

**NMFS GALVESTON LABORATORY
BRD/BYCATCH and REEF FISH PROGRAM**

RECEIPT

VESSEL NAME: _____

OBSERVER NAME: _____

\$ _____ X _____ SEA DAYS = \$ _____

Captain's Signature _____ Date _____

By signature above, the vendor makes the statement they will not accept a government bank card or government purchase order as payment.

Trip Number _____

Sea Dates _____ **to** _____

COVER SHEET

TRIP NUMBER: _____

VESSEL NAME: _____

DATES OF TRIP: _____

OBSERVER NAME: _____

NUMBER OF TOWS/SETS SAMPLED: _____

OBSERVER SUBMITTING DATA: _____

DATE SUBMITTED TO LAB: _____ / _____ / _____

OBSERVER DATA PROOFS:

DATE 1ST COMPLETE PROOF WAS COMPLETED _____ / _____ / _____

DATE 2ND SCAN PROOF WAS COMPLETED _____ / _____ / _____

OBSERVER SIGNATURE: _____

OBSERVER FEEDBACK FORM

Vessel Name: _____ Vessel I.D.#: _____ Trip # _____

Observer: _____ Date: _____

Sleeping Accommodations: _____

Shower: Yes No _____

Toilet: Yes No _____

Air Conditioning: Yes No _____

Food and Water: _____

Sampling Advice: _____

General Comments: _____

Close Calls / Near misses / Hazards experienced: _____

SAFETY CHECKOFF FORM

Observer Name _____ Trip Number _____

Vessel Name _____ Vessel Doc Number _____

Safety Check list - ("NO GO" Deficiencies Highlighted)

USCG Safety Exam Decal # _____ Expiration Date: _____ / _____ Distance Rating: _____
(Month/Year)

Life Saving Equipment

Life Raft Type: SOLAS A, SOLAS B, Lifefloat, IBA, NONE, or Other: _____

(Circle One or if other reference in space provided) Expiration Date: _____ / _____ Capacity? _____
(Month/Year)

Life Raft Hydrostatic Release Expiration Date: _____ / _____ Total # of People Onboard: _____
(Month/Year) (This number is including the Observer, Can not exceed capacity)

Life Raft Hydro Setup Correct: Y or N

EPIRB Location: _____ EPIRB Battery Expiration Date: _____ / _____
(Month/Year)

EPIRB Hydrostatic Release Expiration Date: _____ / _____
(Month/Year)

EPIRB Registration: _____ / _____ / _____ Is this EPIRB registered to this vessel? Y or N
(Month/Day/Year)

Personal Flotation Device for each person on board (POB)? Y or N Location(s): _____

Immersion Suit for each POB? Y or N (only required above 32'00 N latitude)

Orange Ring Buoy(s) with Line attached? Y or N Location(s): _____

Distress Flares? Location(s): _____

Expiration Date for each distress flare.

Parachute _____ (Month/Year)	Hand _____ (Month/Year)	Hand _____ (Month/Year)	Smoke _____ (Month/Year)
Parachute _____ (Month/Year)	Hand _____ (Month/Year)	Hand _____ (Month/Year)	Smoke _____ (Month/Year)
Parachute _____ (Month/Year)	Hand _____ (Month/Year)	Hand _____ (Month/Year)	Smoke _____ (Month/Year)

Fire Fighting Equipment

Fire Extinguishers Charged? Y or N

Location 1: _____ Location 3: _____

Location 2: _____ Location 4: _____

Communication Equipment

Vessel Call Letters: _____

Single Side Band _____ Satellite Phone # (if applicable) _____

VHF _____ Vessel Cell Phone # (if applicable) _____

Other First Aid Kit? _____ Location(s): _____

Ditch Bag? _____ Location(s): _____

Vessel Safety Orientation (circle Y or N)

General Alarm Tested? Y or N High Water Alarm Tested? Y or N

Engine on/off, steering, gear selection, etc.? Y or N Entrapment: exit routes? Y or N

Hazardous: hatched, winches, machinery, lines, slippery areas, stability concerns etc.? Y or N

SAFETY CHECK OFF FORM STATION BILL

Trip # _____

	Person Overboard Signal:	Fire Signal:	Flooding Signal:	Abandon Ship Signal:
Position	Station/Bring/Duty	Station/Bring/Duty	Station/Bring/Duty	Station/Bring/Duty
Captain				
Crew				
Crew				
Crew				
Observer				
Date Drill Performed				

