

# BIRD-WINDOW COLLISION SURVEY RECORDING FORM

## Seattle Bird Collision Monitoring Project

YOUR NAME: \_\_\_\_\_

PARTNER NAME: \_\_\_\_\_

BUILDING: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

<b>Weather:</b>	Clear	Partly cloudy	Overcast	Fog
<b>Precipitation:</b>	Rain	Hail/Sleet	Snow	None
<b>Wind:</b>	Calm	Light	Moderate	Strong

Start time: \_\_\_\_\_

End time: \_\_\_\_\_

Length of all pauses: \_\_\_\_\_

Were you able to complete a full survey?  NO  YES (if no, describe in notes)

Did you find evidence of bird-window collisions?  NO  YES

Survey notes:

YOUR NAME: \_\_\_\_\_

PARTNER NAME: \_\_\_\_\_

BUILDING: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

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Survey notes:

