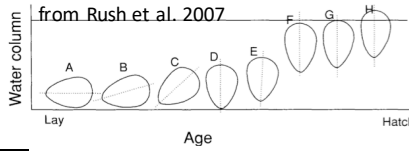


Nest #: _____
 Species: _____
 Site: _____
 Subplot: _____

2018 SHARP Precocial Nest Monitoring

Entered by _____ Date: _____

Proofed by _____ Date: _____



TAKE NOTES ON PRES. **AND** ABS. OF EGGSHELLS;
 frags=1-5mm, pieces>5mm, tops/bottoms= symmetrical
 end pieces; % frags+% pieces add to 100% of remains;
 Tops/bottoms independent

Easting:
 Northing:
 iButton ID #: _____ Date: _____

Visit #	DATE	TIME (military)	Observe	# Inits.	# Eggs	# Chicks	Eggs warm? Y/N	Nest status	Nest bowl wet?	Chicks seen?	% fragments	% pieces	Tops/bottoms? Y/N	Picture? Y/N	Floated? Y/N	Female flush?	Flush dist (m) or N	Parent alarm call	
1	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Notes																		
2	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Notes																		
3	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Notes																		
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	Notes																		
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	Notes																		
6	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Notes																		
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	Notes																		
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	Notes																		
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	Notes																		

Est. 1st egg date:	#eggs flooded from nest:	Nest fate:
Max #eggs:	#eggs flooded in nest:	#eggs fail. unk.:
Est. hatch date:	#eggs missing (flood):	#eggs missing (unk):
#eggs failed to hatch:	#chicks flooded:	#chicks fail. unk.:
Max #chicks:	#chicks missing (flood):	#chicks missing (unk):
Est. fledge date:	#eggs depredated:	#chicks depredated:
#chicks fledged:	#eggs missing (dep.):	#chicks missing (dep.):

If found, please return to: Dr. Brian Olsen
 UMaine 200 Clapp Greenhouse
 Orono, ME 04469
 207-581-2542
 Brian.Olsen@maine.edu

Nest status: 1-Undisturbed/normal 2-Part. dest. by flood. 3-Compl. dest. by flood. 4-Part. Depredated 5-Compl. Dep. 6-Part. fail. unk. 7-Compl. fail. unk. 8-Fledged 9-Unk. (if fail/fledged) 10-Never t

Egg Floating (Egg ID rails only; float the same four marked rail eggs every visit; float all Willet eggs every visit)													
		Date:		Observer:		Date:		Observer:		Date:		Observer:	
Egg ID													
Egg Angle													
Floating? (Y,N,B)													
Float Height (mm)													
Category*													
		Date:		Observer:		Date:		Observer:		Date:		Observer:	
Egg ID													
Egg Angle													
Floating? (Y,N,B)													
Float Height (mm)													
Category*													
		Date:		Observer:		Date:		Observer:		Date:		Observer:	
Egg ID													
Egg Angle													
Floating? (Y,N,B)													
Float Height (mm)													
Category*													

*from Rush et al. 2007, see front of nest card. Notes should go on front side under the date visited.

2018 SHARP Nest Vegetation Sampling Card												
Date:		Site:				Entered by: _____ Date: _____				Proofed by: _____ Date: _____		
Observer:		Veg Point ID (Nest ID):				Paired random point:				Date surveyed:		
Initial Veg Survey: Nest Structure Measurements (cm)								Nest structure photos taken? Y/N				
Nest Location, Nest is Under (circle one): <i>Exposed Under Thatch Under Live Under Both</i>					Distance from Lip of Cup to Ground:							
					Distance from Bottom of Cup to Ground:							
Woven Nest Canopy (circle one): <i>None Partial Complete</i>					% of Canopy Disk Visible from Above:							
					Nest Entrance Orientation (°):							
Woven Nest Canopy Live/Dead (circle one): <i>Live Thatch/Dead Both</i>					Vertical Structure (nest is attached to) Live/Dead (circle one): <i>Live Thatch/Dead Both</i>							
Woven Nest Canopy Veg Types (list all):					Vertical Structure Veg Types (pick mult. or single and list all): Multiple Stems:				Single Stem:			
Second Veg Survey: Surrounding Veg Second Survey Date: _____ Second Survey Observer: _____												
	Midpoint of Side		Midpoint of Side		Midpoint of Side		Midpoint of Side		Midpoint of Side		Plot Center	
Thatch (cm)												
Tallest Ht (Sp + cm)												
Average Ht (cm)												
Vegetation Type within 1 sq. m (estimated % composition)								Veg types: Wrack, Bare ground, Open water, Patens, Alterniflora, Distichlis, Juncus, Other				
Community				% Cover								