

Appendix 1

CDC site and community reporting forms: Site Survey Form, Idaho Community Observation Form, and Community Survey and Ocular Plant Species Data forms.

IDENTIFICATION AND LOCATION

SITENAME _____ SITECODE ___ *USIDHP ___
SITECLASS ___ SITE RELATIONS _____

MO DAY YEAR EXAMINERS
_____-_____-_____
_____-_____-_____
_____-_____-_____

COUNTY: _____ QUADNAME: _____

T/ R/ SECTION(s)
T/ R/ SECTION(s)
DIRECTIONS> _____

ELEMENT OCCURRENCES

ELNAME	Occ. #	Plot No.	Date Found?	ELNAME	Occ.#	Plot #	Date Found?

REVISIT NEEDS--> _____

SITE DESCRIPTION/DESIGN

SITE DESCRIPTION--> _____

KEY ENVIRONMENTAL FACTORS--> _____

ELEVATION RANGE _____ TO _____

TOPOGRAPHIC BASE MAP:
___yes___no 1. element locations and/or boundaries?
___yes___no 2. site boundaries?

BOUNDARY JUSTIFICATION> _____

SITE SIGNIFICANCE:

PROTECTION URGENCY _____

PU COMMENTS:

MANAGEMENT URGENCY _____

MU COMMENTS:

BIODIVERSITY SIGNIFICANCE _____

BIOSIG COMMENTS:

OTHER VALUES _____

OTHER VALUES COMM:

STEWARDSHIP

LAND USE AND CULTURAL FEATURES COMMENTS --> _____

EXOTIC FLORA/FAUNA COMMENTS--> _____

OFF-SITE CONSIDERATIONS--> _____

SITE AND ELEMENT MANAGEMENT NEEDS --> _____

CONSERVATION INTENT--> _____

INFORMATION NEEDS--> _____

SKETCH MAP

(e.g., show: (1) EO locations (estimate areal extent of community e.o.'s if possible), (2) study plots, (3) natural landmarks, (4) disturbance features, such as structures, trails, logging areas, etc... Include cross section if possible. Include scale and indicate north. At a minimum sketch e.o. locations on 24k field map)

Idaho Community Observation Form

Mail to:
Idaho Conservation Data Center
Idaho Dept. of Fish and Game
600 S. Walnut
P.O. Box 25
Boise, ID 83702
(208) 334-3402

For office use only	
Source Code _____	Quad Code _____
Community Code _____	Occ # _____
Map Index # _____	Update Y _____ N _____

Please provide as much of the following information as you can. Attach a map (USGS 7.5 minute series preferred) showing the site's location and boundaries. If observation is based on a detailed survey, include a copy of plot data. A relevé form is available on the back of this sheet.

Community name: _____ Source: _____
Reporter: _____ Phone: _____

Affiliation and Address: _____
Date of field work: _____ County: _____
Location: _____

Quad name: _____ T _____ R _____ ¼ of _____ ¼ sec _____
_____ T _____ R _____ ¼ of _____ ¼ sec _____
_____ T _____ R _____ ¼ of _____ ¼ sec _____
_____ T _____ R _____ ¼ of _____ ¼ sec _____

Landowner/Manager: _____ Photographs: Slide Print
Elevation: _____ to _____ Aspect: _____ Slope (indicate % or °): _____ Stand area: _____
Evidence of disturbance/threats: _____

Current land use: _____

Substrate/Soils: _____

General description of community: _____

Any special plants or animals present: _____

Successional status/Seral and structural condition: _____

Overall site quality: Excellent _____ Good _____ Fair _____ Poor _____ Comments: _____

Basis for report: Remote image _____ Binocular/Telescopic survey _____
Windshield survey _____ Brief walk-thru _____ Detailed survey _____ Other _____

Continue by completing relevé information on the back or attaching plot survey form.

RELEVÉ: In the space below, indicate each species cover % within the growth form categories:

Trees	Shrubs	Herbs/Graminoids

Is this a complete species list ___? or partial species list ___?

