AUDIT REPORT (A) - TREE GROUP INSPECTION (FORM 1)

Date of Referral				Form 1 ref. no.				
File Ref.				District				
From:		[Tree	Management Office (TMO)] /	То	[Tree Maintenance Department] /			
		[Tree	Maintenance Department]		[Inspec	tion Officer]		
	tact			Attn.:				
Offi	cer:							
Ema	ail			Email:				
We	have	identified	areas in the subject Form 1 th	nat require yo	ur imme	diate attention and follow up		
		see below f	-	. ,		,		
	·	_	•					
Plea	ise i	report act	ions taken/completion of c	actions to [tree mo	anagement department] at		
			/ TMO at pt@devb.gov.hk	within 10 wo	rking day	<u>is</u> from the date of referral.		
CON	ИМЕ	NTS FROM						
[]	Subject Fo	ubject Form 1 is in order.					
1	1	Non-com	pliance with TRAM Guidelines					
•	•							
[]	Location I	nformation*					
[]	Tree Infor	mation – Table A*					
1]	Tree Information – Table B*						
	,	1100 111101	indicion idale b					
[]	Overall Re	marks*					
-								
[]	Attached Information*						

^{*} Sub-section headings of the Tree Group Inspection Form (Form 1) refers.

Appendix A

PHOTO REFERENCE						
Please note that these referrals are advisory only. Detailed site visit or specialist advice may be required						
to determine the appropriate scope of remedial tree work and monitoring work.						
LOCATION PLAN						
LOCATION PLAN						

COMPLETION OF FOLLOW-UP ACTIONS (TREE MAINTENANCE DEPARTMENT)						
	This is to report that the following actions will be taken / have been completed to the identified areas in					
the subject F	the subject Form 1.					
	T					
Date of	/ /					
return		T				
From		То				
Post		File ref.				
Contact		Date of				
Tel:		Referral				
Email		Email				

FOLLOW-UP ACTIONS					
Item	Please describe the follow-up actions that will be taken/ have been completed	Date of Completion	Check (✓) if action will be taken		
1					
2					
3					
4					

AUDIT REPORT (B) – INDIVIDUAL TREE RISK ASSESSMENT (FORM 2)

Date of Referral		Referral		Form 2 ref. r	10.		
File	Ref.			District			
				•			
From:		[Tree M	anagement Office (TMO)] /	То	[Tree Maintenance Department] /		
		[Tree M	aintenance Department]		[Inspection Officer]		
	tact			Attn.:			
	cer:						
Ema	ail			Email			
147	,	· 1 · ······· 1		<u> </u>		1	
		-		nat require yo	ur imme	diate attention and follow up	
acti	oris (.	see below fo	r detans).				
Plea	150	renort acti	ons taken/completion of	actions to l	tree m	aintenance department] at	
riec	136	report activ		_		ays from the date of referral.	
			/ 11110 at pt@ acva.gov.ii	TK VIIIII 20 W	orking a	ays from the date of rejerran	
CON	име	NTS FROM T	MO				
[]	Subject For	m 2 is in order.				
-	-	•					
[]	Non-compl	iance with TRAM Guidelines				
[]	General Information*					
[]	Tree Inform	nation *				
[]	Location In	formation*				
-							
L]	Target Asse	essment*				
Г	1	Sito / Gana	ral Conditions*				
L	1	Site / Gene	rai Collultions				
1	1	Crown / Branch / Trunk / Root Condition*					
	J	Clowing Brancing Trunk / Noot Condition					
ſ]	Risk Categorisation*					
٠	•	Nisk Categorisation					
[]	Risk Mitiga	tion Measures*				
-	-						
[]	Notes, expl	anations, descriptions and su	pplementary i	nformati	on*	
[]	Attached In	formation*				

 $^{^{*}}$ Sub-section headings of the Tree Risk Assessment Form (Form 2) refer.

Appendix A

☐ PHOTO REFERENCE						
Please note that these referrals are advisory only. Detailed site visit or specialist advice may be required						
to determine the appropriate scope of remedial tree work and monitoring work.						
·						
LOCATION PLAN						

COMPLETION OF FOLLOW-UP ACTIONS						
This is to report that the following actions will be taken / have been completed to the identified areas in						
the subject	Form 2.					
Date of						
return	//					
From		То				
Post		File ref.				
Contact		Date of				
Tel.		Referral				
Email		Email				

FOLLOW-UP ACTIONS					
Item	Please describe the follow-up actions that will be taken/ have been completed	Date of Completion	Check (✓) if action will be taken		
1					
2					
3					
4					