



Chemical Treatment Monitoring Field Form

*Date YY-MM-DD

*Time HH:MM AM/PM

General Information

*Area (m2)

*UTM Zone

*UTM Easting

*UTM Northing

Or

*Latitude

*Longitude

*Employer

*Funding Agency(s)

*Jurisdiction #1

*Percent Cover

Activity Photos

Attached: Yes No

Jurisdiction #2 (if used, Percent Cover must total 100%)

Percent Cover

*Location Description

Access Description

Project Code(s)

Comments

*Linked Treatment ID

*Monitoring Person #1

Monitoring Person #2

*Terrestrial Invasive Plant Species:

OR

*Aquatic Invasive Plant Species:

*Evidence of Treatment? Circle one: Yes No

Treatment Pass—Circle one

1—First

2—Second

3—Third

4—Unknown

Comments:

*Management Efficacy Rating -

Choose 1:

- 1. 0% - 19%
- 2. 20% - 29%
- 3. 30% - 39%
- 4. 40% - 49%
- 5. 50% - 59%
- 6. 60% - 69%
- 7. 70% - 79%
- 8. 80% - 89%
- 9. 90% - 99%
- 10. 100%

*Invasive Plants on Site- Choose all that apply:

- 1. Few scattered untreated plants
- 2. Large areas untreated
- 3. Regrowth
- 4. New Seedlings or Rosettes
- 5. Not applicable
- 6. Skeletons without Seeds
- 7. Skeletons with Seeds

* = MANDATORY