



# Pollinator Site Form

Site #		Visit #	1
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Date				Start time		<input type="checkbox"/> am <input type="checkbox"/> pm	Time spent observing		minutes
	d d	m m	y y y y						

Name				Email				
Street Address								
City/Town				Province			Postal Code	

**Location** (give location a name and coordinates; if address is same as above, leave address section here blank)

Location Name				Distance from road (approx.)				
Latitude (decimal degrees)			Street Address					
Longitude (decimal degrees)			City/Town				Province	

**Landscape** (check any features that apply to your site)

<input type="checkbox"/> urban	<input type="checkbox"/> suburban	<input type="checkbox"/> rural	<input type="checkbox"/> park	<input type="checkbox"/> wilderness
<input type="checkbox"/> embankment	<input type="checkbox"/> vacant	<input type="checkbox"/> cropland	<input type="checkbox"/> meadow	<input type="checkbox"/> orchard
<input type="checkbox"/> hedgerow	<input type="checkbox"/> garden	<input type="checkbox"/> forest	<input type="checkbox"/> riverbank	<input type="checkbox"/> public

**Weather** (check one from each section)

Sky	<input type="checkbox"/> sunny	<input type="checkbox"/> cloudy	<input type="checkbox"/> overcast	Shade (i.e. trees, building)	<input type="checkbox"/> not shaded	<input type="checkbox"/> shaded
Wind	<input type="checkbox"/> windy, steady	<input type="checkbox"/> windy in gusts	<input type="checkbox"/> light breeze, steady	<input type="checkbox"/> light breeze in gusts	<input type="checkbox"/> calm	
Temperature	<input type="checkbox"/> cold	<input type="checkbox"/> cool	<input type="checkbox"/> seasonal	<input type="checkbox"/> warm	<input type="checkbox"/> hot	

**Flowers visited by Insects** (list each kind of flower where insects were visiting and refer to these numbers in the table below)

1.	4.	7.	10.	13.
2.	5.	8.	11.	14.
3.	6.	9.	12.	15.

**Floral-visiting Insects** (name each kind of insect that you see and the flowers they visit; if you can't specifically identify an insect, fill out the Pollinator Description Form and identify here which Form and Column # you used)

Insect Name and Size	Type	Number Observed	Last Seen	Flowers Visited	Form #	Column #
Size (mm):	<input type="checkbox"/> Bee <input type="checkbox"/> Wasp <input type="checkbox"/> Fly <input type="checkbox"/> Beetle <input type="checkbox"/> Butterfly <input type="checkbox"/> Other <input type="checkbox"/> Moth <input type="checkbox"/> Don't know		<input type="checkbox"/> Never <input type="checkbox"/> Not this summer <input type="checkbox"/> This summer <input type="checkbox"/> Past month			
Size (mm):	<input type="checkbox"/> Bee <input type="checkbox"/> Wasp <input type="checkbox"/> Fly <input type="checkbox"/> Beetle <input type="checkbox"/> Butterfly <input type="checkbox"/> Other <input type="checkbox"/> Moth <input type="checkbox"/> Don't know		<input type="checkbox"/> Never <input type="checkbox"/> Not this summer <input type="checkbox"/> This summer <input type="checkbox"/> Past month			
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