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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.** |