Detailed Description of Vessel and Comments: _____

Fishing Vessel USCG Safety Requirements for the WARM WATERS of the Gulf of Mexico and South Atlantic

These safety requirements are determined by the fishing location

Fishing Location	Inside the Boundary Line Within 3 Nautical Miles	Within 12 NM of Coastline (Boundary Line)	12 to 20 miles of Coastline	Between 20 & 50 miles	Over 50 Nautical Miles
Survival Craft Equipment	No Survival Craft Required	No Survival Craft Required	Float free Life Float with light and line	Inflatable Life Raft with SOLAS B pack or Coastal Service Pack	Inflatable Life Raft with SOLAS A pack or Ocean Service Pack
EPIRBs	Not Required	Required	Required	Required	Required
Distress Signals	3 Red Flares OR 3 other flares with a night signal	3 - 6 - 3 (Parachute - Hand - Smoke)	3 - 6 - 3 (Parachute - Hand - Smoke)	3 - 6 - 3 (Parachute - Hand - Smoke)	3 - 6 - 3 (Parachute - Hand - Smoke)

*RED flares include parachute and hand flares which can be seen both day and night.

These safety requirements are determined by the vessel size

Vessel Size	Vessels < 26 feet long	Vessels 26 to 40 feet long	Vessels < 65 feet long	Vessels ≥ 65 feet long
Life Rings	1 Buoyant Cushion OR 1 Orange Life Ring	1 Orange Life Ring with 60 feet of line	1 Orange Life Ring with 60 feet of line	3 Orange Life Rings 1 with 90 feet of line
Fire Extinguishers	at least 1	1 to 2	2 to 3	2 in the Bridge, 1 in the Galley AND 2 in the Engine Room

* make sure fire extinguishers are charged and strategically placed around vessel (galley & engine room & near exits)

To be completed by captain:

Sampling protocol has been explained by observer and is understood. Yes ____ No ____

Wheel watch while underway requirement has been explained by observer and is understood. Yes ____ No ____

Observer Signature and Date: _____ / /

Captain Signature and Date: _____ / /

OVATEK CHECKOFF FORM

Observer Name _____ Trip Number _____

Vessel Name _____ Vessel Doc Number _____

MINIMUM REQUIREMENTS

SOLAS A > 50 nm

Expiration Date for each item listed: Flares **MUST BE** SOLAS approved.

Parachute _____ Hand _____ Hand _____ Smoke _____
(Month/Year) (Month/Year) (Month/Year) (Month/Year)

Parachute _____ Hand _____ Hand _____ Smoke _____
(Month/Year) (Month/Year) (Month/Year) (Month/Year)

Parachute _____ Hand _____ Hand _____
(Month/Year) (Month/Year) (Month/Year)

Parachute _____
(Month/Year)

First AID Kit _____ Seasick Pills _____ Food Ration _____ Water _____
(Month/Year) (Month/Year) (Month/Year) (Month/Year)

SOLAS B < 50 nm

Expiration Date for each item listed:

Parachute _____ Hand _____ Smoke _____
(Month/Year) (Month/Year) (Month/Year)

Parachute _____ Hand _____
(Month/Year) (Month/Year)

Hand _____
(Month/Year)

First AID Kit _____ Seasick Pills _____
(Month/Year) (Month/Year)

Comments: _____

SOUTHEAST FISHERIES OBSERVER INCIDENT REPORT

Trip Number: _____ **Vessel Name/Doc #:** _____

Observer: _____

Did you witness any drug and/or alcohol usage, or other unsafe operations that you feel affected your safety or impeded your duties while offshore? (Circle one) YES or NO. If YES, explain below and use attached sheets if needed.

Did you witness any fishery violations? (Circle one) YES or No. If YES, explain below and use attached sheets if needed.

I have read this statement consisting of _____ page(s) and have initialed all corrections. I fully understand its entire contents and declare under penalty of perjury under the laws of the United States of America that the forgoing is true and correct.