THANK YOU FOR YOUR COOPERATION!

FORM II. COMMUNITY SURVEY FORM

WHTF
10/30/92

GENERAL PLOT DATA

IDENTIFICATION AND LOCATION

SOURCECODE _____ MANUAL _____ UNITS ___ft___m
PLOT NO. _____ MO ___ DAY ___ YEAR ___ EOCODE _____ *
EXAMINER(S) _____
PNC _____ CT _____
SITE _____ STATE _____ COUNTY _____
PURP _____ PREC _____ QUADNAME _____ QUADCODE _____
T/___ R/___ S/___ 4S/___ 4/4 COMMUNITY SIZE (acres) _____
PLOT TYPES _____ PLTRL _____ PLOT W _____ SURVEY _____
PHOTOS _____ Specim _____ SpecClas _____
DIRECTIONS --> _____

CONSERVATION RANKING

QUAL _____ COM: _____
COND _____ COM: _____
VIAB _____ COM: _____
DEFN _____ COM: _____
RANK _____ COM: _____
THREATS _____
MGMT: _____
OWNERPROT PROT: _____

ENVIRONMENTAL FEATURES

DL _____ SOIL RPT _____
SOIL UNIT _____ SOIL TAXON _____
PM _____ LANDFORM _____ PLOT POS _____ SLP SHAPE _____ ASP _____
SLOPE % _____ ELEVATION _____ EROS POTENT _____ EROS TYPE _____
HORIZON ANGLE (%): N ___ E ___ S ___ W ___ IFSLP _____ IFVAL _____
SPFE _____
GROUND COVER: ___S+___ G+___ R+___ L+___ W+___ M+___ BV+___ O - = 100%
GROUND COVER DIST _____ ANIMAL USE EVIDENCE _____
DISTURBANCE HISTORY (type, intensity, frequency, season)--> _____

RIPARIAN FEATURES: Channel Width _____ Channel Entrench _____
Surface Water _____ Channel Depth _____ Dist from H2O _____
Valley Floor Gradient _____ Floodplain Width _____
Bed Material _____

GENERAL SITE DESCRIPTION (landscape condition and adjacent ct's)

FORM III. OCULAR PLANT SPECIES DATA

10/30/92

PltID

L _____

PLOT NO. _____ NO. SPECIES _____ PNC _____

TREES Tot Cv _____ Mht _____
 Tal Cv _____ Med Cv _____
 Low Cv _____ Grd Cv _____ CC

FRBS Tot Cv _____ Mht _____
 Med Cv _____ Low Cv _____
 Grd Cv _____ CC

T 1 _____
 T 2 _____
 T 3 _____
 T 4 _____
 T 5 _____

F 1 _____
 F 2 _____
 F 3 _____
 F 4 _____
 F 5 _____
 F 6 _____

SHRBS Tot Cv _____ Mht _____
 Tal Cv _____ Med Cv _____
 Low Cv _____ Grd Cv _____ CC

F 7 _____
 F 8 _____
 F 9 _____
 F10 _____
 F11 _____
 F12 _____
 F13 _____
 F14 _____
 F15 _____

S 1 _____
 S 2 _____
 S 3 _____
 S 4 _____
 S 5 _____
 S 6 _____
 S 7 _____
 S 8 _____
 S 9 _____
 S10 _____
 S11 _____
 S12 _____

GRAM Tot Cv _____ Mht _____
 Med Cv _____ Low Cv _____
 Grd Cv _____ CC

G 1 _____
 G 2 _____
 G 3 _____
 G 4 _____
 G 5 _____
 G 6 _____
 G 7 _____
 G 8 _____
 G 9 _____
 G10 _____
 G11 _____
 G12 _____

FERN Tot Cv _____ Mht _____ Med Cv _____
 Low Cv _____ Grd Cv _____
BRYO/LICH Tot Cv _____

COMMENTS (EODATA) --> _____