



RI Natural Heritage Program –
Rhode Island Department of
Environmental Management
Rare Plant Element Occurrence Record

OFFICE USE ONLY: Date Received: ___/___/___
 New: ___ Update: ___ Transcriber: _____
 Entered into DB: ___ Mapped: ___ QC: ___

Please submit field forms, a copy of a USGS map, and supporting documentation to Rhode Island Natural History Survey
 1 Greenhouse Rd., University of RI, Kingston, RI 02881.

General Element Data:

Element Scientific Name: _____
 Element Found: Yes No

Element Occurrence # (if known): _____
 Element Code (if known): _____

Observed By: _____
 Observer's Address: _____
 Observer's Email Address: _____
 Approximate Time Spent at Site: _____
 Site Name: _____
 Town: _____

Observation Date: _____ Today's Date: _____
 Telephone: _____
 USGS Topo Name: _____
 County: _____

GPS Coordinates: (at, or near center of population): _____

system (circle one): UTM LAT/LONG RI State Plane

Datum: _____

Directions to element site (if found) or search area (if not found):

Photos taken: Yes No

(Please attach photo to form or email digital photos, indicating your name, species name, locality, and date collected)

Specimen taken: Yes No

If yes: Collection #: _____ Repository: _____

Biology:

Approximate Area: occupied by population: _____ (circle appropriate unit): meters² / hectares / feet² / yards² / acres
 of potential habitat: _____

Population Size:

Total number of *genets* (genetically distinct, clearly separate individuals): _____ (precise count/estimate)

Total number of *ramets* (e.g., clonal stems or shoots off of single organism): _____ (precise count/estimate)

Population Structure (check all that apply):

Age Classes Present:

- Seedlings
- Immature plants
- Mature plants
- Plants of unknown age

Reproductive Condition of the Population on this Date:

- Vegetative (in leaf)
- In bud
- In flower
- Immature fruit
- Mature fruit
- Seed dispersing
- Senescent
- Dormant

Evidence of Disease, Predation, or Injury? _____

Pollinators: _____

How would you characterize the vigor of this population? Excellent Good

Environmental Setting:

Describe the plant community and list the associated species:

List any exotic plant species present and discuss their possible impacts:

Describe evidence of natural or human-caused disturbance (including changes in ecological processes) and effects on population:

Surrounding Land Use:

Elevation: ft. or m?

Soil Type(s):

Surficial Geology:

Bedrock Geology:

Check Appropriate Habitat Descriptors:

<u>Landform/Topography</u>	<u>Aspect</u> °	<u>Slope</u> %	<u>Light</u>	<u>Soil Moisture Regime</u>	<u>Important Ecological Processes</u>
<input type="checkbox"/> summit/crest	<input type="checkbox"/> N <input type="checkbox"/> NE	<input type="checkbox"/> flat	<input type="checkbox"/> open	<input type="checkbox"/> xeric	<input type="checkbox"/> seasonal or regular flooding
<input type="checkbox"/> upper slope	<input type="checkbox"/> E <input type="checkbox"/> SE	<input type="checkbox"/> gentle	<input type="checkbox"/> filtered	<input type="checkbox"/> dry	<input type="checkbox"/> groundwater seepage
<input type="checkbox"/> mid slope	<input type="checkbox"/> S <input type="checkbox"/> SW	<input type="checkbox"/> average	<input type="checkbox"/> shade	<input type="checkbox"/> mesic	<input type="checkbox"/> colluvial processes
<input type="checkbox"/> lower slope	<input type="checkbox"/> W <input type="checkbox"/> NW	<input type="checkbox"/> rather steep		<input type="checkbox"/> wet	<input type="checkbox"/> alluvial processes
<input type="checkbox"/> rolling terrain/plain	<input type="checkbox"/> flat/variable	<input type="checkbox"/> steep		<input type="checkbox"/> inundated	<input type="checkbox"/> wind/salt spray
<input type="checkbox"/> flood plain/terrace		<input type="checkbox"/> very steep			<input type="checkbox"/> erosion
<input type="checkbox"/> wetland		<input type="checkbox"/> abrupt			<input type="checkbox"/> fire
<input type="checkbox"/> shore/pond/lake/stream					<input type="checkbox"/> none apparent

Describe Microhabitat Conditions:

Conservation:

Land Owned/Managed by:

Name(s)

Address

Telephone

Managed Area Name:

Contact Person:

Owner Comments:

Are any *past* or *existing* negative impacts on the Element Occurrence evident? What additional factors might *potentially* threaten the population?

What are your recommendations for future inventory, monitoring, research, and/or management?

What are your protection recommendations?

Additional Comments: