Clearly PRINT all information on form



Forest Health Field Report

(Beaver Island Version)

Please complete ALL areas in this section						
Observer Date						
Telephone No.			Email			
Address where inspection took place (if available)			If Lat./Long. information not available use comment section below to describe location of site relative to the address		ribe location of	County
				FTP No.		
Town		Range	Section		Quarter Section	
Latitude D.D. (E.G. 45.717)						
Longitude D.D. (E.G85.123)						
Ownership State Private Federal Other:						
Survey Type: HWA OW ALB General Other:						
Sypmtoms None						
☐ Brooming ☐ Dieback ☐ Stunting ☐ Other Sypmtoms:						
☐ Canker ☐ Dying ☐ Wilting						
Dead Reddening Yellowing						
Signs						
Holes in bark Defoliation Webbing Sawdust						
Life Stages Observed None						
☐ Eggs ☐ Adult insects ☐ Cocoons ☐ Other:						
Larvae Fungi Name of pest (if known): Location of symptoms on tree None						
Location of symptoms on tree None Bole Buds Foliage Leader Seeds Twigs						
Branches Flowers Fruits Roots Other:						
Species Affected (if any):						
-F						
DHB (inches):						
Trees Affected: None						
☐ Single ☐ Scattered ☐ Pockets ☐ Entire stand						
Percent of Tree Affected (if applicable):						
Acres Affected (if applicable):						
Stand Type						
☐ Planted ☐ Seed ☐ Natural ☐ Roadside ☐ Ornamental ☐ Unknown						
Comments						