Signature

Date

Address and Phone

TRIP REPORT - SHRIMP BY-CATCH

TRIP # _____

VESSEL NAME _____ ID # _____ VSCODE _____ LTH _____
(CG DOCUMENTATION #) (LENGTH)

STATE _____ CITY _____

PORT OF DEPARTURE _____ / _____

OBSERVER NAME _____ ORGANIZATION _____

TRIP DATES _____ - _____ - _____ OBSERVER DAYS _____
(dates, total # of travel and sea days allotted for this trip)

DATES AT SEA _____ - _____ - _____ SEA DAYS _____
(dates, total # of days at sea from port to port)

24 HR. DAYS FISHED (including tows not sampled) _____ STARTING TOW # _____
 TOTAL TIME (hours towed) _____ / 24 = _____ ENDING TOW # _____
(DO NOT INCLUDE TOWS NOT SAMPLED)

AVERAGE TOW TIME

TOT.TIME HOURS TOWED [SAMPLED] (1) (1) (2) (3) (4)

TOT.TIME HOURS TOWED [UNSAMPLED] (2) (____ + ____)/(____ + ____) = ____

TOT.# TOWS SAMPLED (3)

TOT.# TOWS UNSAMPLED (4)

GEAR CONFIGURATION (MAIN NETS)

NET #1 TED _____	BRD _____	APPLICABLE
NET #2 TED _____	BRD _____	TOW #S
NET #3 TED _____	BRD _____	
NET #4 TED _____	BRD _____	
NET #1 TED _____	BRD _____	APPLICABLE
NET #2 TED _____	BRD _____	TOW #S
NET #3 TED _____	BRD _____	
NET #4 TED _____	BRD _____	

(ENTER N/A FOR NET #s 1 & 4 IF ONLY TWO NETS ARE PULLED BY YOUR BOAT)

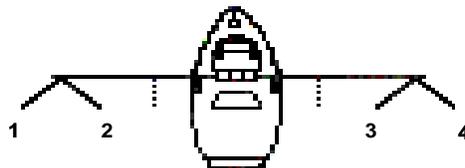
TRY NET

HRL _____ NET# _____ (Location)

FRL _____ APPLICABLE

TOW #S _____

CIRCLE TRY NET LOCATION ON DIAGRAM



AREAS FISHED

STAT.AREA #						
INSHORE						
NEARSHORE ≤ 60'						
OFFSHORE > 60'						

(ENTER APPLICABLE STATISTICAL AREA # THEN THE # OF TOWS "SAMPLED" IN THE APPROPRIATE ZONE BLOCK)

TURTLES CAPTURED

	SPECIES	NET #/TYPE *	LAT/LONG	DATE	TOW #
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____

TURTLES SIGHTED

	SPECIES	LAT/LONG	DATE
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

*(ST-STANDARD NET, TB-NET WITH TED AND BRD, T-NET WITH TED ONLY, B-NET WITH BRD ONLY, TR-TRY NET)

SIGNATURE _____

TRIP REPORT - SHRIMP BY-CATCH
TOWS NOT SAMPLED

VSCODE _____

TRIP DATES _____

TRIP # _____

(A TOW WITH AN OPERATION CODE SHOULD NOT BE LISTED AS UNSAMPLED)

NO.	DATE	LATITUDE	LONGITUDE	HOURS TOWED	DEPTH (FEET)	STAT ZONE	REASON NOT SAMPLED
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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45							

GEAR SPECIFICATION FORM

OMB No. 0648 - 0345 Approval Expires - 03/31/2015

Control (C) or Experimental (E)

BRD TESTING PROTOCOL

Gear ID #

ORGPNO

TRIP NO.

VESSEL

TOW NO.

