Cactus Moth Detection & Monitoring Network

Pricklypear Data Form (Please report all negative observations)		
State:	**County:**	**Date (MM/DD/YYYY):**

GPS Coordinates: Datum _____   (*prefer WGS-84*)
(For small size populations, provide the center point. For significant size populations, enter corners.)

UTM Coordinates (*preferred*):   Zone: _____   **Decimal Degrees:**

1. Easting _____   Northing _____   1. Lat _____   Lon _____
2. Easting _____   Northing _____   2. Lat _____   Lon _____
3. Easting _____   Northing _____   3. Lat _____   Lon _____
4. Easting _____   Northing _____   4. Lat _____   Lon _____

Coordinate Comments:

Location Description (*physical address, township-range-section, landmarks, etc*.)**:**

Location Ownership: Private - Local - County - State - Federal Agency (circle one)
Contact Information: (*Name, affiliation, address, phone, email*)

Landuse Category: (*check box*)   Commercial Landscape ☐   Residential Landscape ☐

            Agricultural ☐   Natural Population ☐   Nursery ☐

Data Collector:	**Date Identified:**
Affiliation:	**Plant Identifier:**
Contact Information:	**Affiliation:**
Check box: Employee ☐ Volunteer ☐	**Contact Information:**

Pricklypear Present?   **Yes - No** (*circle one*)   (*If more than three, attach additional form(s)*).

Plant ID: (*species*) ***Opuntia*** _____ (*submit specimen or digital picture, if unknown*)	**Plant Specimen Taken:** **Yes - No** (*circle one*)	**Collection Number:**
# Plants (*estimate*)**:**	**Percent Cover** (*nearest 10%*)**:**	

Plant ID: (*species*) ***Opuntia*** _____ (*submit specimen or digital picture, if unknown*)	**Plant Specimen Taken:** **Yes - No** (*circle one*)	**Collection Number:**
# Plants (*estimate*)**:**	**Percent Cover** (*nearest 10%*)**:**	

Plant ID: (*species*) ***Opuntia*** _____ (*submit specimen or digital picture, if unknown*)	**Plant Specimen Taken:** **Yes - No** (*circle one*)	**Collection Number:**
# Plants (*estimate*)**:**	**Percent Cover** (*nearest 10%*)**:**	

Plant Population Area (All *Opuntia* species) acre or ft^2 *(circle one)*	**Soil Type/Texture** *(optional)***:** (check one) ☐ Sand ☐ Silt ☐ Clay ☐ Bedrock

Suspect Cactus Moth (Adult, Egg, or Larvae) Present at Initial Observation?   If YES, attach Cactus Moth Visual Observation Data Form. **Yes - No** *(circle one)*

Notes:

OPTIONAL FIELDS:
Associate Plant Species:

CMPP0405