Research Triangle Park Blue Bird Box Monitoring
FIELD SHEET

Blue Bird Box Number_____ Hole orientation _____
Box Adopted By_____
Box Primary Care-Taker_____
Contact email _____ phone _____

DATE	Species	# Eggs	# Nestlings	# Fledglings	# Unhatched Eggs	Condition of the nest (nest material, etc.)	Evidence of blowfly larvae	Expected date of hatching	Additional observations (weather conditions, bird behavior, etc.)