House Martin Survey 2017 Form B: About the Nests



Please use this form to tell us about the House Martin nests at your site. Record any nests which are present at the time of your first visit, even if they are incomplete. You do not need to record any 'nests' which consist of only a ring-mark or a few bits of attached mud at the time of the first visit. If a pair starts re-building one of these 'nests', at a later date it should be treated as a brand new nest and recorded accordingly. Replacement nests: Note that if a nest falls down during the breeding season and the birds start re-building a new nest in exactly the same position, it should not be recorded as a new nest. Instead, treat the nest as a replacement for the old nest and continue to use the same nest number. **PLEASE USE BLOCK CAPITALS ON THIS FORM. If you are monitoring.** Data protection: For details on how we use, store and share the information you provide please contact or visit www.bto.org/about/privacy-statement.

0	Your name					2 Address and/or postcode					
	& email address					of t	the site				
3	Date	Nest No.	Present on first visit?	Wall surface	Soffit type	Aspect (e.g. SW)	Nest height (storey)	Nest location	Artificial? Y , N	Nest condition on 1 st visit	Nest used last year (Y , N , UK)
	DD/MM/YY										
	DD/MM/YY										
	DD/MM/YY										
	DD/MM/YY										
	DD/MM/YY										
	DD/MM/YY										
	DD/MM/YY										
	DD/MM/YY										

Wall surface: Use these codes to record the type of wall surface that the nest is built against.

BK = Brick **ST** = Stone **PD** = Pebbledash **WD** = Wood **PL** = PVC or equivalent (plastic) **ML** = Metal **RN** = Rendered **OT** = Other (Please note further details) **UK** = Unknown/unspecified

Soffit type: Record the type of soffit, using the codes below. If you select 'Other', please give details.

PL = PVC or equivalent (plastic)
WD = Wood ML = Metal
OT = Other UK = Unknown

Nest location:

EV Under eaves

GT (Top of gable)

GO (Under gable but not at top)

WI (Attached to window

DO (Within a doorway)

OT (Other) Please note details.

Nest condition on 1st visit: This field is only required for nests present on the first visit.

N1 incomplete nest, 1/4 built

N2 incomplete nest, 1/2 built

N3 incomplete nest, 3/4 built

N4 Complete nest (incl. artificial nests)

■ More nests to record? Continue overleaf.

Continued from overleaf.

Date	Nest No.	Present on first visit?	Wall surface	Soffit type	Aspect (e.g. SW)	Nest height (storey)	Nest location	Artificial? Y , N	Nest condition on 1 st visit	Nest used last year (Y , N , UK)
DD/MM/YY										
DD/MM/YY										
DD/MM/YY										
DD/MM/YY										
DD/MM/YY										
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WI (Attached to window

DO (Within a doorway)

OT (Other) Please note details.

Nest condition on 1st visit: This

field is only required for nests present on the first visit.

N1 incomplete nest, ¼ built **N2** incomplete nest, ½ built

N3 incomplete nest, 3/4 built N4 Complete nest (incl. artificial nests)