



Mechanical 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

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

\*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—New Seedlings or Rosettes
- 4—Not Applicable
- 5—Regrowth
- 6—Skeletons without Seeds
- 7—Skeletons with Seeds

Comments:

\* = MANDATORY