

Invasive Plant Species: Observation Field Form

Name (s): _____ _____ _____	Date: _____ <hr/> Group: _____	
GPS Used: <input type="checkbox"/> Yes <input type="checkbox"/> No	Northing: _____	Easting: _____

Species Observed: _____		
Length (m): _____	Width (m): _____	Approx. Area (m ²): _____
Max. height of plants (m): _____	Edge Definition: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Density of plant species: <input type="checkbox"/> Blanket <input type="checkbox"/> Staggered	Number of individual plants (if possible): _____	
Location Description: _____ _____ _____ _____		

Property Type: Public Private Park Unknown

Access to Site: _____

Dominant Land Use:
 Agricultural Residential Recreational Commercial
 Institutional Industrial Natural Other

Native Wildlife Observed: _____

Native Plants Observed: _____

Comments: _____

