FOREST PEST DETECTION REPORT

I. FIELD INFORMATION (See instructions on reverse)

1. County:

2. Forest (FS only):

3. District (FS only):

4. Legal Description:
T. **R.**
Section (s)

5. Date:

6. Location:

UTM:

7. Landownership:
- National Forest ☐
- Other Federal ☐
- State ☐
- Private ☐

8. Suspected Cause of Injury:
1. Insect ☐
2. Disease ☐
3. Animal ☐
4. Weather ☐
5. Chemical ☐
6. Mechanical ☐
7. Weed ☐
8. Unknown ☐

9. Size of Trees Affected:
1. Seedling ☐
2. Sapling ☐
3. Pole ☐
4. Sawtimber ☐
5. Overmature ☐

10. Part(s) of Tree Affected:
1. Root ☐
2. Branch ☐
3. Leader ☐
4. Bole ☐
5. Twig ☐
6. Foliage ☐
7. Bud ☐
8. Cone ☐

11. Species Affected:

12. Number Affected:

13. Acres Affected:

14. Injury Distribution:
1. Scattered ◯ 2. Grouped ◯

15. Status of Injury:
1. Decreasing ◯ 2. Static ◯ 3. Increasing ◯

16. Elevation:

17. Plantation?
1. Yes ◯ 2. No ◯

18. Stand Composition (species):

19. Stand Age and Site Class:
Age: Class:

20. Stand Density:

21. Site Quality:

22. Pest Names (if known) and Remarks (symptoms and contributing factors):

23. Sample Forwarded:
1. Yes ◯ 2. No ◯

24. Action Requested:
1. Information only ☐
2. Lab Identification ☐
3. Field Evaluation ☐

25. Reporter's Name:

26. Reporter's Agency:

27. Reporter's Address, email and Phone Number:
email: _____ phone: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____

II. Reply (Pest Management Use)

28. Response:

29. Report Number:

30. Date:

31. Examiner's Signature:

The Cooperative Forest Pest Detection Survey is sponsored by the California Forest Pest Council. The Council encourages federal, state, and private land managers and individuals to contribute to the Survey by submitting pest injury reports and samples in the following manner:

Federal Personnel: Send all detection reports through appropriate channels. Mail injury samples with a copy of this report to one of the following offices:

USDA Forest Service
State and Private Forestry - FHP
1323 Club Drive
Vallejo, CA 94592

Forest Health Protection
Shasta-Trinity National Forests
2400 Washington Avenue
Redding, CA 96001

Forest Health Protection
Stanislaus National Forest
19777 Greenley Road
Sonora, CA 95370

Forest Health Protection
Lassen National Forest
2550 Riverside Drive
Susanville, CA 96130

Forest Health Protection
San Bernadino National Forest
1824 Commercenter Circle
San Bernadino, CA 92408-3430

State Personnel: Send all detection reports through channels. Mail injury samples with a copy of this report to one of the following appropriate offices:

Forest Pest Management
CA Dept. of Forestry & Fire Protection
P.O. Box 944246
Sacramento, CA 94244-2460

Forest Pest Management
CA Dept. of Forestry & Fire Protection
6105 Airport Road
Redding, CA 96002

Forest Pest Management
CA Dept. of Forestry & Fire Protection
17501 N. Highway 101
Willits, CA 95490

Private Land Managers and Individuals: Send all detection reports and samples to the closest California Department of Forestry and Fire Protection office listed above.

Completing the Detection Report Form

Heading (Blocks 1-7): Enter all information requested. In Block 6, **LOCATION**, provide sufficient information for the injury center to be relocated. If possible, attach a location map to this form.

Injury Description (Blocks 8-15): Check as many boxes as are applicable, and fill in the requested information as completely as possible.

Stand Description (Blocks 16-21): This information will aid the examiner in determining how the stand conditions contributed to the pest situation. In Block 18 indicate the major tree species in the overstory and understory. In Block 19, indicate the stand age in years and/or the size class (seedling-sapling; pole; young sawtimber; mature sawtimber; overmature or decadent).

Pest Names (Block 22): Write a detailed description of the pest or pests, the injury symptoms, and any contributing factors.

Action Requested (Block 24): Mark "Field Evaluation" only if you consider the injury serious enough to warrant a professional site evaluation. Mark "Information Only" if you a reporting a condition that does not require further attention. All reports will be acknowledged and questions answered on the lower part of this form.

Reply (Section II): Make no entries in this block; for examining personnel only. A copy of this report will be returned to you with the information requested.

Handling Samples: Please submit injury samples with each detection report. If possible, send several specimens illustrating the stages of injury and decline. Keep samples cool and ship them immediately after collection. Send them in a sturdy container, and enclose a completed copy of the detection report.

Your participation in the Cooperative Forest Pest Detection Survey is greatly appreciated. Additional copies of this form are available from the Forest Service - Forest Health Protection, and from the California Department of Forestry and Fire Protection.