



# Minnesota Department Of Natural Resources TRAIL AMBASSADOR DAILY LOG



The information gathered on this form is critical to the programs success. Please put forth your best effort to record accurate data and write legibly. **Work Smart/Work Safe!**

<b>Lead Ambassador Name:</b> _____ <b>Lead Ambassador ID#:</b> _____ <b>Club Sponsor Name:</b> _____ <b>Grant Contract#:</b> _____	<b>2<sup>nd</sup> Ambassador Name:</b> _____ <b>2<sup>nd</sup> Ambassador ID#:</b> _____ <b>Club Sponsor Name:</b> _____ <b>Grant Contract#:</b> _____
<b>Date:</b> _____ <b>County:</b> _____	<b>Location (Trail/Forest):</b> _____
<b>Trail Start Time (military):</b> _____ <b>Trail End Time (military):</b> _____ <b>Total Hours:</b> _____ <b>Travel Time if any:</b> _____ <small>(not to exceed two hours)</small>	<b>Approximate Trail Miles Observed/Monitored:</b> _____
<b>Conservation Officer Contacted:</b> Y / N <b>Name</b> _____	<b>Rain Last 24 Hrs?</b> Y / N <b>Amount in 10ths:</b> _____

<b>1. VISITOR CONTACTS: Vehicle Type &amp; Number Observed – Use Tally System (/// = 8)</b>		<b>TOTALS</b>
<b>ATV (Class 1)</b>	(Number of Vehicles Observed) _____	
<b>ATV (Class 2)</b>	_____	
<b>OHM</b>	(Number of Vehicles Observed)	
<b>ORV</b>	(Number of Vehicles Observed)	
<b>Non-Mtrzd</b>	(Number of Persons-Hikers, Bikers, Horse Riders, etc., circle type)	
<b>HLV</b>	(Number of Highway Licensed Vehicles Observed @ Parking Lots/Trailheads)	
<b>Number of Persons Contacted (tally)</b>		
<b>Verbal Only:</b>	_____	
<b>Informational: (Info/Matrls. given)</b>	_____	

<b>2. OPERATOR SAFETY/TRESPASS</b>		<b>List # Observed (tally)</b>	
<b>Under 18 without Helmet</b>	_____		
<b>Youth Operators with Passenger(s)</b>	_____		
	List # Observed	Note Location (UTM)	Totals
<b>Extreme Unsafe Riding</b>	_____	_____ _____	
<b>Trail/Area Closure Trespass</b>	_____	_____ _____	
<b>Fire Closure Trespass</b>	_____	_____ _____	
<b>Other (Explain)</b>	_____	_____ _____	

(Office only)  
**Log Sent To:**    DNR Trails & Waterways     DNR Forestry     Conservation Officer (K    )     Other  
**Date Sent:** \_\_\_\_\_

White - DNR Copy
Yellow - Sponsor/Club Copy
Pink - Mid-Point Request For Reimbursement
Green - End-Point Request For Reimbursement

DATE: \_\_\_\_\_  
 TA #s: (1) \_\_\_\_\_ (2) \_\_\_\_\_

TA Daily Log, page 2  
 (Must be submitted even if no data recorded)



3. Trail Conditions	(circle type)	(check if flagged or photo)	(circle type)	(check if flagged or photo)
		Location:		Location:
<u>Hazards</u>	Trees Washouts Other	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____	Trees Washouts Other	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____
	Trees Washouts Other	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____	Trees Washouts Other	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____
<u>Signs</u>	Damaged Missing Recommend	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____	Damaged Missing Recommend	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____
	Damaged Missing Recommend	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____	Damaged Missing Recommend	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____
<u>Trail Change</u>	Braid Bypass	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____	Braid Bypass	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____
	Describe	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____	Describe	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____
<u>Off Trail Travel</u>	Describe	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____	Describe	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____
	Describe	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____	Describe	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____

4. Invasive Species/ Noxious Weeds	Circle if sample collected	(check if flagged or photo)	(check if flagged or photo)
		Location 1:	Location 2:
1.	Y / N	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____
2.	Y / N	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____	UTM <input type="checkbox"/> Flagged <input type="checkbox"/> Photo _____ _____

**Public Assists/Remarks/Notes/Other Incidents:** Please describe what type of public assistance was given i.e. First Aid – Emergency – Lost Trail User, etc...

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White -  
DNR Copy

Yellow -  
Sponsor/Club Copy

Pink -  
Mid-Point Request For Reimbursement

Green -  
End-Point Request For Reimbursement