

## WIMS Field Form: Weed Occurrence

Basic Information		Notes
ID code:		An arbitrary code, for connecting with Assessments and Treatments
Date:		Enter date
Weed Name:		Scientific name
Location description:		Directions to Occurrence, Landmarks, etc.
Data Recorder:		Your Name
Latitude:		Preferred: WGS84 decimal degrees (Leave blank when using map)
Longitude:		
Accuracy:	<input type="checkbox"/> GPS1 (within 3 feet) <input type="checkbox"/> GPS2 (within 30 feet) <input type="checkbox"/> GPS3 (within 300 feet) <input type="checkbox"/> Man1 (within 150 feet) <input type="checkbox"/> Man2 (within 300 feet) <input type="checkbox"/> Man3 (within 660 feet)	
Comments:		

Location Information		Notes
Primary Area:		required
2 <sup>nd</sup> Area:		optional
3 <sup>rd</sup> Area:		optional
State/County:		
TRS:	<input type="checkbox"/> Township <input type="checkbox"/> Range <input type="checkbox"/> Section <input type="checkbox"/> QQQQ <input type="checkbox"/> QQQ <input type="checkbox"/> QQ <input type="checkbox"/> Q	

Features/Descriptions	
Active:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Discovery Year:	
Disturbances:	<input type="checkbox"/> Construction <input type="checkbox"/> Cultivation <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Grazing <input type="checkbox"/> Other <input type="checkbox"/> Recreation Area <input type="checkbox"/> Roads
Vegetation:	
Goal:	

## WIMS Field Form: Weed Assessment

Basic Information		Notes
Occurrence ID code:		Related Occurrence arbitrary ID
Assessment Date:		required
Weed Name:		Scientific or Common name
Data Recorder:		Your Name
Crew:		Crew members
Notes:		

Location Information		Notes
Primary Area:		required
2 <sup>nd</sup> Area:		optional
3 <sup>rd</sup> Area:		optional
Location Description:		

Status Information	
Phenology:	<input type="checkbox"/> Bolting <input type="checkbox"/> Bud <input type="checkbox"/> Dead/Skeleton <input type="checkbox"/> Flowering <input type="checkbox"/> Mature <input type="checkbox"/> Rosette <input type="checkbox"/> Seed Set <input type="checkbox"/> Seedling
Short Term Trend (1 year):	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> Stable <input type="checkbox"/> Unknown
Long Term Trend (5 years):	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> Stable <input type="checkbox"/> Unknown
Distribution:	<input type="checkbox"/> Isolated <input type="checkbox"/> Linear <input type="checkbox"/> Monoculture <input type="checkbox"/> Satellite <input type="checkbox"/> Uniform <input type="checkbox"/> Other
Comments:	

Time Information		Notes
Start Time:		Enter EITHER Total Hours OR Start/End Times, as hh:mm (3:00 pm = 15:00)
End Time:		
Total Hours:		Access will compute Staff/Vol hours
# Staff:		
# Volunteers:		

Size		Notes
Length:		Access will compute Area
Width:		
Unit of Measure:	<input type="checkbox"/> Meters <input type="checkbox"/> KM <input type="checkbox"/> Feet <input type="checkbox"/> Miles	

Cover/Density Information	
Cover Percent:	
Cover Class:	<input type="checkbox"/> < 1% <input type="checkbox"/> 1 - 10% <input type="checkbox"/> 11 - 25% <input type="checkbox"/> 26 - 50% <input type="checkbox"/> 51 - 100%
Density:	
Unit Area:	<input type="checkbox"/> Sq. ft <input type="checkbox"/> Sq. meters <input type="checkbox"/> Acres <input type="checkbox"/> Hectares <input type="checkbox"/> Infested Area

Count:	<input type="checkbox"/> All plants, w/o seedlings	<input type="checkbox"/> All plants w/ seedlings	<input type="checkbox"/> Only flowering plants
	<input type="checkbox"/> All stems w/o seedlings	<input type="checkbox"/> All stems w/ seedlings	<input type="checkbox"/> Only flowering stems

Basic Information		Notes
Assessment ID information:		
GIS Type:	<input type="checkbox"/> Point <input type="checkbox"/> Line <input type="checkbox"/> Polygon	
Accuracy:	<input type="checkbox"/> GPS1 (within 3 feet) <input type="checkbox"/> GPS2 (within 30 feet) <input type="checkbox"/> GPS3 (within 300 feet) <input type="checkbox"/> Man1 (within 150 feet) <input type="checkbox"/> Man2 (within 300 feet) <input type="checkbox"/> Man3 (within 660 feet)	

You may record up to 15 coordinate pairs for this Assessment or Treatment. Use the optional 'Sequence number' field, if readings are not taken in the correct order. When keying the data into Access, use those 'Sequence numbers' to manually place pairs in the correct order.

