

Tree Injury Report Form – Page 1

Sheet ___ of ___

PLEASE NOTE: Monitor/witness information is for data verification **ONLY** and will remain private. While tree health information will be shared publicly, all personal information and detailed site location information will be coded and therefore **NOT** publicly visible.

Observer: First Name _____ Last Name _____
 *Address _____ *City _____ * Zip _____
 *Phone: _____ *e-mail _____ Date: _____ *Witness Name: _____
 Site ID: _____ Subunit: _____ **County: _____
 *Initial Visit Planned? [] yes [] no *Visit #: _____ *[] check if GPS not used; see page 2
 **GPS (Lat/Long) in Decimal Degrees: N _____ W _____

Species and Injury Observed: At least one Indicative symptom (**bolded**) under Symptoms must be present (checked), otherwise injury is "0" (see instructions for exceptions). If multiple species are affected, data from at least two plant families (e.g., oak, redbud) are preferable. Use back of form and notes to record additional affected species.

	Species 1 photo? Y/N	Species 2 photo? Y/N	Species 3 photo? Y/N
common (or scientific) name			
approx.. # observed			
% foliage affected [1,2,3, or 4]			
avg. & range of injury b(a-c) [0-10]			
<i>SYMPTOMS - MARK "x" IF PRESENT</i>			
<i>Leaves: curled/cupped</i>			
<i>sideways/upside down (epinasty)</i>			
<i>irregular margins</i>			
<i>strapped</i>			
<i>tattered</i>			
<i>twisted and/or deformed</i>			
<i>veins bleached and/or parallel</i>			
<i>Shoots: elongated, coiled or bent</i>			
<i>deformed & growth suppressed</i>			
<i>Leaves: chlorotic (yellowed)</i>			
<i>necrotic (brown/black areas)</i>			
<i>2nd growth</i>			
<i>Trees: epicormic branching</i>			
<i>dieback</i>			
<i>death</i>			

Notes: (other affected species, etc., see guidelines) _____

***Layers:** Check for affected layers, strikethrough if layer is absent: [] Overstory [] Understory [] Ground layer

****Geographic Extent of Observed Injury:** (check and complete only one with "best-fit")

[] **LARGE** (> 1 acre) Type: _____ (e.g., upland woodland, large park) Approx. acreage _____

[] **SMALL** (< 1 acre) Type: _____ (e.g., yard, school, park) Approx. # trees affected _____

[] **LINEAR** Type: _____ (e.g., fencerow, edge of woods) Approx. length _____ (indicate ft or miles)

***OPTIONAL Injury Pattern and Land Use:** See guidelines; record pattern and land use data on Page 2 of form.

Items marked * = complete only once per site visit Items marked ** = complete only once per site