

LOCATION: _____ NAME: _____	BRIEF HABITAT DESCRIPTION:	FIELD DATE COLLECTION FOR: YEAR: _____ BOX TYPE: _____
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BOX #	SPECIES**	INSPECTION DATES and RESULTS*								Est. No Fledged**				Remarks
										BB	TS	HW	O	

\* SUGGESTED ABBERVIAIONS FOR RESULTS: E-eggs; YG-young (fledged); YD-young died; NP-nest predated.  
 \*\* ESTIMATE OF NUMBER FLEDGED BY SPECIES: BB-bluebirds; TS-tree swallows; HW-house wren; O-other species.