GIS Information (WGS84 decimal degrees)					
Point A:	Latitude:		Point I:	Latitude:	
	Longitude:			Longitude:	
	Seq. #:			Seq. #:	
Point B:	Latitude:		Point J:	Latitude:	
	Longitude:			Longitude:	
	Seq. #:			Seq. #:	
Point C:	Latitude:		Point K:	Latitude:	
	Longitude:			Longitude:	
	Seq. #:			Seq. #:	
Point D:	Latitude:		Point L:	Latitude:	
	Longitude:			Longitude:	
	Seq. #:			Seq. #:	
Point E:	Latitude:		Point M:	Latitude:	
	Longitude:			Longitude:	
	Seq. #:			Seq. #:	
Point F:	Latitude:		Point N:	Latitude:	
	Longitude:			Longitude:	
	Seq. #:			Seq. #:	
Point G:	Latitude:		Point O:	Latitude:	
	Longitude:			Longitude:	
	Seq. #:			Seq. #:	

## WIMS Field Form: Chemical Treatment

Basic Information		Notes
Treatment Date:		required
Data Recorder:		Your Name
Crew:		
Notes:		

Weed Occurrences			
Weed Treated/ID code 1:		% Treated:	
Phenology 1:	<input type="checkbox"/> Bolting <input type="checkbox"/> Bud <input type="checkbox"/> Dead/Skeleton <input type="checkbox"/> Flowering <input type="checkbox"/> Mature <input type="checkbox"/> Rosette <input type="checkbox"/> Seed Set <input type="checkbox"/> Seedling		
Weed Treated/ID code 2:		% Treated:	
Phenology 2:	<input type="checkbox"/> Bolting <input type="checkbox"/> Bud <input type="checkbox"/> Dead/Skeleton <input type="checkbox"/> Flowering <input type="checkbox"/> Mature <input type="checkbox"/> Rosette <input type="checkbox"/> Seed Set <input type="checkbox"/> Seedling		
Weed Treated/ID code 3:		% Treated:	
Phenology 3:	<input type="checkbox"/> Bolting <input type="checkbox"/> Bud <input type="checkbox"/> Dead/Skeleton <input type="checkbox"/> Flowering <input type="checkbox"/> Mature <input type="checkbox"/> Rosette <input type="checkbox"/> Seed Set <input type="checkbox"/> Seedling		

Acreage/Area Information		Notes	
Total Acres treated:		TOTAL affected by this Treatment	
Area 1:		Acres Treated in Area 1:	
Area 2:		Acres Treated in Area 2:	
Location Description:			

Time Information		Notes
Start Time:		Enter EITHER Total Hours OR
End Time:		
Total Hours:		Start/End Times, as hh:mm (3:00 pm = 15:00)
# Staff:		Access will compute Staff/Vol hours
# Volunteers:		

Chemical Treatment			
Wind Speed:			
Wind Direction:	<input type="checkbox"/> N to S <input type="checkbox"/> S to N <input type="checkbox"/> E to W <input type="checkbox"/> W to E <input type="checkbox"/> NW to SE <input type="checkbox"/> SE to NW <input type="checkbox"/> NE to SW <input type="checkbox"/> SW to NE		
Temperature (F):		Applicator 1:	
Time of Temperature:		Applicator 2:	

Herbicide/Adjuvant 1					
Application Method:	<input type="checkbox"/> backpack/spot sprayer <input type="checkbox"/> herbicide wand/brush/wick <input type="checkbox"/> boom sprayer <input type="checkbox"/> hack-squirt/girdle-frill <input type="checkbox"/> cut-stump, squirt <input type="checkbox"/> injection <input type="checkbox"/> aerial				
Herbicide Name:		Undiluted Quantity:	<input type="checkbox"/> oz <input type="checkbox"/> lb <input type="checkbox"/> pt <input type="checkbox"/> qt <input type="checkbox"/> gal	Application Rate:	<input type="checkbox"/> % solution <input type="checkbox"/> oz, lb, pt, qt, gal / Acre <input type="checkbox"/> oz, lb, pt, qt, gal ai / Acre <input type="checkbox"/> oz, lb, pt, qt, gal ae / Acre
Supplier:					
Adjuvant Name:		Undiluted Quantity:	<input type="checkbox"/> oz <input type="checkbox"/> lb <input type="checkbox"/> pt <input type="checkbox"/> qt <input type="checkbox"/> gal	Application Rate:	<input type="checkbox"/> % solution <input type="checkbox"/> oz, lb, pt, qt, gal / Acre <input type="checkbox"/> oz, lb, pt, qt, gal ai / Acre <input type="checkbox"/> oz, lb, pt, qt, gal ae / Acre
Supplier:					

