DAISHOWA-MARUBENI INTERNATIONAL LTD.

Peace River Pulp Division

ENVIRONMENTAL MANAGEMENT SYSTEM

PLANNING INSPECTION/MONITORING REPORT

Functional Area: **DEVELOPMENT AND PLANNING**

Form: **CHK-004**

SECTION 1 GENERAL INFORMATION		
CONTRACTOR:	**DISPOSITION NUMBER:**	**DATE OF INSPECTION:**
DMI SUPERVISOR:	**DISPOSITION TYPE:** ☐ CROWN ☐ PRIVATE ☐ SOUR FELLED ☐ SAT YARD	**IN ATTENDANCE:**

SECTION 2 BLOCK LIST

	Block Number:														
SECTION 3	**ACTIVITY REQUIREMENTS**														
STATUS:	**S** - Satisfactory (Comments may be added -> Section 4) **US** - Unsatisfactory (Corrective action required -> Section 5) **N/I** - Not Inspected														
	OPERATIONAL	**S**	**US**	**N/I**	**S**	**US**	**N/I**	**S**	**US**	**N/I**	**S**	**US**	**N/I**	**S**	**US**	**N/I**
1	Contract requirements are met															
3	Assessments (required assessments completed, assessment information correctly incorporated into plan)															
5	Feature identification/classification and mapping (streams, terrain, soils, reserves(raptor nests, bear dens), resources(retention, species at risk))															
8	Ribbon (correct marking)															
9	Maps (mapping standards are met)															
10	Reporting (report/output requirements are met)															
12	Block (block boundary properly located, design conforms to GDP/AOP)															
	Site Plans (Pre-Harvest Silviculture Assessments)															
15	Resource management development (species at risk, retention)															
16	Streams (proper assessment of riparian management strategies)															
17	Soil (proper soil classification)															
	Roads and Crossings															
18	Roads (meet DMI standards, ROW appropriate, properly referenced, design conforms to GDP/AOP)															
21	Crossings (appropriate recommendation, major crossing site plans, located, marked and mapped)															
	HEALTH & SAFETY															
23	PPE requirements met (i.e. bear protection)															
24	Communication measure (radio, sat phones)															
25	Safe working practices															

SECTION 4 COMMENTS- MONITORING & INSPECTIONS (Include # identifier)

SECTION 5 COMMENTS- CORRECTIVE ACTION MEASURES/PLAN

Comments (Include # identifier)	Actions	By Whom	Due Date

DMI Supervisor (print):	**Received By (print):**
Signature:	**Signature:**
RFP #:	**Delivery Method** ☐ **Hand Delivered** ☐ **Phone** ☐ **Fax** ☐ **Mail**

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