

Responsible: _____ Partners: _____

Name of the station (toponym): _____ Date: ____/____/____ Start time: ____:____ Final time: ____:____

Check period: (15-25/7) (15-25/8) (15-25/9) (15-25/10) Cleaning check:

Observations: _____

DATA OF THE NEST BOX		DATA OF THE SPECIES											OBSERVATIONS				
NUMBER	NEST BOX STATUS	SPECIES CODE	PRESENCE									SIGNS					
			SEX	AGE	STATE	WEIGHT	EARTAG	REC	TIBIA	FOOT	TAIL	NEST		EXCR	FOOD		