



RECORDING FORM
Seattle Bird Collision Monitoring Project

Your name: _____

Date: _____ / _____ / _____
MM DD YYYY

Partner name: _____

Building: _____

Weather:	Clear	Partly cloudy	Overcast	Fog
Precipitation:	Rain	Snow	None	
Wind:	Calm	Light	Moderate	Strong

Start time: _____

End time: _____

Length of all pauses: _____

How many dead birds did you find? _____

How many injured birds did you find? _____

Provide details of each dead or injured bird you found. If you found more than two, attach additional pages to this sheet.

Brief description	Specimen ID	Status	Level of Decay	Pass	Building Aspect
		Dead / Injured	Fresh / Active / Remains	1 2	
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