



Threatened and Priority Ecological Community (TEC/PEC) Occurrence Report Form

COMMUNITY: _____		OBSERVATION DATE: ____ / ____ / ____	
New occurrence <input type="checkbox"/>	Site ID: _____	CONS STATUS: _____	
OBSERVER/S: _____		PHONE: _____	
ROLE: _____		ORGANISATION: _____	
EMAIL: _____			

DESCRIPTION OF LOCATION (Provide at least nearest town/named locality, and the distance and direction to that place):

Reserve No: _____

DISTRICT: _____ **LGA:** _____ **Land manager present:**

DATUM:	COORDINATES: (If UTM coords provided, Zone is also required)	METHOD USED:
GDA94 / MGA94 <input type="checkbox"/>	DecDegrees <input type="checkbox"/> DegMinSec <input type="checkbox"/> UTM's <input type="checkbox"/>	GPS <input type="checkbox"/> Differential GPS <input type="checkbox"/> Map <input type="checkbox"/>
AGD84 / AMG84 <input type="checkbox"/>	Lat / Northing: _____	No. satellites: _____ Map used: _____
WGS84 <input type="checkbox"/>	Long / Easting: _____	Boundary polygon captured: <input type="checkbox"/> Map used: _____
Unknown <input type="checkbox"/>	Zone: _____	

LAND TENURE:

Nature reserve <input type="checkbox"/>	Timber reserve <input type="checkbox"/>	Private property <input type="checkbox"/>	Rail reserve <input type="checkbox"/>	Shire road reserve <input type="checkbox"/>
National park <input type="checkbox"/>	State forest <input type="checkbox"/>	Pastoral lease <input type="checkbox"/>	MRWA road reserve <input type="checkbox"/>	Other Crown reserve <input type="checkbox"/>
Conservation park <input type="checkbox"/>	Water reserve <input type="checkbox"/>	UCL <input type="checkbox"/>	SLK/Pole _____ to _____	Specify other: _____

AREA ASSESSMENT: Edge survey Partial survey Full survey Area observed (m²): _____

EFFORT: Time spent surveying (minutes): _____ No. of minutes spent / 100 m²: _____

THREATS - type, and supporting information: e.g. clearing, too frequent fire, weed, disease. Refer to field manual for list of threats & agents.	Cause/Agent: e.g. weed type, grazing species, recreation type	Area affected	Current impact (N-E)	Potential Impact (L-E)	Potential Threat Onset (S-L)
•		%			
•		%			
•		%			
•		%			
•		%			
•		%			
•		%			
•		%			
•		%			
•		%			

*Rate current and potential threat impact: **N=Nil, L=Low, M=Medium, H=High, E=Extreme**

*Estimate time to potential impact: **S=Short (<12mths), M=Medium (<5yrs), L=Long (5yrs+)**

CONDITION OF OCCURRENCE: (Bush Forever Scale) (estimate % of area in each)

Pristine <input type="checkbox"/> _____%	Very Good <input type="checkbox"/> _____%	Degraded <input type="checkbox"/> _____%
Excellent <input type="checkbox"/> _____%	Good <input type="checkbox"/> _____%	Completely Degraded <input type="checkbox"/> _____%

Please return form to:

communities.data@dpaw.wa.gov.au

or Species and Communities Branch, Department of Parks and Wildlife, Locked Bag 104, Bentley Delivery Centre WA 6983

Record entered by: _____ Date entered: _____ Database no: _____



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RECOMMENDED MANAGEMENT ACTIONS: e.g. roadside markers, weed control, etc.

ACTIONS IMPLEMENTED (include date):

HABITAT INFORMATION: (Check more than one box for combinations or where necessary)

LANDFORM:	ROCK TYPE:	LOOSE ROCK:	SOIL TYPE:	SOIL COLOUR:	DRAINAGE:
Crest <input type="checkbox"/> Hill <input type="checkbox"/> Ridge <input type="checkbox"/> Outcrop <input type="checkbox"/> Slope <input type="checkbox"/> Flat <input type="checkbox"/> Open depression <input type="checkbox"/> Drainage line <input type="checkbox"/> Closed depression <input type="checkbox"/> Wetland <input type="checkbox"/>	Granite <input type="checkbox"/> Dolerite <input type="checkbox"/> Laterite <input type="checkbox"/> Ironstone <input type="checkbox"/> Limestone <input type="checkbox"/> Quartz <input type="checkbox"/> Specify other:	(on soil surface; e.g. gravel, quartz fields) 0-10% <input type="checkbox"/> 10-30% <input type="checkbox"/> 30-50% <input type="checkbox"/> 50-100% <input type="checkbox"/>	Sand <input type="checkbox"/> Sandy loam <input type="checkbox"/> Loam <input type="checkbox"/> Clay loam <input type="checkbox"/> Light clay <input type="checkbox"/> Peat <input type="checkbox"/> Specify other:	Red <input type="checkbox"/> Brown <input type="checkbox"/> Yellow <input type="checkbox"/> White <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Specify other:	Well drained <input type="checkbox"/> Seasonally inundated <input type="checkbox"/> Permanently inundated <input type="checkbox"/> Tidal <input type="checkbox"/> Specify other:

Specific Landform Element: (Refer to field manual for additional values)

CONDITION OF SOIL:
 Dry Moist Waterlogged Inundated Cracked Saline Other: _____

VEGETATION CLASSIFICATION:

1.	
2.	
3.	
4.	

FIRE HISTORY:

Last Fire: Season/Month: Year: Fire Intensity: High Medium Low No evidence of fire

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