



SITE AND INVASIVE PLANT INVENTORY RECORD



DATA ENTERED INTO INVASIVE ALIEN PLANT PROGRAM <input type="checkbox"/>	ENTERED BY	TEMPORARY FIELD SITE #
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SITE SITE ALREADY EXISTS

SITE CREATED DATE * (YYYY-MM-DD)	MAPSHEET	(ASSIGNED AT DATA ENTRY)	
		SITE ID	TREATMENT ID

PAPER FILE ID	DISTRICT CODE	RANGE UNIT ID	PASTURE
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SURVEY AGENCY *	EMPLOYER
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SURVEYOR(S)	JURISDICTION
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GPS/UTM GRID

ZONE *	EASTING *	NORTHING *	OR	LATITUDE *	LONGITUDE *
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BIOGEOCLIMATIC CLASS

ZONE	SUBZONE	VARIANT	PHASE	SITE SERIES
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SITE CHARACTERISTICS

SLOPE %	ASPECT	ELEVATION (M)	SITE SOIL TEXTURE		
			COARSE <input type="checkbox"/>	FINE <input type="checkbox"/>	ORGANIC <input type="checkbox"/>

LOCATION/SITE

LOCATION	COMMENTS
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INVASIVE PLANTS

FOR DATA ENTRY ENTER EACH SPECIES SEPARATELY	AREA * (Ha)	DISTRIBUTION CODE	SURVEY TYPE			DENSITY (PLANTS/m2)	SITE PRIORITY	PROPOSED ACTIVITY			
			CURSORY	OPERATIONAL	PRECISE			M	C	B	NONE
PLANT SPECIES *			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PROPOSED HERBICIDE			PROPOSED BIOAGENT							
PLANT SPECIES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PROPOSED HERBICIDE			PROPOSED BIOAGENT							
PLANT SPECIES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PROPOSED HERBICIDE			PROPOSED BIOAGENT							
PLANT SPECIES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PROPOSED HERBICIDE			PROPOSED BIOAGENT							

COMMENTS

SAME DATE AS SITE? OR SURVEY DATE (YYYY-MM-DD) _____ (*An invasive plant survey date is mandatory.)



MAP

SKETCH A WEED SITE MAP HERE, OR GLUE A SITE MAP HERE, OR ATTACH A SITE MAP TO THIS FORM.

IMAGE DETAILS

ID	DATE (YYYY-MM-DD)	PERSPECTIVE	REFERENCE NO.
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COMMENTS

Empty space for entering comments.