

ADVERSE WEATHER CONDITIONS NOTIFICATION

CLOSURE	Your Name:	
	Location:	
	Situation:	
	Name of Manager Contacted:	
	Decision:	
	Name of Approving Manager:	
	Date of Closure	
	Time of Closure	
	Have all the contractors and staff in the forest been informed of the closure?	
	Have permit holders been notified?	
RE-OPEN	Has notification been given on when the road/area has been re-opened?	
	Date re-opened:	
	Time re-opened:	
	Name of Authorising Manager:	