



Terrestrial Mechanical Treatment 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

\*Treatment

Person #1

Treatment

Person #2

\*Invasive Plant #1

\*Treated Area (m<sup>2</sup>)

\*Mechanical Method (circle 1): Bury, Controlled Burning, Cultivation/Till, Cutting, Dead-heading, Digging, Flaming/Tiger Torch burn, Hand-pulling, Hotwater/Steam, Mechanical method not listed, Mowing, Mulching/Sheet mulching, Planting, Salt water/Vinegar, Seeding, Suction dredging, Targeted grazing, Tarping/Smothering

\*Disposal Method (circle 1): Burned, Dry and Passive Compost, Industrial Compost, Industrial incineration, In Situ, Landfill Deep Burial, Landfill regular, Not Applicable

Disposal Material Format (circle 1): Number of plants, Weight (kg), Volume (m<sup>2</sup>)

Disposal Material Amount: (kg, #plants, m<sup>2</sup>)

\* = MANDATORY