MO DY YR

DATE

NET POSITION

SECTION I		NET GEAR MEASUREMENTS	
<p style="text-align: center; background-color: #e0e0e0; margin: 0;">NET TYPE AND HEAD/FOOT ROPE MEASUREMENTS</p> <p>Net Type <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Headrope Length <input style="width: 20px; height: 20px;" type="text"/> Feet</p> <p>Footrope Length <input style="width: 20px; height: 20px;" type="text"/> Feet</p> <p>Comments <input style="width: 100%; height: 20px;" type="text"/></p>	<p style="text-align: center; background-color: #e0e0e0; margin: 0;">LEG LINE MEASUREMENTS</p> <p>Top Leg Length <input style="width: 20px; height: 20px;" type="text"/> Feet</p> <p>Bottom Leg Length <input style="width: 20px; height: 20px;" type="text"/> Feet</p> <p>Top Leg Dummy <input style="width: 20px; height: 20px;" type="text"/> Feet</p> <p>Bottom Leg Dummy <input style="width: 20px; height: 20px;" type="text"/> Feet</p>		
<p style="text-align: center; background-color: #e0e0e0; margin: 0;">TRAWL BODY</p> <p>Type: Nylon <input type="checkbox"/> Poly <input type="checkbox"/> Sapphire <input type="checkbox"/> Spectra <input type="checkbox"/></p> <p>Mesh Size <input style="width: 20px; height: 20px;" type="text"/> Inches</p> <p>Comments <input style="width: 100%; height: 20px;" type="text"/></p>	<p style="text-align: center; background-color: #e0e0e0; margin: 0;">TRAWL EXTENSION</p> <p>Type: Nylon <input type="checkbox"/> Poly <input type="checkbox"/> Sapphire <input type="checkbox"/> Spectra <input type="checkbox"/> None <input type="checkbox"/></p> <p>Mesh Size <input style="width: 20px; height: 20px;" type="text"/> Inches</p> <p>Comments <input style="width: 100%; height: 20px;" type="text"/></p>		
<p style="text-align: center; background-color: #e0e0e0; margin: 0;">COD END</p> <p>Type: Nylon <input type="checkbox"/> Poly <input type="checkbox"/> Sapphire <input type="checkbox"/> Spectra <input type="checkbox"/></p> <p>Mesh Size <input style="width: 20px; height: 20px;" type="text"/> Inches Twine Size <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Comments <input style="width: 100%; height: 20px;" type="text"/></p>	<p style="text-align: center; background-color: #e0e0e0; margin: 0;">CHAFFING GEAR</p> <p>Type Whiskers <input type="checkbox"/> Mesh <input type="checkbox"/> Metal <input type="checkbox"/> None <input type="checkbox"/></p> <p>Comments <input style="width: 100%; height: 20px;" type="text"/></p>		
<p style="text-align: center; background-color: #e0e0e0; margin: 0;">DOORS</p> <p>Type: Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Door Length <input style="width: 20px; height: 20px;" type="text"/> Feet None <input type="checkbox"/></p> <p>Door Height <input style="width: 20px; height: 20px;" type="text"/> Feet</p> <p>Dummy Door Length <input style="width: 20px; height: 20px;" type="text"/> Feet</p> <p>Comments <input style="width: 100%; height: 20px;" type="text"/></p>	<p style="text-align: center; background-color: #e0e0e0; margin: 0;">TICKLER CHAIN</p> <p>Chain Length <input style="width: 20px; height: 20px;" type="text"/> Feet</p> <p>Chain Size (gauge) <input style="width: 20px; height: 20px;" type="text"/> Inches</p> <p>Comments <input style="width: 100%; height: 20px;" type="text"/></p>		
	<p style="text-align: center; background-color: #e0e0e0; margin: 0;">LAZY LINE</p> <p>Rigging: Elephant Ears <input type="checkbox"/> Choke <input type="checkbox"/></p> <p>Comments <input style="width: 100%; height: 20px;" type="text"/></p>		

SECTION II		BRD MEASUREMENTS	
<p>BRD TYPE: Fisheye <input type="checkbox"/> Jones Davis <input type="checkbox"/> Modified Jones Davis <input type="checkbox"/> None <input type="checkbox"/></p> <p>Extended Funnel <input type="checkbox"/> Composite <input type="checkbox"/> Other <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>BRD position: Top <input type="checkbox"/> Offset <input type="checkbox"/></p> <p>Codend length (# of meshes): <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Circumference of the codend (# of meshes): <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Distance of escape opening from elephant ear or choke rings: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Feet <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Inches</p> <p>Distance of escape opening from tie off rings: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Feet <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Inches</p> <p>Number of meshes the fisheye is offset from top center <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Fisheye (BRD) escape opening: Height <input style="width: 20px; height: 20px;" type="text"/> Inches Width <input style="width: 20px; height: 20px;" type="text"/> Inches</p> <p>Shape of the escape opening: oval, diamond, square, halfmoon, rectangle, triangle, if other</p> <p>Specify <input style="width: 20px; height: 20px;" type="text"/> (check one)</p> <p>Look from the mouth of the net, is the BRD located in front of, at, or behind the point of attachment of the elephant ears: Front <input type="checkbox"/> at <input type="checkbox"/> Behind <input type="checkbox"/></p> <p>What is the length of the elephant ear from the point of attachment to the tip of the ring: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Inches</p> <p>Distance from point of attachment of elephant ear to tie off rings <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Feet <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Inches</p>			

