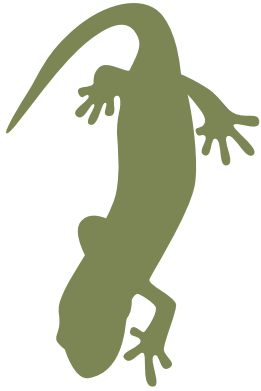


# Salamanders

(no mating)



## Adults on land

One or more adults are seen at rest or active on land.

*For abundance, enter the number of individual animals observed in this phenophase.*

## Adults in water

One or more adults are seen at rest or active in water.

*For abundance, enter the number of individual animals observed in this phenophase.*

## Adults feeding

One or more adults are seen feeding. If possible, record the name of the species or substance being eaten or describe it in the comments field.

*For abundance, enter the number of individual animals observed in this phenophase.*

## Dead adults

One or more dead adults are seen, including those found on roads.

*For abundance, enter the number of individual animals observed in this phenophase.*

**Please see the species profile page for complete information about the phenophases for each species.**

## Amphibians

# Animal Phenophase Datasheet

**Directions:** Fill in the date in the top row and circle the appropriate letter in the column below.

**y** (phenophase is occurring);

**n** (phenophase is not occurring);

**?** (not certain if the phenophase is occurring).

Do not circle anything if you did not check for the phenophase. In the adjacent blank, write in the appropriate measure of intensity or abundance for this phenophase (see left-hand column for details).



**Species:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**Observer:** \_\_\_\_\_

Do you see...?	Date:	Date:	Date:	Date:	Date:	Date:
<b>Adults on land</b>	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____
<b>Adults in water</b>	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____
<b>Adults feeding</b>	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____
<b>Dead adults</b>	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____
Check when data entered online:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>						

Do you see...?	Date:	Date:	Date:	Date:	Date:	Date:
<b>Adults on land</b>	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____
<b>Adults in water</b>	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____
<b>Adults feeding</b>	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____
<b>Dead adults</b>	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____	y n ? _____
Check when data entered online:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>						