

Winter Bat Hibernacula/Landscape White Nose Syndrome Surveillance Data Form

SITE NAME or No.: _____

SURVEYOR: _____

(Lead Surveyor who is responsible for reporting)

LAT: _____ ° - _____ ' _____ " (N) **LON:** _____ ° - _____ ' - _____ " (W) **DATUM (check):** WGS84 NAD83 NAD27

Lat/Lon Precision (check): GPS From Map County. Resolution Not Mapped Other (specify) _____
 (check- "GPS" if GPS unit used; "From Map" if plotted from map; "County Resolution" if coordinates are only County specific)

COUNTY: _____ **STATE** _____

TYPE of SURVEY/MONITORING (check all that apply)

Internal Survey External/Entrance Survey

DATE: _____

Hibernacula Maternity Roost General Landscape

Video Monitoring Beam Break Acoustic Monitoring

WNS ASSESSMENT

White-Nose Syndrome Signs	Present (1) Unknown/Absent (0)
Increased mortality in colony in/near hibernaculum, maternity roost site, or clustered on the landscape	
Observed outside in cold temperatures or consistently during daylight hours	
Roosting near hibernaculum entrance in winter	
Fungus observed on body	
Originate from/detected in hibernaculum previously labeled as a positive WNS affected site	
Muzzle, ear, and/or wing membrane lesions (active or chronic)	
Dehydrated appearance	
Thin, low body weight/arm length index	
Difficult to rouse with disturbance	
Found sick or dead at location where historic population size is diminished	
Alive, but found on ground	
TOTAL	

ENTRANCE SURVEY

Weather:

Temp		Conditions (rain, windy, etc.)	
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OBSERVATIONS AT ENTRANCE (take 15 minutes for entrance observation)

Flying bats # observed/1 minute:		Moribund bats # observed:	
Dead bats # observed:		Bats clustering # of clusters observed:	
Photo documentation Photo #(s)			

Specimen/sample sent to lab? YES NO What lab were samples sent to?

Type and Quantity of Specimen or Sample Type: Whole Carcass _____ Biopsy _____ Fungus _____ Soil _____

COMMENTS (Description of effort, summary of methods etc...):

Winter Bat Hibernacula White Nose Syndrome Internal Survey Data Form

SITE NAME or No.: _____ **SURVEYOR:** _____

(Lead Surveyor who is responsible for reporting)

LAT: _____° - _____' _____" (N) **LON:** _____° - _____' - _____" (W) **DATUM (check):** WGS84 NAD83 NAD27

Lat/Lon Precision (check): GPS From Map County. Resolution Not Mapped Other (specify) _____
 (circle- "GPS" if GPS unit used; "From Map" if plotted from map; "County Resolution" if coordinates are only County specific)

COUNTY: _____ **STATE** _____ **TYPE of SURVEY/MONITORING (check)**

Internal Survey External/Entrance Survey
 Hibernacula Maternity Roost General Landscape
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DATE: _____

NUMBERS OF BATS OBSERVED INFECTED (Visible White Fungus) or DECEASED by SPECIES

Species	Total # per spp	# Infect	% Inf	# Dead	Species	Total # per spp	# Infect	% Inf	# Dead	Species	Total # per spp	# Infect	% Inf	# Dead
CORA					COTO					EPFU				
LANO					MYAU					MYGR				
MYLE					MYLU					MYSE				
MYSO					PESU					UNK				

Photo documentation: _____

Specimen/sample Sent to Lab? YES NO

What lab were samples sent to?

Type and Quantity of Specimen or Sample Type: Whole Carcass ____ Biopsy ____ Fungus ____ Soil ____

Specimen / Sample(s) taken by Species:

CORA		COTO		EPFU		LANO	
MYAU		MYGR		MYLE		MYLU	
MYSE		MYSO		PESU		Other	

COMMENTS (Description of effort, summary of methods etc...):

PLEASE ATTACH A CAVE/SITE MAP WITH LOCATIONS OF BATS MARKED