

BIOLOGICAL CONTROL AGENT RELEASE & MONITORING RECORD

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

SITE SITE ALREADY EXISTS

TREATMENT DATE * (YYYY-MM-DD)	TIME *(24 hr.)	MAPSHEET	(ASSIGNED AT DATA ENTRY)	
			SITE ID	TREATMENT ID

PAPER FILE ID	DISTRICT ID	RANGE UNIT ID	PASTURE
---------------	-------------	---------------	---------

AGENCY *	JURISDICTION	CLASSIFIED AREA
----------	--------------	-----------------

EMPLOYER	APPLICATOR
----------	------------

GPS/UTM GRID SAME AS SITE? * IF NO, THEN ENTER CO-ORDINATES BELOW

ZONE *	EASTING *	NORTHING *	OR	LATITUDE *	LONGITUDE *
--------	-----------	------------	----	------------	-------------

LOCATION/SITE

LOCATION	COMMENTS
----------	----------

BIOGEOCLIMATIC CLASS

ZONE	SUBZONE	VARIANT	PHASE	SITE SERIES
------	---------	---------	-------	-------------

TARGET PLANT SPECIES

TARGET PLANT SPECIES *	AREA (Ha)	DISTRIBUTION CODE	SURVEY TYPE			DENSITY (PLANTS/M ²)
			CURSORY <input type="checkbox"/>	OPERATIONAL <input type="checkbox"/>	PRECISE <input type="checkbox"/>	

BIOLOGICAL CONTROL

BIO AGENT CODE *	BIO AGENT SOURCE	COLLECTION DATE (YYYY-MM-DD)
------------------	------------------	------------------------------

BIOAGENT STAGE

ADULT <input type="checkbox"/>	EGG <input type="checkbox"/>	PUPA <input type="checkbox"/>	LARVAE <input type="checkbox"/>	OTHER <input type="checkbox"/>	ALL <input type="checkbox"/>	RELEASE QUANTITY *
-----------------------------------	---------------------------------	----------------------------------	------------------------------------	-----------------------------------	---------------------------------	--------------------

COMMENTS

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.
----	-------------------	-------------	---------------

COMMENTS

BIOLOGICAL MONITORING

AGENT DESTROYED? <input type="checkbox"/>	INSPECTION DATE (YYYY-MM-DD)	TIME (24 Hrs.) :	SPREAD	
			BEARING 1 (DEGREES)	DISTANCE 1 (DEGREES)
SURVEYORS			BEARING 2 (DEGREES)	DISTANCE 2 (DEGREES)
MONITORING ID	PLANT COUNT		BEARING 3 (DEGREES)	DISTANCE 3 (DEGREES)
BIOAGENT COUNT	DURATION OF COUNT (IN MINUTES)		BEARING 4 (DEGREES)	DISTANCE 4 (DEGREES)

GPS/UTM GRID SAME AS SITE? IF NO, THEN ENTER CO-ORDINATES BELOW

ZONE *	EASTING *	NORTHING *	OR	LATITUDE *	LONGITUDE *

TARGET PLANT SPECIES

TARGET PLANT SPECIES	AREA (Ha)	DISTRIBUTION CODE	SURVEY TYPE			DENSITY (PLANTS/M ²)
			CURSORY <input type="checkbox"/>	OPERATIONAL <input type="checkbox"/>	PRECISE <input type="checkbox"/>	

BIO AGENT PRESENCE * YES (IF YES, THEN SELECT INDICATOR BELOW) SAME UTM AS SITE?

FOLIAR FEEDING DAMAGE SEED FEEDING DAMAGE LARVA(E) PRESENT OVIPOSITION MARKS
 ROOT FEEDING DAMAGE ADULTS PRESENT PUPA(E) PRESENT EXIT HOLES/TUNNELS EGGS PRESENT

COMMENTS