

The purpose of this form is to track the presence/absence of zebra or quagga mussel larvae (veligers) collected using a plankton net during AIS surveillance monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. Personally identifiable information collected on this form will be incorporated into the DNR aquatic invasive species database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector			
Name	Phone Number	Email	
Monitoring Location			
Waterbody Name	WBIC	County	Township Name
Date and Time of Monitoring			
Start Date	Start Time	End Date (= Start Date)	End Time
Monitoring Results			
Guidelines for how many tows to collect: If Secchi depth is >4 m (13 feet) take two 2m deep tows; if Secchi depth is between 2-4 m (6.5-13 feet) take one 2m deep tow; if Secchi depth is <2 m (<6.5 feet) take one 1m tow.			
Diameter of zooplankton net opening 30cm 50cm other_____ (circle one)			
Site 1: Latitude (optional): _____	Longitude (optional): _____	<input type="checkbox"/> Preservative Added	
Secchi depth (m) _____	Number of net tows _____	Depth of tows (m) _____	
Site 2: Latitude (optional): _____	Longitude (optional): _____	<input type="checkbox"/> Preservative Added	
Secchi depth (m) _____	Number of net tows _____	Depth of tows (m) _____	
Site 3: Latitude (optional): _____	Longitude (optional): _____	<input type="checkbox"/> Preservative Added	
Secchi depth (m) _____	Number of net tows _____	Depth of tows (m) _____	
<input type="checkbox"/> Have you consolidated all of your samples into one composite bottle?			
<input type="checkbox"/> Have you sent your samples to the DNR Plymouth Service Center?			
COMMENTS/OBSERVATIONS:			
For DNR staff to fill out			
Volume of sample that was analyzed (ml)		Date analyzed	
Name of plankton sample analyst:			
Name of person or museum who identified the voucher specimen:			
Did the samples contain zebra mussel veligers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you entered the results of the samples in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".</i>			