Capital Region PRISM Treatment Report

# Site Information

|  |  |
| --- | --- |
| Date: | Property Owner Name: |
| Site Name: | Property Owner Contact: |
| Site Address (if different): | Survey Leader Name: |
| County: | Survey Leader Contact and Title: |
| Latitude/Longitude: | Team Member Name(s): |
| Total Site Size: | Team Member Contact(s): |

# Project Information

**\*\*\*Remember to obtain proper permissions before completing any treatment project.**

**Is this the first year of treatment? If not, consider creating an invasive species management plan for your project.**

**Total # of Participants:**

**Time Spent on Removal (hours, minutes):**

**Is follow-up needed? What time of year and how often during the season?**

**Target Species:**

**Tier and Rank:**

**Treatment Method (be specific):**

**Disposal Method:**

|  |  |  |  |
| --- | --- | --- | --- |
| Area Infestedacres/miles (if linear) | Area Treatedacres/miles (if linear) | % Removed | Amount Removed(#bags, # mature, # seedlings) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Photos, Presence points, polygons and Treatment in iMap Invasives of the project:

**Were treatments uploaded to the IS Tracker and iMap Invasives?**

**iMap Invasives User ID:**

**Presence ID #:**

**Treatment ID #:**