



NWS Fly Assessment Form

Location / Trap Name:		Trap Type:			
County:	Premises ID:	☐ Sticky ☐ Gator ☐ Liver Net			
EMRS Structure:					
GPS Coordinates	Is this a new location for this trap? ☐ Yes ☐ No				
	Lat.: _____ Long.: - _____				
Date:	Time Start:	Time End:			
Temperature (°F)	Start:	End:			
Precipitation	Start:	End:			
Wind Direction	Start:	End:			
Wind Speed	☐ None ☐ Light ☐ Moderate ☐ Strong				
Fly Activity	☐ None ☐ Low ☐ Moderate ☐ High				
Results (Total of Each)	Fertile		Sterile		Total
	Male	Female	Male	Female	
<i>Cochliomyia hominivorax</i> (NWS)					
<i>Cochliomyia macellaria</i>					
Other					
Comments					
Field Inspector or Entomologist	(Print Name)				