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| **FORM B - Tree Defect Report Form** |

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| **Location :** | | | | **Grid Reference :** | | | |
| **Map, photo, email or sketch map attached?** (please mark with a X)  Yes  No | | | |
| **Date:** | | | **Time :** | **Tree Ownership (if known) :** | | | |
| **Inspector’s Name :** | | | | | | | |
| **Species (if known) :** | | | | **Age** (please mark with a X)  Young  Semi-mature  Mature Veteran | | | |
| **Condition/Defects** | | | | | | | |
| **Hazard Rating** (please mark with a X) | | | | | | **Total Hazard Rating** | |
| **Total**  (Target + Hazard + likelihood) |  |
| Target:  Hazard:  Likelihood of failure: | 3 = High  3 = High  3 = High | 2 = Medium  2 = Medium  2 = Medium | | | 1 = Low  1 = Low  1 = Low |  | 8+ = **High**  5-7 = **Medium**  1-4 = **Low** |
| **Total Hazard Rating Key**  **High** = Professional tree inspection required within 7 days / Work required within 7 days  **Medium** = Professional tree inspection required within 28 days / Work required within 3 months  **Low** = Professional tree inspection required within 50 days / Work required within 6 months | | | | | | | |
| **Follow up action by Inspector and date :**  (e.g. passed to Arboricultural staff / emergency work order) | | | | | | | |
| **Unless the tree requires emergency work (see section 2.5iii) it must now be referred to the arboricultural officers for Arboricultural and protected species / EPS Assessment** | | | | | | | |
| **This section is to be filled in by Arboricultural Officers and the form will then be returned to the Inspector**  Date of Professional Tree Inspection :  Date report sent back to Inspector : | | | | | | | |
| **Date tree surgery work completed and contractor employed**  **NB - this information must be passed on to the arboricultural officers before this form is filed.** | | | | | | | |