



NWS Fly Assessment Form						
Location Name:						
GPS Coordinates		Lat.:		Long.:		
Date:			Time:			
Temperature		Start:		End:		
Precipitation		Start:		End:		
Wind Direction		Start:		End:		
Wind Speed (Circle)		None	Light	Moderate	Strong	
Fly Activity (Circle)		None	Low	Moderate	High	
Results (Total of Each)		Fertile		Sterile		Total
		Male	Female	Male	Female	
Comments						
Entomologist (Print Name)						