



## Maricopa Trail and Park Foundation

### Work Event Assessment Form

Your Name:		Segment Number:	
Date of Assessment:		Trailhead/Work Staging Area:	
Work Event Name:		Notes: Use page 2 for notes.	
Exact location(s) of the work to be done:			
Distance/Time(s) From Staging Area:			
Date of Work Event:			
Problem and proposed solution: Circle one or more and describe on this page. Use additional or second page, if necessary.		Size of problem area (in feet or miles):	
Cupped/Rutted Tread	Ineffective Drainage	Signage Problem	Unstable Tread
Slough on the Tread	Drainage Crossing	Drain Structure	Wash Problem
Widened/Narrowed Tread	Berm Issues	Downed Trees	Diameter of largest downed tree (if applicable):
Rocks on the Trail	Brushing, Pruning, Grubbing	Other	
Number of Tools and Materials Needed: Lopper _____ McLeod _____ Pick Mattock _____ Bow Saw _____ Hand Saw _____ Pole Saw _____ Shovel _____ Rock Bar _____ Rake _____ Other _____		Est. # of person hours needed to complete the planned work.  Number of volunteers needed.	

Safety Considerations: i.e., Nearest toilet and water facilities? Cell phone service? Hospital, Emergency facility, Other?

Comments

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**Notes and Solutions**