



# CFWC

Center for Forest & Wood Certification

## Monitoring Form

(CFWC-FM-10)

Group Member Name \_\_\_\_\_ Group Member Number \_\_\_\_\_

Cooperating Forester \_\_\_\_\_ Date \_\_\_\_\_

Activity being monitored (please  $\checkmark$ ):

- |                                                   |                                         |
|---------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Thinning                 | <input type="checkbox"/> Tree Planting  |
| <input type="checkbox"/> Timber Stand Improvement | <input type="checkbox"/> Timber Harvest |
| <input type="checkbox"/> Chemical Application     | <input type="checkbox"/> Other: _____   |

Please use this section to describe the monitoring program implemented.

Please use this section to describe the results of the monitoring program.

\*Please attach all relevant data sheets to support the results described above.