MOSQUITO SURVEILLANCE LARVAL COLLECTIONS

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

1. DATE	2. COLLECTOR

3. WEATHER DATA

HIGH *a*	LOW *b*	RAINFALL *c*

4. SITE NUMBER	5. NUMBER			6. COMMENTS
	DIPS *a*	LARVAE *b*	LARVAE/DIP *c*	

SPECIMENS SENT TO USAEHA FOR ID

7. DATE	8.
	SPECIES_____

9. PESTICIDE TREATMENT DATA

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

10. METHOD OF APPLICATION

11. AREA(S) TREATED