United States Department of Agriculture

New World Screwworm Tracking
Fly Assessment Form
August 6, 2026

NWS Fly Assessment Form

EMRS Structure / Trap Name:	**Premises ID:**
County:	**GPS Coordinates of trap (decimal, 5 digits):** **Lat.:** **Long.:**

☐ STICKY TRAP	
Date:	**Is this a new location for this trap? Yes ☐ No ☐**

☐ GATOR TRAP OR ☐ LIVER NET		
Date:	**Time Start:**	**Time End:**
Temp. (°F):	**Humidity (%):**	**Wind Speed (mph):**
Fly Activity Inside Trap or Around Liver: ☐ None ☐ Low (<10) ☐ Moderate (11–50) ☐ High (>50)		

Cochliomyia hominivorax
Sterile Females:
Sterile Males:
Wild Suspect Females:
Wild Suspect Males:
Total:

Other Flies
Total:
Grand Total of Flies Trapped: (*Cochliomyia hominivorax* + Others)

Comments:

Suspect flies submitted: ☐ Yes ☐ No	**Number of suspect flies submitted:**
Lab that samples were shipped to:	
Field Inspector or Entomologist	**Print Name:**