

PASSCODE: \_\_\_\_\_

Team Names: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



Latitude: \_\_\_\_\_

Longitude: - \_\_\_\_\_

1. Describe the water level you are observing in the area the water appears deepest (check 1). Do not wade in flood waters!

No flooding



Wave splash over: wave crests splash over the coastline, but there's no flooding between waves

Minor flooding: bottom of shoe



Minor flooding: ankle-deep



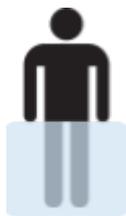
Minor flooding: between ankle deep and 1 foot of water (roughly mid-shin)



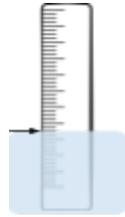
Moderate flooding: looks knee deep



Major flooding: more than 3 ft of water, looks waist deep or more.



2. If you are at a site with a tide staff, what is the measurement? (please take a photo)



Tide staff measurement: \_\_\_\_\_

3. Do you observe high water marks from a prior high tide? This could be washed up debris or seaweed and foam. If yes, please take a photo.



Yes



No

Unsure

4. Do you observe signs of erosion or damage due to current or past flooding or storms? If yes, please take a photo.



Yes



No

Unsure

5. Describe the precipitation.

<input type="checkbox"/> No precipitation 	<input type="checkbox"/> Sprinkling/ raining lightly 	<input type="checkbox"/> Steadily raining 
<input type="checkbox"/> Heavily raining 	<input type="checkbox"/> Lightly-moderately snowing 	<input type="checkbox"/> Snowing heavily 
<input type="checkbox"/> Sleet (slushy rain) 	<input type="checkbox"/> Hail (solid ice) 	

6. What category best describes the wind?

- No wind (air is still) to moderate breeze (wind moves small branches)
- Strong breeze (umbrella is difficult to use) to near gale (trees in motion)
- Storm conditions/ gale force winds (twigs and small branches breaking, difficult to walk, structural damage may occur)

7. Describe the waves you are observing.

- |   |  |
|---|--|
| <input type="checkbox"/> No waves, the water surface is calm                                  | <input type="checkbox"/> Small waves that are not likely to cause damage                                 |
| <input type="checkbox"/> Large waves pushing water far up onto the shore and causing flooding | <input type="checkbox"/> Large waves crashing into natural or man-made structures, likely causing damage |

8. Take photos of where you are and what you observe. If a storm is raging, don't be a hero - stay safe!			
9. What best describes your role in this community? (check all that apply)			
<input type="checkbox"/> Municipal staff	<input type="checkbox"/> Emergency services	<input type="checkbox"/> Educator	
<input type="checkbox"/> Visitor	<input type="checkbox"/> Student	<input type="checkbox"/> Business owner	
<input type="checkbox"/> Resident	<input type="checkbox"/> I work here	<input type="checkbox"/> Other: _____ _____	
10. Rate your level of concern about flooding and/or storm damage at this location.			
<input type="checkbox"/> I am concerned now	<input type="checkbox"/> I am concerned for the future	<input type="checkbox"/> I am not concerned	
11. How does the event you observed make you feel?			
<input type="checkbox"/> Neutral 	<input type="checkbox"/> Worried 	<input type="checkbox"/> Sad 	
<input type="checkbox"/> Angry 	<input type="checkbox"/> Surprised 	<input type="checkbox"/> Motivated to act 	
12. Do you feel that this community is prepared for increased flooding?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
13. What type of climate adaptation action would you prioritize at this location? (choose one)			
<input type="checkbox"/> No Action 		<input type="checkbox"/> Protect 	

<input type="checkbox"/> Mend 	<input type="checkbox"/> Retreat 
<input type="checkbox"/> Accommodate 	<input type="checkbox"/> Other: <hr/> <hr/> <hr/>
<p>14. Have you observed flooding at this location before?</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>15. Share a story of how you have observed the coastline</p>	
<p>16. Check your work: did you answer all the required questions? take all the required pictures?</p>	
<input type="checkbox"/> I certify that I followed the protocol and checked my work. <p>Signature: _____</p>	