

**Winona Forest Recreation Area
Project Planning Sheet**

Trail Name: _____ GPS Location: _____

Date of this report: _____ Submitted by: _____ Pictures: yes or no (circle answer)

Trail Segment (describe as best the location on the trail – between what two intersections, north/south):

Describe current situation or trail condition you are reporting;

Date Received by Trail Steward: _____ Is this a safety issue? Yes or No Requires trail closure? Yes or No

Requires immediate notification to the DEC Yes or No. If yes date notified _____ who notified _____

Requires immediate action by Trail Crew Yes or No If yes who assigned _____ date; _____

Does the condition warrant remediation ? Yes or No If yes assign a project number. Project Number _____

Basic plan:

Map on back