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". 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]			
SYMPTOMS - MARK "x" IF PRESENT	---		
Leaves: curled/cupped			
sideways/upside down (epinasty)			
irregular margins			
strapped			
tattered			
twisted and/or deformed			
veins bleached and/or parallel			
Shoots: elongated, coiled or bent			
deformed & growth suppressed			
Leaves: chlorotic (yellowed)			
necrotic (brown/black areas)			
2nd growth			
Trees: epicormic branching			
dieback			
death			

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