|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Inspectors Name** | **Date** | **Time** | **Grid Ref:** | **Site** | **Date Prof. Tree Inspection & Inspector** | **Date tree surgery completed and name of contractor employed** |
|  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Location / Tree Number** | **Tree Ownership** (if known) | **Age Class \***  Y, S/M,  M,V | **Species** (if known) | **Condition / Defects** | **Hazard Rating \*\***  High  Medium  Low | **Follow up action\*\*\*** | **Map, Photo or email attached**  Yes / No |
|  |  |  |  |  |  |  |  |

\* Young, Semi Mature, Mature, Veteran

**\*\* Hazard Rating: Target**: 3 = High 2 = Medium 1 = Low **Hazard:** 3 = High 2 = Medium 1 = Low **Likelihood of failure:** 3 = High 2 = Medium 1 = Low

8+ = **High,** Professional tree inspection required within 7 days/Work required within 7 days

5-7 = **Medium,** Professional tree inspection required within 28 days/ Work required within 3 months

1-4 = **Low,** Professional tree inspection required within 50 days/Work required within 6 months

\*\*\* Unless the tree requires emergency work (see section 2.5iii) it must be referred to the Arboricultural Officers for Arboricultural and protected species / EPS assessment

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Location / Tree Number** | **Tree Ownership** (if known) | **Age Class \***  Y,S/M,  M,V | **Species** (if known) | **Condition / Defects** | **Hazard Rating \*\***  High  Medium  Low | **Follow up action\*\*\*** | **Map, Photo or email attached**  Yes / No |
|  |  |  |  |  |  |  |  |