

BOTANICAL SITE INVENTORY

DATE (D/M/Y/): _____ OBSERVER: _____

COUNTY/RANGE: _____

PROVINCE: _____ NEAREST TOWN/CITY: _____

UTM reference: _____ ALTITUDE (m): _____

HABITAT TYPE (see codes): _____

SOIL pH: _____ VEGETATION: _____

SPECIES SEEN (use an additional sheet if required)

GENUS/SPECIES/FORM	STATUS	POPULATION

THREATS TO THIS POPULATION, IF ANY: _____

PHOTOS TAKEN: _____

PHOTOGRAPHER: _____ FILM: _____

REMARKS: _____
