



Name of Nominated Trail:

State:

Inspection was begun at (location):

Inspection was ended at (location):

Is this along the East Coast Greenway: Spine Route or Alternate Route

Review entire inspection form to assure familiarity with terms and protocols prior to commencing field activities.

Inspection directions.

- 1. Please remember to bring along: inspection form, designation application, provided ECG map, pen, tape measure & digital camera**
- Inspections should be conducted so as to provide the most accurate and detailed information possible.
- Please submit Trail Inspection Report to your ECGA state committee chair in electronic form.
- Please refer to Designation Application to determine the exact “start” and “end” points for trail or trail section being inspected. Please start and end inspection at these points.
- A Trail Inspection Map will be provided in hard copy through the ECGA Cartography Staff. Please mark this map with any specific trail conditions being noted and/ or any other information specifically requested.
- Digitally photograph typical trail sections and landscapes along the trail in addition to any situations being cited as having issues that need to be addressed. Submit photos with completed report.
- Please submit inspection reports (with map and photos) within three days of completion to the appropriate ECGA Staff for processing.

If you are unfamiliar with any of the terms listed within this inspection form please refer to the ECGA Trail Handbook at: <http://www.greenway.org/documents/TrailHandbook.doc>

Any further inquiries can be directed to:

Eric Weis, ECGA Trail Program Coordinator
76 Dorrance St ste 402, Providence RI 02903
(401) 450-7155
eric@greenway.org

ECGA Inspector

Name:

Phone:

email:

ECGA Affiliation:

I have read the designation application for this trail

Inspector's Report:

Trail name:

Date(s) of Inspection:

1. What is trail surface material(s) & estimated percentage of each (for completed phases of this trail only:

Trail Surface:						
	asphalt	concrete	stone dust	crushed gravel	packed dirt	other:
Surface						
Percentage						
Condition*						

*Please rate "Condition" as: **good**, **fair**, or **poor**

2. *Width of trail:

* (Please see question 5 for any qualifying conditions)

Nomination Qualifications:

3. Are there any street, business, or residential crossings that present a hazard? yes no

If yes please locate each on map.

4. Are there any issues with this trail (including at its access points) that would hinder wheelchair use (e.g., grade or steps, lack of curb cuts, trail surface problems, other impediments)? yes no

If yes please describe and locate on map:

5. Please indicate if you encountered any of the following issues with the trail during the inspection:

inadequate trail width (under 8 feet)

design issues (e.g., dangerous turns, excessively steep grades, poor drainage, etc)

surface problems (e.g., protruding tree roots, cracked pavement, too soft, etc.)

maintenance problems (e.g., encroaching vegetation, litter/ broken glass, etc.)

other similar substandard or hazardous conditions

Please list:

6. Please provide details about any issues indicated above and locate affected trail areas on map:

Report Summary:

Segment recommended for **permanent off-road designation:** yes no

If Segment not recommended for ECGA designation explain why: