

ENCAMPMENT MONITORING FORM

Date of Visit

Visit No:	Lead Officer:	Names of other Officers and Agencies:
Purpose of Encampment:		Intended Duration of Stay:
Number and Names of Families on site:		Stated Welfare Needs:
Number and type of vehicles: <i>(Please record registrations)</i>		Other Welfare Needs:
General observations on safety of site: (gas bottles, livestock, entrance, exit to site etc)		
What additional facilities may be required (water, rubbish bags, portable toilets)		
Note impact on local residents and businesses:		

Please use the reverse of this form to map out the site as best as possible.



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