

PADDLE TRAIL LOG

Revised 08/12/04

Trip Leader:		Date:
Trip Objective:		
Type of Craft: <input type="checkbox"/> sea kayak <input type="checkbox"/> kayak <input type="checkbox"/> canoe <input type="checkbox"/> other		Shipping Channel Crossing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Put-In Location:		
GPS Coordinate:		
Directions to Put-In Location:		
Put-In Time:		
Launch/Ramp Type: <input type="checkbox"/> Sand/Sod <input type="checkbox"/> Gravel/Rock <input type="checkbox"/> Concrete <input type="checkbox"/> Float Dock <input type="checkbox"/> Dock <input type="checkbox"/> Other Explain:		
Facilities: <input type="checkbox"/> Restrooms <input type="checkbox"/> Picnic Tables <input type="checkbox"/> Water Fountain/Water <input type="checkbox"/> Covered Shelter <input type="checkbox"/> Phone <input type="checkbox"/> BBQ <input type="checkbox"/> Other (explain) Facilities Conditions (be specific):		
Take-Out Location:		
GPS Coordinates:		
Take-Out Directions:		
Take- Out Time:		
Launch/Ramp Type: <input type="checkbox"/> Sand/Sod <input type="checkbox"/> Gravel/Rock <input type="checkbox"/> Concrete <input type="checkbox"/> Float Dock <input type="checkbox"/> Dock <input type="checkbox"/> Other Explain:		Launch Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private
Bottom Condition: <input type="checkbox"/> Sandy <input type="checkbox"/> Shell <input type="checkbox"/> Rock <input type="checkbox"/> Vegetated <input type="checkbox"/> Other (explain)		ADA Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Facilities: <input type="checkbox"/> Restrooms <input type="checkbox"/> Picnic Tables <input type="checkbox"/> Water Fountain/Water <input type="checkbox"/> Covered Shelter <input type="checkbox"/> Phone <input type="checkbox"/> BBQ <input type="checkbox"/> Other (explain) Facilities Conditions (be specific):		
Weather Conditions: <input type="checkbox"/> Sunny <input type="checkbox"/> Overcast <input type="checkbox"/> Temperature _____ <input type="checkbox"/> Wind Direction N S E W <input type="checkbox"/> Wind Speed _____		
Water Condition: <input type="checkbox"/> Smooth <input type="checkbox"/> Light Chop <input type="checkbox"/> Choppy		Fishing Traffic: <input type="checkbox"/> Minimal <input type="checkbox"/> Light <input type="checkbox"/> Mid <input type="checkbox"/> Heavy
Tides: <input type="checkbox"/> High <input type="checkbox"/> Low		Conflicts with Boat Traffic: <input type="checkbox"/> Minimal <input type="checkbox"/> Light <input type="checkbox"/> Mid <input type="checkbox"/> Heavy
Side Trips:		
Points of Interest:		

Eateries/Location/Directions:	
Area Camp Sites: <input type="checkbox"/> Primitive <input type="checkbox"/> RV	
Potential Camp Sites/Locations:	
Wildlife Observed:	
Flora & Fauna:	
Way Points:	
Paddle Mileage:	Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No
General Perceptions/Field Notes:	
Trip Leader Experience: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low Volunteer Hours: _____ Paddler1 Name: Paddler1 Experience: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low Volunteer Hours: _____ Paddler2 Name: Paddler2 Experience: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low Volunteer Hours: _____ Paddler3 Name: Paddler3 Experience: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low Volunteer Hours: _____	
Further Investigation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Map Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Additional Information Needed	

