Vegetation Management Reporting Form

Project _____ Contract Number _____

National Forest _____ Ranger District _____ Contract Period _____

Employee Name						
Assignment						
Training Received Source/Date						
Protective Clothing/ Equipment Provided						
Dates Worked						
Accident or exposure incident – describe circumstances and health complaint	☐ YES, see attached ☐ NO	☐ YES, see attached ☐ NO	☐ YES, see attached ☐ NO	☐ YES, see attached ☐ NO	☐ YES, see attached ☐ NO	☐ YES, see attached ☐ NO

Vegetation Management method used: ☐ manual ☐ mechanical ☐ prescribed fire ☐ biological ☐ herbicide

For herbicide projects:

Product Name: _____ Manufacturer: _____

Formulation: _____ Registration #: _____

Method of Application: _____

Note: This report is required for all covered projects, regardless of whether any accidents or exposures occurred.

R6-FS-2100-12 (4/92)