

Date of collection: _____ / _____ / 2017

Name:				
Lead searcher:				
Number of searchers:				
Field Time Start/End:				
Sorting Time Start/End:				
Collection Site:				
Elevation:				
Weather:				
Site Description	<input type="checkbox"/> Northern Hardwood		<input type="checkbox"/> Spruce/Fir	
Substrate	<input type="checkbox"/> Leaves <input type="checkbox"/> Soil Other:			
	<input type="checkbox"/> Rocks <input type="checkbox"/> Grass			
	<input type="checkbox"/> Moss <input type="checkbox"/> Bark			
Specimens #	Live Snails/Slugs	Empty Shells	Millipedes	Photos of Live Snails
Snails/Slugs Identified				

Notes or comments can be written on the back of this sheet.