

**SPECIAL RECREATION PERMITS (SRP)  
FIELD MONITORING REPORT  
Grand Staircase-Escalante National Monument**

**Permittee (Company Name):** \_\_\_\_\_

**Trip Leader or Guide:** \_\_\_\_\_

**Date of Field Check:** \_\_\_\_\_

**Location of Field Check (General Description):** \_\_\_\_\_

**Location (Township & Range):** SLM T\_\_\_\_ R\_\_\_\_, Sec. \_\_\_\_\_

**Map Sheet (Ex: Escalante 7.5 Quad):** \_\_\_\_\_

**Location (UTM or GIS Coordinates):** \_\_\_\_\_

**Recreation Zone I.D. :** \_\_\_\_\_

**Number in Party (Including guides):** \_\_\_\_\_

**Number of Pack Stock:** \_\_\_\_\_

**Type of Operation:**

Day-Use \_\_\_\_\_ Overnight \_\_\_\_\_ Type of activity : \_\_\_\_\_

**Camp Information:**

Approximate size of Campsite: \_\_\_\_\_

Distance to any water source (If applicable): \_\_\_\_\_

Campfire: \_\_\_\_\_

Firepan: \_\_\_\_\_

**Site cleanliness( including food preparation area) :** \_\_\_\_\_

Human waste disposal method: \_\_\_\_\_

Distance from water source, camp or trails: \_\_\_\_\_

**Riding or Pack Stock:** \_\_\_\_\_

Weed-free hay or feed: \_\_\_\_\_

Type of stock: \_\_\_\_\_

If stock is confined, cite distance to water sources, camps, or trails: \_\_\_\_\_

Confinement method: \_\_\_\_\_

**Safety:**

First Aid Kit: \_\_\_\_\_

Other safety equipment: \_\_\_\_\_

Client safety orientation (Optional): \_\_\_\_\_

**Comments:**

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

**Name of Reviewer:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Signature of Company Representative:** \_\_\_\_\_