

Litterfall Collection Field Form

Site ID ___ Sampling Unit ID _____

End Date (Date of Collection):

Sampling Event _____

Year ____ Month __ Day ____

Names of Collectors: _____

Fine Wood Collected: Yes No

Instructions

Place a check mark in the ground trap and standing basket trap columns if the trap type was sampled. If a trap was not sampled, then please explain in the comments column why a trap was not sampled. Example comments are: Large holes in Basket, Blocked, Not Level, Trap Damaged, Moved, etc.

Subplot No.	Ground Trap	Standing Basket Trap	Comments
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