MOSQUITO SURVEILLANCE LIGHT TRAP COLLECTIONS

For use of this form, see TB MED 561; the proponent agency is OTSG

1. DATE TRAP *(S)* SET	2. DATE SPECIMENS COLLECTED	3. COLLECTOR

4. WEATHER DATA

HIGH *a*	LOW *b*	RAINFALL *c*	WIND SPEED *d*	WIND DIRECTION *e*

5. TRAP NUMBER	6. NUMBER				7. COMMENTS
	MALES *a*	FEMALES *b*	NIGHTS *c*	FEMALES/NIGHT *d*	

SPECIMENS SENT TO USAEHA FOR ID

8. DATE	9. SPECIES _____

10. PESTICIDE TREATMENT DATA

DATE *a*	PESTICIDE *b*	RATE *c*

11. METHOD OF APPLICATION

12. AREA *(S)* TREATED