TRY NET TOW SUMMARY BRD/CHARACTERIZATION

TRIP #

VESSEL CODE

TRY NET HEADROPE LENGTH (feet)

TRY NET FOOTROPE LENGTH (feet)

TRY NET TED TYPE (IF PRESENT)

STATION TOW # STAT. ZONE CHECK ONE: INSHORE NEARSHORE OFFSHORE

TRY NET TOW #	TIME IN	TIME OUT	TURTLE (X)	TRY NET TOW #	TIME IN	TIME OUT	TURTLE (X)
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
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COMMENTS: _____

STATION TOW # STAT. ZONE CHECK ONE: INSHORE NEARSHORE OFFSHORE

TRY NET TOW #	TIME IN	TIME OUT	TURTLE (X)	TRY NET TOW #	TIME IN	TIME OUT	TURTLE (X)
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

COMMENTS: _____

STATION TOW # STAT. ZONE CHECK ONE: INSHORE NEARSHORE OFFSHORE

TRY NET TOW #	TIME IN	TIME OUT	TURTLE (X)	TRY NET TOW #	TIME IN	TIME OUT	TURTLE (X)
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

COMMENTS: _____

STATION TOW # STAT. ZONE CHECK ONE: INSHORE NEARSHORE OFFSHORE

TRY NET TOW #	TIME IN	TIME OUT	TURTLE (X)	TRY NET TOW #	TIME IN	TIME OUT	TURTLE (X)
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

COMMENTS: _____

STATION SHEET BRD EVALUATION

BRD TESTING PROTOCOL

<small>ORG PRO</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>TRIP NO.</small>	<small>VESSEL</small>	<small>TOW NO.</small>	<small>OBSERVER</small>					
<small>MONTH</small>	<small>DAY</small>	<small>YEAR</small>	<small>DEGREE</small>	<small>MINUTE</small>	<small>SECONDS</small>	<small>DEGREE</small>	<small>MINUTE</small>	<small>SECONDS</small>	<small>DEPTH IN (FEET)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>START DATE</small>			<small>TIME IN</small>		<small>LATITUDE IN</small>		<small>LONGITUDE IN</small>		
<small>MONTH</small>	<small>DAY</small>	<small>YEAR</small>	<small>DEGREE</small>	<small>MINUTE</small>	<small>SECONDS</small>	<small>DEGREE</small>	<small>MINUTE</small>	<small>SECONDS</small>	<small>DEPTH OUT (FEET)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>STOP DATE</small>			<small>TIME OUT</small>		<small>LATITUDE OUT</small>		<small>LONGITUDE OUT</small>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>HOURS TOWED</small>	<small>VESSEL SPEED</small>	<small>STAT ZONE</small>	<small>OPERATION CODE</small>	<small>TOTAL NETS</small>	<small>SEA STATE</small>	<small>NET RETRIEVAL DIRECTION</small>	<small>SCALE TYPE</small>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<small>Up (U), Down (D), or Cross (C) Sea</small> <small>Digital (D), Mechanical (M), Both (B) or Unknown (U)</small>									

COORDINATOR COMMENTS

<small>Gear ID#</small>	<input type="text"/>	<small>BRD OPEN or BRD CLOSED (circle one)</small>	<input type="text"/>
<small>NET POSITION</small>	<small>EXPERIMENTAL (E), or CONTROL (C).</small>		<small>SAMPLE WEIGHT (kg)</small>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<small>TOTAL CATCH WEIGHT (kg)</small>	<small>SHRIMP TOTAL WEIGHT (kg)</small>		<small>SHRIMP HEAD ON (O), HEAD OFF (X)</small>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<small>RED SNAPPER TOTAL WEIGHT (kg)</small>	<small>RED SNAPPER TOTAL NUMBER</small>	<small>Attach length frequency form for red snapper</small>	<small>NO. OF RED SNAPPER > 100 mm</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<small>NO. OF RED SNAPPER ≤ 100 mm</small>	
		<input type="text"/>	

