



ALBERTA NATURAL HERITAGE INFORMATION CENTRE

RARE NATIVE PLANT AND LICHEN SURVEY FORM

Please enter all information available to you and attach a detailed sketch or map showing the location of the population and/or area search. Submit the form even if the targeted species is not found.
Electronic submissions are preferred.

SPECIES: _____

OBSERVER NAME, ADDRESS, TELEPHONE NUMBER AND E-MAIL: _____

SURVEY DETAILS:

SURVEY DATE(S): _____

1st VISIT OR REPEAT VISIT TO SITE: _____ EO NUMBER IF REPEAT VISIT: _____

TYPE OF SURVEY (check one): targeted survey for this species general rare plant survey
 targeted survey for another species. If so, name other species _____

SURVEY EFFORT: time spent _____ and/or size of area searched (please attach map or provide
utm coordinates of area searched) _____

DOCUMENTATION:

PHOTOGRAPH TAKEN (please attach to form if possible): Y / N

SPECIMEN COLLECTED: Y / N COLLECTION NUMBER: _____

NAME OF HERBARIUM WHERE DEPOSITED (and accession number): _____

DETERMINATION (check where appropriate and fill in blanks): determined by _____

keyed (reference used) _____ compared with specimen at _____

compared with illustration/photo in _____ verified by _____

key characteristic(s) used for determination _____

LOCATION INFORMATION (please attach map):

SITE NAME: _____

TOPOGRAPHIC MAP NUMBER: _____ Was the location determined using a GPS? Y / N
DIRECTIONS TO POPULATION (include descriptions of landmarks and distances if possible):

ELEVATION: _____ m SOURCE OF CO-ORDINATES (GPS, TOPO MAP): _____

UTM EASTING: _____ UTM NORTHING: _____ Precision (+/-m) _____

GRID ZONE: _____ NORTH AMERICAN DATUM: 27 83

LEGAL: TWP: _____ RGE: _____ W: _____ M SECTION: _____ LSD: _____

LATITUDE: _____ LONGITUDE: _____

POPULATION INFORMATION: ___ count or ___ estimate (check one)

Number of individuals (for vascular plants) or number and size of clumps (for bryophytes and lichens):

_____ vegetative _____ in bud _____ in flower
_____ immature seed/spore producing structure _____ mature seed/spore producing structure
_____ dispersing seed/spores _____ seedlings _____ fruit/sporophyte from previous years
Extent of population: length _____ width _____ (map as polygon if possible)

Shape of area (attach sketch if possible and/or include polygon information from gps unit or shape file):

FULL EXTENT OF POPULATION KNOWN: ___ YES ___ NO ___ UNKNOWN

SITE/HABITAT DESCRIPTION (include information on habitat [alpine, aquatic, cliff, forest, grassland, peatland for vasculars, plant communities / dominant species / associated species. Attach extra sheet if necessary.)
Information on plant community can be provided using existing forms such as ANHIC ecological community form:

SUBSTRATE (for non-vasculars and lichens) (check appropriate category for all that apply and list type):

___ wood _____ bark _____ rock _____
___ soil _____ other (name) _____

ASPECT: _____ SLOPE: _____

MOISTURE:

___ inundated ___ saturated (wet-mesic) ___ moist (mesic) ___ dry-mesic ___ dry (xeric)

LIGHT LEVELS:

___ open ___ partial ___ filtered ___ shade

SOIL pH (if known): _____ SOIL TEXTURE (if known): _____ SOIL TYPE (if known): _____

WATER pH (if known) _____

CURRENT LAND USE: _____

OWNERSHIP (if known. Include name/address/phone number): _____

DOES THE LANDOWNER WANT THE EXACT LOCATION WITHHELD FROM THE PUBLIC: _____

THREATS TO HABITAT OR POPULATION (include information on whether population will be impacted by development): _____

CONSERVATION/MANAGEMENT NEEDS (include information on proposed mitigation): _____

IS THIS SURVEY PART OF AN ENVIRONMENTAL ASSESSMENT OR FIELD REPORT? YES/NO

IF YES, WHAT IS THE NAME OF REPORT OF WHERE INFORMATION WILL BE PUBLISHED/DEPOSITED (if known): _____

Additional comments and/map of area surveyed and location of populations:

Return to:

Alberta Natural Heritage Information Centre
2nd Floor, 9820 106 Street,
Edmonton, AB T5K 2J6 (780) 427-5209.

Electronic submissions preferred:
John.rintoul@gov.ab.ca or joyce.gould@gov.ab.ca

For ANHIC use only

Source code: _____

Element code: _____

EO ID Number: _____ ID: _____