

WSG Crab Team - Trapping Data Sheet

Dates:		Site #:		Site Name:		Trap Soak Data	
Monitor Time Sheet (First and last names)		Day 1 Start	Day 1 End	Day 2 Start	Day 2 End	SET Last Trap	Date: ___ / ___ / ___
1.							Time: _____ AM/PM (circle)
2.						Retrieve First Trap	Date: ___ / ___ / ___
3.							Time: _____ AM/PM (circle)
4.						Weather (only 1): Clear Heavy Rain Light Rain Fog/Mist Clouds	
5.							
6.							

IF YOU FIND ANY INVASIVE GREEN CRABS, KEEP THEM ALIVE & TEXT A PHOTO TO 360-670-0883 ASAP

Trap Type	Trap #	Species	Size (nearest mm) of first 10 male and 10 female crabs										# Total	Comments/Scratch (tallies, trap damage, etc)				
			Include gravid and dead in species & sex totals												DEAD:			
			M														DEAD:	
			F															GRAVID:
			M														DEAD:	
			F															GRAVID:
			M														DEAD:	
			F															GRAVID:
			M														DEAD:	
			F															GRAVID:
			M														DEAD:	
			F															GRAVID:
			M														DEAD:	
			F															GRAVID:
			M														DEAD:	
			F															GRAVID:
			M														DEAD:	
			F															GRAVID:
			M														DEAD:	
			F															GRAVID:

Circle one: End of data Data on reverse

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			M														DEAD:	
			F														GRAVID:	
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