



**Federation of Nova Scotia Woodland Owners
Annual Update Form for Woodlot Activities
Reporting Period: June 1, 2014 – December 31, 2015**

Completion of this form allows the FNSWO to update our certification program database, and your woodlot maps. General information will be compiled from landowners in order to produce an annual report. No specific personal information will be disclosed.

General

Landowner Name:	WMP#
1. Were any activities carried out on your woodlot during this period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you kept adequate records of the activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did you notify the FNSWO of the active operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Were there recommended treatments in your management plan for this period that were not completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If "yes" to question # 4, state reason for not completing:	

If you answered "no" to question # 1, skip the following checklists and proceed to signature.

If you answered "yes" to question # 1, please fill in the applicable checklists.

Harvesting

Any harvesting completed during this period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Presently underway
Treatments done as recommended in your plan?	<input type="checkbox"/> Yes, in which stand(s)? _____ <input type="checkbox"/> No
Type of harvest:	
Volume harvested: Softwood _____	<input type="checkbox"/> Cords <input type="checkbox"/> Tonnes
Volume harvested: Hardwood _____	<input type="checkbox"/> Cords <input type="checkbox"/> Tonnes
Area harvested: _____	<input type="checkbox"/> Acres <input type="checkbox"/> Hectares
Completed by:	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor
Was the perimeter GPS'd?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please forward file to Coordinator

Forest Conditions

Have there been any significant changes in the condition of your forest this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain changes in conditions and in which stands the changes took place:	
(Ex: Forest Fire, Major Blowdown, Insect Infestation, Land Sales, etc.)	
Will the changes require revision of management plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Silviculture

Any silviculture completed during this period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Presently underway
Treatments done as recommended in your plan?	<input type="checkbox"/> Yes, in which stand(s)? _____	<input type="checkbox"/> No	
Type of treatment:			
Volume harvested: Softwood	_____	<input type="checkbox"/> Cords	<input type="checkbox"/> Tonnes
Volume harvested: Hardwood	_____	<input type="checkbox"/> Cords	<input type="checkbox"/> Tonnes
Area treated:	_____	<input type="checkbox"/> Acres	<input type="checkbox"/> Hectares
Completed by:	<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	
Treatment funding received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the perimeter GPS'd?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please forward file to Coordinator

Road Building

Any road work completed during this period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Presently underway
Project done as recommended in your plan?	<input type="checkbox"/> Yes	In what area?	<input type="checkbox"/> No
Type of work:	<input type="checkbox"/> New Road	<input type="checkbox"/> Upgrades	
# of watercourse crossings:	<input type="checkbox"/> Culverts	<input type="checkbox"/> Bridges	<input type="checkbox"/> N/A
Permit obtained for crossings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Completed by:	<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	
Was the project GPS'd?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please forward file to Coordinator

Non- Timber Forest Products (NTFPs)

Any NTFPs harvested during this period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Presently underway
Any tending work done to promote NTFPs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Presently underway

Social Impacts of Forest Management

Have contacts been made with affected parties (adjacent neighbors).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please document below.		
Were local contractors used for harvest work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate name and contact information for contractor.		

Landowner Signature

Manager/Planner Signature

Date

FOR OFFICE USE ONLY

Date Received

Follow-up Required:

Yes No