

IMPACT IDENTIFICATION FORM

(to fill in the day of the test for each of the points with impacts)

DENOMINATION AND TYPE OF TEST:	
DATE	
TIME	
DENOMINATION OF THE POINT OR AREA OF THE IMPACT	
X COORDINATE	
Y COORDINATE	
MEDIUM PHYSICAL IMPACT <i>(Mark with an x the impact caused)</i>	<input type="checkbox"/> Erosion <i>(describe)</i> <input type="checkbox"/> Tearing off roots <input type="checkbox"/> Deterioration of the substrate
	<input type="checkbox"/> Compaction <i>(describe)</i>
	<input type="checkbox"/> Deterioration of the layout <i>(describe)</i> <input type="checkbox"/> Enlargement of the layout <input type="checkbox"/> Appearance of shortcuts and new trails

<p>MEDIUM BIOLOGICAL IMPACT <i>(Mark with an x the impact caused)</i></p>	<div data-bbox="1176 236 1406 268"><input type="checkbox"/> Flora <i>(describe)</i></div> <div data-bbox="1220 316 1960 435"> <input type="checkbox"/> Direct destruction by crushing or trampling <input type="checkbox"/> Damage to trees, scars and appearance of bare roots <input type="checkbox"/> Loss of plant cover </div> <div data-bbox="1176 475 1433 507"><input type="checkbox"/> Wildlife <i>(describe)</i></div> <div data-bbox="1220 555 1870 675"> <input type="checkbox"/> Alteration of habitats <input type="checkbox"/> Discomfort and harassment <input type="checkbox"/> Behavior modifications or behavior alterations </div> <div data-bbox="1176 794 1619 826"><input type="checkbox"/> Aquatic environment <i>(describe)</i></div> <div data-bbox="1220 874 1697 946"> <input type="checkbox"/> Damage to margins and / or beds <input type="checkbox"/> Water contamination </div>
<p>IMPACT OF SOUND</p>	<p>Typology and intensity of the noise <i>(describe)</i></p>
<p>WASTE</p>	<p>Typology and quantity <i>(describe)</i></p>
<p>IMPACT CULTURAL HERITAGE</p>	<p>Type of damage <i>(describe)</i></p>

<p><i>(Pictures)</i></p>		