

WILDLIFE MANAGEMENT ACTION FORM

The Wildlife Management Action form (see next page) is intended to be used to document the incident evaluation process, those involved in the evaluation and the decision(s) for **significant** wildlife management actions (any species) such as capture and relocation efforts or removal actions. The form is NOT used for routine actions such as trail postings or closures or for approved research activities. Use of the form is also not required in emergency situations where immediate action is required by field staff.

Used as intended, the Wildlife Management Action form should enhance management action decisions, through consultation with specialists within and outside Glacier National Park.

The Wildlife Management Action form should be completed and submitted by the District Ranger, or designee, responsible for the incident area. ANY staff member trained in wildlife management, however, may initiate the form. Approving officials may include the Superintendent, Assistant Superintendent, the Chief of the Division of Science and Natural Resources Management, District Ranger or designee.

After receiving appropriate signatures, the original form should be included, or submitted for inclusion, with the case incident report on file at Glacier Dispatch. Copies may be retained for District files.

WILDLIFE MANAGEMENT ACTION
GLACIER NATIONAL PARK

CASE #: _____ DATE: _____ TIME: _____

NATURAL RESOURCE MANAGEMENT STAFF CONSULTED: _____

ANIMAL SPECIES: _____ SEX: _____ AGE CLASS: _____

SITUATION/PROBLEM: _____

DISCUSSION/CONSIDERATIONS: _____

ACTION ALTERNATIVES: _____

CONSULTATIONS/NOTIFICATIONS: (NAME OF PERSON INVOLVED)
SUPERINTENDENT _____ CHIEF RANGER _____
DISTRICT RANGER _____ RESOURCES MGMT. STAFF _____
PUBLIC AFFAIRS OFFICE _____ INTERPRETATION STAFF _____
NBS STAFF _____ MAINTENANCE STAFF _____ STATE FISH &
WILDLIFE _____ GRIZZLY BEAR RECOVERY COORDINATOR _____
DECISION: _____

Submitted by (signature) DATE: ___ / ___ / ___

Recommended/Approval by (signature) DATE: ___ / ___ / ___

Recommended/Approved by (signature) DATE: ___ / ___ / ___

(File with white copy of the Case Incident Report)