

Oak Processionary Moth Management Plan

To be completed by the plan author:	
Woodland or Property name	
OPM Management Plan case reference <i>(Forestry Commission Official use only)</i>	
The landowner agrees this plan as a statement of intent for the site(Y/N)	
Plan author name	

For FC Use only:			
Plan Period <i>(dd/mm/yyyy – Five Years)</i>	Approval Date:		Approved until:
Five Year Review Date			

Revision No.	Date	Status (draft/final)	Reason for Revision

OPM Management Plan Criteria

Prior to submission review your plan against the criteria using the check list below.

OPM management plan criteria		Minimum approval requirements	Author check <input checked="" type="checkbox"/>
1	<p>Plan Objectives: OPM management plans should state the objectives of management and set out how an appropriate balance between social, economic, and environmental objectives will be achieved.</p>	<ul style="list-style-type: none"> • Management plan objectives are stated. • Consideration is given to environmental, economic and social objectives if relevant to the vision for the woodland. 	
2	<p>OPM context and important features in management strategy: OPM management plans should address the context of the pest particularly in relation to the plan objectives (e.g. where there is high footfall)</p>	<p>Management intentions communicated in Sect. 6 of the management plan are in line with stated objective(s) Sect. 2.</p>	
3	<p>Identification of designations within and surrounding the site: For designated areas, e.g. National Parks or SSSI, particular account should be taken of landscape and other sensitivities in the design of forests and forest infrastructure.</p>	<ul style="list-style-type: none"> • Relevant designations have been considered, taking account of tree, public and animal health along with biodiversity. 	
4	<p>Management of OPM Lay out the procedures for monitoring, managing and communicating OPM</p>	<ul style="list-style-type: none"> • The plan follows the OPM online manual. Ideally there will be three sections: i) survey, ii) control iii) communications 	
5	<p>Consultation: Consultation on OPM management plans and proposals should be carried out, where required (e.g. SSSI's),</p>	<ul style="list-style-type: none"> • Evidence that consideration of neighbours and authorities for designated areas has been shown 	
6	<p>Plan Update and Review: Plans will be reviewed and updated when mutually needed</p>	<ul style="list-style-type: none"> • On an annual basis in September of each year information from surveillance and management has been presented in a suitable format as agreed with the FC 	

Section 1: Site details

Property Name			
Name		Owner (Manager)	
Email		Contact Number	
Agent Name (if applicable)			
Email		Contact Number	
County		Local Authority	
Grid Reference		Single Business Identifier	
What is the total area of this OPM management plan? (In hectares)			
Have you attached a map depicting the location of oak trees (ideally GIS) in Sections 4 and 5.2?			
Have you included an Inventory of Oak and operations plan within this OPM management plan?			
Have you listed the maps associated with this woodland management plan? E.g. SSSI's, risk zoning (with appropriate explanation)			

If you don't wish for this plan to be shared, please state your reason. (N.B. the plan would not be shared until after agreement with Forestry Commission)

Section 2: Vision and Objectives

2.1 Vision

Insert text here:

2.2 OPM Management Objectives

No.	Objective
Environmental	
1	
2	
Social	
3	
4	
Economic	
5	
6	

Section 3: OPM Survey

Please attach a GIS shapefile/MAGIC file showing oak locations below.

3.1 Description

Insert text here:

3.2 Information

Feature	Within Site(s)	Cpts	Adjacent to site(s)	Map No
<u>Biodiversity Designations (Y/N)</u>				
Site of Special Scientific Interest				
Special Area of Conservation				
Scheduled Ancient Monument				
Tree Preservation Order				
Conservation Area				
Special Protection Area				
Ramsar Site				
National Nature Reserve				
Local Nature Reserve				
Other (please Specify):				
Site of Nature Conservation Interest (SNCI)				
Park and Garden of Special Historic Interest (PGSHI)				
Notes				

Feature	Within Woodland(s)	Cpts	Adjacent to Woodland(s)	Map No
Environmental considerations (Y/N)				
Section 41 butterflies and moths (if yes, please provide any details of monitoring plans)				
Other (please Specify):				
Oak specific Lepidoptera				
Boundaries and Veteran Trees				
People				
CROW Access				
Public Rights of Way (any)				
Other Access Provision				
Public Involvement				
Visitor Information				
Public Recreation Facilities				
Provision of Learning Opportunities				
Anti-social Behaviour				
Other (please Specify):				
Water				
Watercourses				
Lakes				
Ponds				
Other (please Specify):				

Section 4: OPM management

4.1 Risk Matrix

Assessment Year	
Workplace Address	
Assessment Date	
Name of Assessor	
Associate Documents	
Expected Review Date	

Risk Rating Matrix: See Guide to Determining Risk		Severity			
		Minor	Serious	Major	Extreme
Likelihood	Likely	Low	Medium	High	High
	Possible	Low	Medium	Medium	High
	Unlikely	Low	Low	Medium	High
	Rare	Low	Low	Low	Medium

4.1.1 Risk due to OPM contact

What are the hazards related to OPM contact?	Who might be harmed and how?	Risk Rating before mitigation (H, M, L)	What are the existing controls?	Risk Rating after mitigation (H, M, L)	What further action is necessary? <i><u>Always when Risk is Medium or High</u></i>	Action by when / whom	Action complete (Date)

4.1.2 Risk due to OPM management

What are the hazards related OPM control?	Who might be harmed and how?	Risk Rating before mitigation (H, M, L)	What are the existing controls?	Risk Rating after mitigation (H, M, L)	What further action is necessary? <i><u>Always</u> when Risk is <u>Medium</u> or <u>High</u></i>	Action by when / whom	Action complete (Date)

4.2 [Zone](#) mapping

Please attach GIS shapefiles here:

4.3 Survey and monitoring plan

Insert text here:

4.4 Control plan

Risk Zone	Control Method	Reasoning

4.5 Communication

Insert text here:

Section 5: Consultation

Insert text here

Section 6: Monitoring Progress

Management Objective/Activities	Indicator of Progress/ Success	Date	Method of Assessment	Responsibility	Interim Assessment	Action required?	Annual Assessment
1							

2							
3							
4							
5							
6							

Section 7: Approval

Approved <i>This means FC is happy with your plan; it meets Forestry Commission requirements.</i>	Name (Forestry Commission)	Date
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		