Capital Region PRISM Treatment Report

**Project Summary:**

# **Site Information**

Date:

Site Name & Address:

Property Owner:

Coordinates:

Project Leader:

Email:

iMapInvasives User ID:

Team Members:

# **Project Information (Copy this section and fill out for each species)**

Target Species:

First year of treatment?

Size of infestation:

Treatment Method (please be specific):

% Completed:

Amount removed (# bags, # plants, # mature, # seedlings):

Time spent on removal:

Is follow-up needed?

Were treatments uploaded to iMapInvasives?

Photos and maps of the project: