



TREE HAZARD EVALUATION FORM

To Be Completed by an ISA Tree Risk Assessor Qualified Arborist

Site Address: _____ Assessment Date: _____

Property Owner's Name: _____ public private

Arborist's Name: _____ ISA Certified Arborist No.: _____

ISA Tree Risk Assessor Qualified Arborist's Signature: _____

Required Attachments: site plan photographs supplemental arborist report (if necessary)

TREE CHARACTERISTICS

Tree #: _____ Species: _____

DBH: _____ # of Trunks: _____ Height: _____ Crown Spread: _____

Form: generally symmetric minor asymmetry major asymmetry stump sprout

Crown Class: dominant co-dominant intermediate suppressed

Live Crown Ratio: _____% Age Class: young semi-mature mature over-mature/senescent

Foliage Density: dense normal sparse none (seasonal) Vigor: high normal low

Annual Shoot Growth: excellent average poor Twig Dieback? yes no

History of Failure? no yes, explain: _____

Woundwood Development: excellent average poor none Epicormic Sprouts? yes no

Known or Suspected Insect Infestation or Disease: _____

Special Value: specimen heritage/historic wildlife unusual street tree screen shade

indigenous protected by government agency _____

SITE CONDITIONS

Site Character: residence commercial industrial park open space natural forest

Irrigation: unknown none adequate inadequate excessive trunk wet

Site Changes: unknown none grade change root impacts adjacent tree removal other

Describe: _____

Soil Conditions: limited volume saturated shallow compacted pavement over roots _____%

Describe: _____

Topography: flat slope _____% Aspect: _____ Prevailing Wind Direction: _____

Common Weather: strong winds ice snow heavy rain _____

Wind Exposure: single tree below canopy above canopy recently exposed edge of stand

windward area prone to windthrow _____

TARGET POTENTIAL

Primary Target(s): building parking traffic pedestrian recreation landscape hardscape

small features utility lines _____

Distance to Target: _____ Can Target Be Moved? yes no Can Use Be Restricted? yes no

Occupancy Rate: rare occasional frequent constant

TREE DEFECTS

Describe the Defective Part(s) and Conditions of Concern –

Crown and Branches: cracks lightening damage oozing sap included bark galls hollows
 other _____

Trunk: missing/abnormal bark codominant stems included bark cracks ooze visible decay
 lean _____ degrees; corrected? _____ cankers mushrooms/conks; describe species, quantity, and distribution of fruiting bodies _____
 other _____

Roots and Root Collar: root collar buried root plate lifting damaged roots visible decay ooze
 cavity mushrooms; describe species, quantity, and distribution of fruiting bodies _____
 other _____

Advanced Assessment Performed: None Aerial Resistograph Tomograph _____

Main concerns, notes, explanations, description of tools used assessment methodology, analysis of alternative methods to alleviate the hazard without removal: _____

Inspection Limitations: None Visibility Access Vines Other _____

RISK CATEGORIZATION

Matrix 1. Likelihood Matrix

Likelihood of Failure	Likelihood of Impacting Target			
	<input type="checkbox"/> Very Low	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
<input type="checkbox"/> Imminent	Unlikely	Somewhat likely	Likely	Very likely
<input type="checkbox"/> Probably	Unlikely	Unlikely	Somewhat likely	Likely
<input type="checkbox"/> Possible	Unlikely	Unlikely	Unlikely	Somewhat likely
<input type="checkbox"/> Improbable	Unlikely	Unlikely	Unlikely	Unlikely

Matrix 2. Risk Rating Matrix

Likelihood of Failure + Impact	Consequences of Failure			
	<input type="checkbox"/> Negligible	<input type="checkbox"/> Minor	<input type="checkbox"/> Significant	<input type="checkbox"/> Severe
<input type="checkbox"/> Very likely	Low	Moderate	High	Extreme
<input type="checkbox"/> Likely	Low	Moderate	High	High
<input type="checkbox"/> Somewhat Likely	Low	Low	Moderate	Moderate
<input type="checkbox"/> Unlikely	Low	Low	Low	Low

Overall Tree Risk Rating: Low Moderate High Extreme

Time Period: One Year Other _____

HAZARD ABATEMENT

Treatment: remove tree remove defective part other _____

Replace Tree? no yes, recommended species: _____

Potential Impacts to Adjacent Trees: none exposure leave stump or grind to remove

Other issues/recommendations: _____

Staff Use Only: The applicant has demonstrated that the condition or location of this tree presents a clear public safety hazard or a foreseeable danger of property damage to an existing structure and such hazard or danger cannot reasonably be alleviated by treatment. Alternative methods to alleviate the hazard without removal are not possible. This tree presents a high or extreme risk warranting issuance of a hazard tree removal permit.

Yes No **Reviewed By:** _____ **Site Visit Conducted:** _____