

## Widely Spread Species Management Measures Questionnaire (Terrestrial Plants)

1. Incident Number

2. Species Details/ GH/HB etc.

3. Estimated area of infestation

4. Is your site located in or near a designated site. If yes please provide name of site.

Site  
name

5. Has/will be area of infestation been/be clearly demarcated, taped off/fenced off etc.

6. If YES, please provide details.

7. What method/s of treatment are/will be used?

8. Please provide further detail of treatment method/s in use or to be used. Attach extra pages if necessary.

9. Is this part of an existing treatment plan or is this first time treatment?

Existing

First treatment

10. What biosecurity measures are/will be in place on site to prevent further spread during treatment?

**11. Has plant material to be/been removed from site?**

**12. If YES please provide WTN details & name of licensed landfill site removed to.**

**13. Please detail your post treatment monitoring timetable:**

**14. Estimated timescale (yrs) to eradicate:**

**15. What measures do you plan to put in place to restore the original habitat? Please detail:**

**Landowner contact telephone number:**

**Landowner Signature:**

**Landowner contact E-mail**