



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)					