



GERALDTON 4 W D CLUB Inc.



4 WD TRACK SURVEY FORM

Park Unit: _____

Map Name: _____ Map Scale: _____

Track Name: _____ Track Length: _____ km

Track Status: **Open Year Round** **Seasonal Closure** **MVO** **Permanent Closure**

Track Runs Between: (eg X road & Y Track) _____

Track Co-ordinates: (GPS/Map refs or similar) _____ (Start) _____ (Finish)

Track Function: (Circle all applicable) Through track or link Access to scenic destination

Scenic route Access to camping/fishing etc destination 4WD Touring route

Weather During Assessment: Fine Windy Hot Showers Heavy rain Cold Snow

Track Condition During Assessment: Wet Dry

Track Surface: (Circle all applicable)

Rocky Stepped Dusty Sandy Clay Cross Drains
Side Drains Gravel Firm Slippery Graded

Track Characteristics: (Circle all applicable)

Steep (>1in4) Undulating Boggy Rutted Fallen Trees Diversion Impassable
Foliage Intruding Overgrown Narrow Other (Describe) _____

Water Crossing: Record the number of types of crossings of each depth encountered.

Water Depth	Dry	Axle Deep	Bonnet Deep	Not Navigable	Clay or Muddy Entry	Rock, Sand or Gravel Entry
Rocky Bed						
Sandy Bed						
Muddy Bed						

Vehicle Suitability: (Circle all applicable)

GREEN (High Range Road Tyres) **Blue** (Dual Range. Road Tyres)
Black (Dual Range. High Clearance) **Red** (Dual Range. High Clearance. Recovery gear.)

Other Vehicles Encountered: Total _____ Club Members Non-Club Member/s
Club/s: _____

Day & Date of Assessment: _____

Telephone: _____ Email: _____

Add any further comments you feel appropriate on the reverse of this form should you have any questions regarding this survey call Geraldton 4 W.D. Club

Return this completed for to our Geraldton 4 Wheel Drive Club representative