

ANNUAL EXCEPTIONAL TREE INSPECTION FORM

TREE LOCATION/ADDRESS:

EXCEPTIONAL TREE #:

DATE: INSPECTOR:

TREE CHARACTERISTICS

Species:

DBH: # of Trunks: Height: Spread:

Form: *Generally symmetric Minor Asymmetry Major Asymmetry*

Live Crown Ratio: % Age Class: *Young Semi-mature Mature Over-mature/senescent*

Pruning History: *Normal maintenance Excessively Thinned Topped Crown Raised Crown Reduced
Flush Cuts Cable/Braced None*

TREE HEALTH

Foliage Color: *normal chlorotic necrotic*

Growth Obstructions: *Stakes Wires/Ties Signs Cables Curb/pavement guards Other:*

Foliage Density: *Normal Sparse* Leaf Size: *Normal Small*

Visible rot present: *none trunk crown*

SITE CONDITION

Site Character: *residence commercial industrial park open space natural woodland/forest*

Landscape Type: *parkway raised bed container mound lawn shrub border windbreak*

Irrigation: *None adequate inadequate excessive*

Recent Site Disturbance? *Y N construction soil disturbance grade change line clearing site cleaning*

COMMENTS:

Recommend further evaluation by an ISA certified arborist.