input type="checkbox"/> Partially conserved in temporary reserve	type: _____
<input type="checkbox"/> Completed crown or stand modification	<input type="checkbox"/> Fully conserved in temporary reserve	type: _____
<input type="checkbox"/> Dated the feature	<input type="checkbox"/> Retained in harvest area – no buffer	
<input type="checkbox"/> Left standing where safe to do so	<input type="checkbox"/> Stumped (some / all) CMT(s) above scars	
<input type="checkbox"/> Altered silviculture activities	<input type="checkbox"/> Other: _____	
Q1 Is there evidence of damage to the site or feature? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Q2 Where damage has occurred, what is the most likely cause?		
<input type="checkbox"/> Damage from harvesting activities <input type="checkbox"/> Damage from road building <input type="checkbox"/> Site modification for safety reasons		
<input type="checkbox"/> Damage from silviculture activities <input type="checkbox"/> Damage from windthrow (see additional windthrow questions below)		
<input type="checkbox"/> Fire <input type="checkbox"/> Other _____		
Description of damage (where applicable):		
Q3 Has the site been irreversibly damaged or rendered unsuitable for continued use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
Windthrow management	<input type="checkbox"/> N/A	Was there sufficient retention around the feature? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was a windfirm edge established during harvesting? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Windthrow management techniques applied: <input type="checkbox"/> None <input type="checkbox"/> Retention buffer
		<input type="checkbox"/> Topping <input type="checkbox"/> Pruning <input type="checkbox"/> Feathering <input type="checkbox"/> Other: _____
Trail Features:	<input type="checkbox"/> N/A	Can the trail still be located? <input type="checkbox"/> Yes <input type="checkbox"/> No
With respect to harvest		Is there evidence of damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
and/or road related		Has the trail been made less passable? <input type="checkbox"/> Yes <input type="checkbox"/> No
impacts:		Estimated % of trail length in or adjacent to the block with evidence of damage: _____%
6. Feature Summary Observations		
Q4 Were there operational factors that limited CHR management options for this feature?		
<input type="checkbox"/> Yes (please describe) <input type="checkbox"/> No		
Q5 Were there management strategies and/or practices used for this feature that were particularly effective?		
<input type="checkbox"/> Yes (please describe) <input type="checkbox"/> No		
Q6 Are there management strategies and/or practices that could have been used to reduce the impact on this CHR feature? <input type="checkbox"/> Yes (please describe) <input type="checkbox"/> No		
Q7 To what extent did practices for this feature maintain CHR value(s) given the recommendations and opportunities that were available? <input type="checkbox"/> very poorly <input type="checkbox"/> poorly <input type="checkbox"/> moderately <input type="checkbox"/> well		
<input type="checkbox"/> very well <input type="checkbox"/> don't know Rationale:		
<input type="checkbox"/> Additional comments on Form C		



Opening ID _____ Date _____ Evaluator(s) _____

Photos		
Photo #	Date	Description (include UTM)

Additional Comments

Comments/photos related to: Block Feature _____ General



Opening ID _____ Date _____ Evaluator(s) _____

Additional Comments

Comments/photos related to: Block Feature _____ General

Large empty rectangular box for entering additional comments.