Comments: _____

<small>Gear ID#</small>	<input type="text"/>	<small>BRD OPEN or BRD CLOSED (circle one)</small>	<input type="text"/>
<small>NET POSITION</small>	<small>EXPERIMENTAL (E), or CONTROL (C).</small>		<small>SAMPLE WEIGHT (kg)</small>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<small>TOTAL CATCH WEIGHT (kg)</small>	<small>SHRIMP TOTAL WEIGHT (kg)</small>		<small>SHRIMP HEAD ON (O), HEAD OFF (X)</small>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<small>RED SNAPPER TOTAL WEIGHT (kg)</small>	<small>RED SNAPPER TOTAL NUMBER</small>	<small>Attach length frequency form for red snapper</small>	<small>NO. OF RED SNAPPER > 100 mm</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<small>NO. OF RED SNAPPER ≤ 100 mm</small>	
		<input type="text"/>	

Comments: _____

Characterization sample completed?

YES (Attach species forms).

NO

Captain's Signature _____

CONDITION & FATE FORM

BRD TESTING PROTOCOL

ORG PRO

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TRIP NO.

--	--	--

VESSEL

--	--	--

TOW

NUMBER

CONTROL or EXPERIMENTAL NET POSITION <input style="width: 20px; height: 15px;" type="checkbox"/> <b style="text-align: center;">CIRCLE ONE	CONTROL or EXPERIMENTAL NET POSITION <input style="width: 20px; height: 15px;" type="checkbox"/> <b style="text-align: center;">CIRCLE ONE
--	--

CONDITION AND FATE OF BYCATCH PRIOR TO DISCARDING

Check the appropriate boxes.

FISH	FISH
<input type="checkbox"/> MORE THAN 50% OF CATCH ALIVE	<input type="checkbox"/> MORE THAN 50% OF CATCH ALIVE
<input type="checkbox"/> MORE THAN 50% OF CATCH DEAD	<input type="checkbox"/> MORE THAN 50% OF CATCH DEAD
<input type="checkbox"/> NOT DETERMINED (CATCH NOT DUMPED)	<input type="checkbox"/> NOT DETERMINED (CATCH NOT DUMPED)
<input type="checkbox"/> NOT OBSERVED	<input type="checkbox"/> NOT OBSERVED
COMMENTS: _____	COMMENTS: _____
INVERTEBRATES	INVERTEBRATES
<input type="checkbox"/> MORE THAN 50% OF CATCH ALIVE	<input type="checkbox"/> MORE THAN 50% OF CATCH ALIVE
<input type="checkbox"/> MORE THAN 50% OF CATCH DEAD	<input type="checkbox"/> MORE THAN 50% OF CATCH DEAD
<input type="checkbox"/> NOT DETERMINED (CATCH NOT DUMPED)	<input type="checkbox"/> NOT DETERMINED (CATCH NOT DUMPED)
<input type="checkbox"/> NOT OBSERVED	<input type="checkbox"/> NOT OBSERVED
COMMENTS: _____	COMMENTS: _____

PREDATORS OBSERVED

Refer to the table and choose the appropriate number code for each predator type.

PREDATORS OBSERVED	PREDATORS OBSERVED
<input type="checkbox"/> SHARKS OTHER FISH <input style="width: 20px; height: 15px;" type="checkbox"/>	<input type="checkbox"/> SHARKS OTHER FISH <input style="width: 20px; height: 15px;" type="checkbox"/>
<input type="checkbox"/> DOLPHINS SEA BIRDS <input style="width: 20px; height: 15px;" type="checkbox"/>	<input type="checkbox"/> DOLPHINS SEA BIRDS <input style="width: 20px; height: 15px;" type="checkbox"/>
COMMENTS: _____	COMMENTS: _____

- 0 = Predator not present in area.
- 1 = Predator observed but "not" feeding on organisms exiting BRD.
- 2 = Predator observed "feeding" on organisms exiting BRD.
- 3 = Predator observed but couldn't determine (or could not see) if they were feeding on organisms exiting BRD.
- 9 = Not determined (Observer was not able to check for predator).

ESTIMATED # OF ORGANISMS SEEN EXITING BRD DURING NET RETRIEVAL

Check the appropriate boxes.

