Chalara Damage Assessment
Field Sheet

CN:		**Date:**	
Townland and County:		**Recorders Name:**	
Plantation Classification Category:		**DBH:**	
Transects Coordinates		**Stand Height:**	
Start Point:			
End Point:			

Trees Without lesions:					**Trees with Stems Lesions:**				

Total Trees T1:		**Total Stem Lesions T1:**		%Stem Lesions:	
Total Trees T2:		**Total Stem Lesions T2:**		%Stem Lesions:	
Total Trees T3:		**Total Stem Lesions T3:**		%Stem Lesions:	
Total Trees T4:		**Total Stem Lesions T4:**		%Stem Lesions:	
Total Trees:		**Total Stem Lesions:**			
Total % Stem Lesions:					

Low level of infection		**Medium level infection**	**High level of infection**
Management Prescription:			
Comment:			