

**U.S. DEPARTMENT OF AGRICULTURE  
FOREST SERVICE  
MONITORING OR INSPECTION REPORT FOR SPECIAL USE AUTHORIZATIONS**

**Authority: Forest Service Manual 2716.5**

Holder's Name: \_\_\_\_\_

Name of authorized site or development: \_\_\_\_\_

Authorization ID: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorization Form: \_\_\_\_\_ Authority: \_\_\_\_\_ Use Code: \_\_\_\_\_

Holder Contact Information (name of representative, telephone number, and e-mail address):

\_\_\_\_\_  
\_\_\_\_\_

Purpose of Monitoring or Inspection (see FSM 2716.51 or specify other purpose):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the activity(s) monitored or inspected comply with the authorization's terms and conditions? Yes or No (explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the inspection is on site, describe in detail the condition of the authorized area or improvements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify in detail actions that are necessary to correct any unsatisfactory conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Monitored or Inspected

\_\_\_\_\_  
Name of Monitor or Inspector

\_\_\_\_\_  
Date Monitoring or Inspection  
Discussed With Holder

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Report Sent to Holder

\_\_\_\_\_  
Name of Authorized Officer

\_\_\_\_\_

**INSTRUCTIONS**

Use this form to document monitoring of compliance with special use authorizations and inspections of the area or improvements authorized by special use authorizations in accordance with FSM 2716. Insert additional lines as needed. Identify the authorization involved in the monitoring or inspection, the purpose of the monitoring or inspection, the name of the monitor or inspector, and the date of the monitoring or inspection. Identify any deficiencies encountered; consider attaching a map or photograph to enhance identification. Discuss any deficiencies with the holder, and note the date of the discussion. Corrective actions may be identified and scheduled in the operating plan with the authorized officer's concurrence. Keep the report in the case file, and provide a copy to the holder.

Failure to correct deficiencies identified and scheduled must be documented in a notice of noncompliance to the holder. The notice of noncompliance must specify the items of noncompliance and their factual and legal basis. In addition, the notice must identify the timeframe for correcting the noncompliance and the consequences for failure to correct it within that timeframe. Send the notice by certified mail or hand deliver it.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082. The time required to complete this information collection is estimated to average 0.25 hour per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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