

Lawn-to-Forest Post-Planting Inspection Checklist

Contact the landowner 48 hours prior to visiting.

Date of Inspection: _____

Individual Conducting Inspection: _____

Other Individuals Present: _____

Site Location:

Site Name/Description: _____

Date of Original Planting: _____

Planting Size (estimated acres): _____

Planting:

Trees properly planted: ☐ Yes ☐ No

Planting Appears Properly Managed: ☐ Yes ☐ No

Survivorship (70% Required):

Estimated Percent Survivorship: _____

Estimated Number of Stems Per Acre Present: _____

Species with Low Survivorship: _____

Replanting Needs:

Species and Number of Plants to Replace: _____

Invasives:

Appropriately Controlled Invasives: ☐ Yes ☐ No ☐ Partially

Invasive Species Present: _____

Noxious Weeds Present: _____

Invasives and Noxious Weed Management Suggestions: _____

Protection:

Protection From Deer/Herbivore Browse Present and in Good Condition: ☐ Yes ☐ No ☐ Some

Evidence of deer/herbivore browse damage: _____

Type of Shelters/Deer Protection Used: _____

Additional Shelters or Shelter Maintenance Suggestions: _____

Bird Nets Utilized/Removed Appropriately: ☐ Yes ☐ No ☐ Some

Tree Stakes Present, Sturdy, in good condition: ☐ Yes ☐ No ☐ Some

Netting/Staking Maintenance or Replacement Suggestions: _____

Protection from voles/rodents present: ☐ Yes ☐ No ☐ Some

Type of protection present: _____

Evidence of vole/rodent damage: _____

Vole/Rodents Protection Suggestions: _____

***Please Use Back of Page for Additional Notes/Suggestions**