

Appendix 2. Fields in the silviculture prescription template which are entered and tracked on the Ministry of Forests information system



SILVICULTURE PRESCRIPTION FOREST DISTRICT

A. TENURE IDENTIFICATION

LICENCE NO.:	CUTTING PERMIT:	BLOCK NO:	LICENSEE NAME:
TIMBER MARK:	OPENING NUMBER (or mapsheet): (if available)		LOCATION:

B. AREA SUMMARY

AREA OF NO PLANNED REFORESTATION (ha) (NPR)									TOTAL NPR AREA
PERMANENT ACCESS	ROCK	WATER	SWAMP	OTHER NP	NC>4ha	RESERVES WITH NO MODIFICATIONS:	IMMATURE	OTHER (specify)	
NET AREA TO BE REFORESTED INCLUDING RESERVES WITH MODIFICATIONS (ha)									
SU	SU AREA DESCRIPTION								NET AREA TO BE REFORESTED:
TOTAL NET AREA TO BE REFORESTED:									
TOTAL AREA UNDER PRESCRIPTION:									

D. ECOLOGICAL INFORMATION AND SITE CHARACTERISTICS

D.1 ECOLOGY AND CRITICAL SITE CONDITIONS							
BIOGEOCLIMATIC							
SU	STRATUM	ZONE	SUBZONE	VARIANT	PHASE	SITE SERIES	PHASE

F. SOIL CONSERVATION

F.2 SOIL DISTURBANCE LIMITS		
MAXIMUM PROPORTION OF TOTAL AREA UNDER THE PRESCRIPTION ALLOWED FOR PERMANENT ACCESS: _____ %.		
SU	MAXIMUM ALLOWABLE SOIL DISTURBANCE WITHIN THE NET AREA TO REFOREST (%)	MAXIMUM EXTENT TO WHICH SOIL DISTURBANCE LIMITS MAY BE TEMPORARILY EXCEEDED TO CONSTRUCT TEMPORARY ACCESS STRUCTURES (%)

G. SILVICULTURAL SYSTEMS

G.1 SILVICULTURAL SYSTEMS	
SU	SYSTEM/VARIANT/PHASE

H. STOCKING REQUIREMENTS

H.1 ASSESSMENT DATES			
		FREE-GROWING ASSESSMENT PERIOD (years)	
SU	REGENERATION DATE (years)	EARLY	LATE

H.2 STOCKING REQUIREMENTS FOR SILVICULTURAL SYSTEMS OTHER THAN SINGLE TREE SELECTION								
SU	PREFERRED SPECIES			ACCEPTABLE SPECIES		POST-SPACING DENSITY (stems/ha)		MAX CONIFEROUS
	SPECIES / MINIMUM HEIGHT (m)			SPECIES / MINIMUM HEIGHT (m)		MIN	MAX	(stems/ha)
SU	WELL-SPACED TREES/HA				MINIMUM PRUNING HEIGHT	RESIDUAL STAND STRUCTURE (BA or Density)		HEIGHT RELATIVE TO COMPETITION
	TARGET PREF & ACC	MINIMUM PREF & ACC	MIN PREF	MIN HORIZ DISTANCE	(delete if not applicable)	BA (m²/ha)	DENSITY (stems/ha)	(% or cm)

H.3 STOCKING REQUIREMENTS FOR SINGLE TREE SELECTION								
SU	LAYER	PREFERRED		ACCEPTABLE		MAX CONIFEROUS (stems/ha)	POST-SPACING DENSITY	
		SPECIES	MINIMUM HEIGHT (m)	SPECIES	MINIMUM HEIGHT (m)		MIN (stems/ha)	MAX (stems/ha)
	MATURE							
	POLE							
	SAPLING							
	REGEN							
	MATURE							
	POLE							
	SAPLING							
	REGEN							
SU	WELL-SPACED TREES/HA					PLANNED RESIDUAL BASAL AREA (m ² /ha)	HEIGHT RELATIVE TO COMPETITION (% or cm)	
	LAYER	TARGET PREF & ACC	MINIMUM PREF & ACC	MIN PREF	MIN HORIZ DISTANCE PREF & ACC	(sum of mature and pole)		
	MATURE							
	POLE							
	SAPLING							
	REGEN							
	MATURE							
	POLE							
	SAPLING							
	REGEN							

I. ADMINISTRATION

<p>The assessments checked off below are required for the area under this prescription pursuant to the Forest Practices Code and the regulations thereunder, including the operational planning regulation. All of these required assessments were completed to the procedures as specified in the legislation. While the assessments are not part of the prescription, the prescription is consistent with their results and recommendations. This prescription also complies with section 7(4), 8(3) and 8(4) of the Timber Harvesting Practices Regulation, with respect to the prohibition against constructing excavated or bladed trails. The procedures of the Operational Planning Regulation have been followed for any assessments required for providing BEC and soil disturbance information referred to in the OPR section 39(3)(a).</p> <p>VISUAL IMPACT ☐ RIPARIAN ☐ TERRAIN STABILITY ☐ GULLY ☐</p> <p>ARCHAEOLOGICAL IMPACT ☐ PEST INCIDENCE SURVEY ☐</p> <p>OTHER ☐ DEFINE: _____</p>	<p>PRESCRIPTION APPROVED BY:</p>
	<p>_____</p> <p>District Manager's Signature</p>
	<p>_____</p> <p>District Manager's Name (Printed)</p>
	<p>Date: _____</p> <p>Original Approval Date (if Amended): _____</p>