

BAT HIBERNACULA SURVEY

SURVEY DATE _____

SITE NAME _____

REPORTER _____

VISIT NUMBER _____

OTHER SURVEYORS _____

TOTAL # OF SURVEYORS _____

GROTTO / ORGANIZATION AFFILIATION _____

START TIME _____ **END TIME** _____

MAN HOURS AT ENTRANCE _____

**LOCATION INFORMATION; TOPOG. QUAD
NAME** _____

LATTITUDE (Format D-M-S) _____ **LONGITUDE** _____

Datum (NAD 27 preferred) _____

CARDINAL DIRECTION _____ **KM. North/South** _____

KM. East/West of _____

ELEVATION _____ **FT.**

COUNTY _____

HABITAT WITHIN 100 METERS OF SITE: (Describe topography)

BAT FINDINGS (What was seen? i.e. Nothing unusual, bats flying, dead bats, bats near entrance? Evidence of disturbance by visitors?)

ACCESS INFORMATION: NAME _____

OWNER OF SITE? YES NO

ADDRESS _____

PHONE _____

****All information will be held confidential and not published or released anywhere.**

PHOTO ATTACHED? YES NO

TYPE OF CAVE / MINE AND DESCRIPTION (Draw a sketch of the entrance providing scale)

