

Wildlife Area Stewardship Checklist

Wildlife Area		
Address		
Date of Operation		
Call Sign Used		
Location		
Agency Contact	Name:	Phone:

Station	Description
Equipment	
Equipment	
Feed line type	
Feed line route	
Antenna(s)	
Other equipment	
Headphone use	Yes <input type="checkbox"/> No <input type="checkbox"/> Low volume <input type="checkbox"/>
Visual aids/info	
Other	

Removal	Remarks	Done
Station		
Antenna		
Feed line(s)		
Power line(s)		
Other equipment		
Shelter		
Signs/supplies		
Visual aids/info		
Refuse		
Other		
Other		

Post Closing	Remarks	Done
Site expurgation		
Notify agency of departure	Date/Time:	

Remarks:

Date(s): _____ Operator Name: _____ Initials _____