Basic Information		Notes
Treatment ID information:		
GIS Type:	<input type="checkbox"/> Point <input type="checkbox"/> Line <input type="checkbox"/> Polygon	
Accuracy:	<input type="checkbox"/> GPS1 (within 3 feet) <input type="checkbox"/> GPS2 (within 30 feet) <input type="checkbox"/> GPS3 (within 300 feet) <input type="checkbox"/> Man1 (within 150 feet) <input type="checkbox"/> Man2 (within 300 feet) <input type="checkbox"/> Man3 (within 660 feet)	

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	Longitude:			Longitude:	
	Seq. #:			Seq. #:	
Point C:	Latitude:		Point K:	Latitude:	
	Longitude:			Longitude:	
	Seq. #:			Seq. #:	
Point D:	Latitude:		Point L:	Latitude:	
	Longitude:			Longitude:	
	Seq. #:			Seq. #:	
Point E:	Latitude:		Point M:	Latitude:	
	Longitude:			Longitude:	
	Seq. #:			Seq. #:	
Point F:	Latitude:		Point N:	Latitude:	
	Longitude:			Longitude:	
	Seq. #:			Seq. #:	
Point G:	Latitude:		Point O:	Latitude:	
	Longitude:			Longitude:	
	Seq. #:			Seq. #:	
Point H:	Latitude:				
	Longitude:				
	Seq. #:				

## WIMS Field Form: Treatment – Mechanical, Fire, Grazing & BioAgent

Basic Information		Notes
Treatment Type:	<input type="checkbox"/> Mechanical <input type="checkbox"/> Fire <input type="checkbox"/> Grazing <input type="checkbox"/> BioAgent Release	
Treatment Date:		required
Data Recorder:		Your Name
Crew:		
Notes:		

Weed Occurrences		
Weed Treated/ID code 1:		% Treated:
Phenology 1:	<input type="checkbox"/> Bolting <input type="checkbox"/> Bud <input type="checkbox"/> Dead/Skeleton <input type="checkbox"/> Flowering <input type="checkbox"/> Mature <input type="checkbox"/> Rosette <input type="checkbox"/> Seed Set <input type="checkbox"/> Seedling	
Weed Treated/ID code 2:		% Treated:
Phenology 2:	<input type="checkbox"/> Bolting <input type="checkbox"/> Bud <input type="checkbox"/> Dead/Skeleton <input type="checkbox"/> Flowering <input type="checkbox"/> Mature <input type="checkbox"/> Rosette <input type="checkbox"/> Seed Set <input type="checkbox"/> Seedling	
Weed Treated/ID code 3:		% Treated:
Phenology 3:	<input type="checkbox"/> Bolting <input type="checkbox"/> Bud <input type="checkbox"/> Dead/Skeleton <input type="checkbox"/> Flowering <input type="checkbox"/> Mature <input type="checkbox"/> Rosette <input type="checkbox"/> Seed Set <input type="checkbox"/> Seedling	

Acreage/Area Information		Notes	
Total Acres treated:		TOTAL affected by this Treatment	
Area 1:		Acres Treated in Area 1:	
Area 2:		Acres Treated in Area 2:	
Location Description:			

Time Information		Notes
Start Time:		Enter EITHER Total Hours OR
End Time:		
Total Hours:		Start/End Times, as hh:mm (3:00 pm = 15:00)
# Staff:		Access will compute Staff/Vol hours
# Volunteers:		

Manual/Mechanical	Grazing	Prescribed Fire
Method:	Animal Type:	Person in charge:
<input type="checkbox"/> Pulling <input type="checkbox"/> Mowing	# Animals:	Flame Length (m):
<input type="checkbox"/> Cutting <input type="checkbox"/> Plowing	End Date:	Rate Of Spread (m/sec):
<input type="checkbox"/> Digging		Fuel Model:

BioAgent Release		
BioAgent name:		Released by:
Release Method:		
Stage:	<input type="checkbox"/> egg <input type="checkbox"/> larvae <input type="checkbox"/> pupae <input type="checkbox"/> adult	
# released:		Temperature (F):
Wind Speed:		% Cloud cover:

Assessment of a Prior BioAgent Release		
BioAgent name:		Release Date:
Assessment Date/Time:		
Data Recorder:		

Temperature (F):		Count:	
Method:	<input type="checkbox"/> swipe <input type="checkbox"/> sq. meter <input type="checkbox"/> sq. foot		

Basic Information		Notes
Treatment ID information:		
GIS Type:	<input type="checkbox"/> Point <input type="checkbox"/> Line <input type="checkbox"/> Polygon	
Accuracy:	<input type="checkbox"/> GPS1 (within 3 feet) <input type="checkbox"/> GPS2 (within 30 feet) <input type="checkbox"/> GPS3 (within 300 feet)	
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	Longitude:			Longitude:	
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