

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 _____

MANAGEMENT URGENCY _____

PU COMMENTS:

MU COMMENTS:

BIODIVERSITY SIGNIFICANCE _____

OTHER VALUES _____

BIOSIG COMMENTS:

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) --> _____