<input type="checkbox"/> (1 - 10) NONE <input style="width: 20px; height: 15px;" type="checkbox"/> <input type="checkbox"/> (10 - 50) N/A (BRD Closed) <input style="width: 20px; height: 15px;" type="checkbox"/> <input type="checkbox"/> (50 - 100) NOT OBSERVED <input style="width: 20px; height: 15px;" type="checkbox"/> <input type="checkbox"/> (100 OR MORE) (or not able to see.) <input style="width: 20px; height: 15px;" type="checkbox"/> COMMENTS: _____	<input type="checkbox"/> (1 - 10) NONE <input style="width: 20px; height: 15px;" type="checkbox"/> <input type="checkbox"/> (10 - 50) N/A (BRD Closed) <input style="width: 20px; height: 15px;" type="checkbox"/> <input type="checkbox"/> (50 - 100) NOT OBSERVED <input style="width: 20px; height: 15px;" type="checkbox"/> <input type="checkbox"/> (100 OR MORE) (or not able to see.) <input style="width: 20px; height: 15px;" type="checkbox"/> COMMENTS: _____
--	--

SPECIES CHARACTERIZATION FORM - MODIFIED SOUTH ATLANTIC ROCK SHRIMP

ORG PRO TRIP NO.

VESSEL

TOW NUMBER

NET POSITION

Control (C) or Experimental (E)

COMMON NAME	GENUS	SPECIES	NUMBER	SAMPLE WEIGHT (kg)	SELECT WEIGHT (kg)
ROCK SHRIMP	S I C Y O N I				
ROCK SHRIMP CULL	S I C Y O N I D I S C A R				
BROWN SHRIMP	F A R F A N T A Z T E C U				
WHITE SHRIMP	L I T O P E N S E T I F E				
PINK SHRIMP	F A R F A N T D U O R A R				
PENAEUS DISCARD	P E N A E U S D I S C A R				
IRIDESCENT SWIMMING CRAB	P O R T U N U G I B B E S				
LONGSPINE SWIMMING CRAB	P O R T U N U S P I N I C				
CRABS, LOBSTERS, ETC.	C R U S T A C		1		
OTHER INVERTEBRATES	I N V E R T E		1		
DUSKY FLOUNDER	S Y A C I U M P A P I L L				
INSHORE LIZARDFISH	S Y N O D U S F O E T E N				
SHAD	A L O S A				
SPINNER SHARK	C A R C H A R B R E V I P				
SILKY SHARK	C A R C H A R F A L C I F				
FINETOOTH SHARK	C A R C H A R I S O D O N				
BLACKTIP SHARK	C A R C H A R L I M B A T				
ATLANTIC SHARPNOSE SHARK	R H I Z O P I T E R R A E				
BONNETHEAD SHARK	S P H Y R N A T I B U R O				
SMOOTH DOGFISH SHARK	M U S T E L U C A N I S				
SCALLOPED HAMMERHEAD SHARK	S P H Y R N A L E W I N I				
OTHER SHARKS NOT LISTED	C A R C H A R				
SPOTTED SEATROUT	C Y N O S C I N E B U L O				
SILVER SEATROUT	C Y N O S C I N O T H U S				
WEAKFISH (GRAY TROUT)	C Y N O S C I R E G A L I				
SEATROUT (GENUS)	C Y N O S C I				
SPOT	L E I O S T O X A N T H U				
ATLANTIC CROAKER	M I C R O P O U N D U L A				
SOUTHERN KINGFISH	M E N T I C I A M E R I C				
NORTHERN KINGFISH	M E N T I C I S A X A T I				
RED DRUM	S C I A E N O O C E L L A				
BLACK DRUM	P O G O N I A C R O M I S				
COBIA	R A C H Y C E C A N A D U				
SOUTHERN FLOUNDER	P A R A L I C L E T H O S				
SUMMER FLOUNDER	P A R A L I C D E N T A T				
KING MACKEREL	S C O M B E R C A V A L L				
SPANISH MACKEREL	S C O M B E R M A C U L A				
SCUP	S T E N O T O C H R Y S O				
GAG	M Y C T E R O M I C R O L				
BLACK SEABASS	C E N T R O P S T R I A T				
BANK SEABASS	C E N T R O P O C Y U R U				
ROCK SEABASS	C E N T R O P P H I L A D				
FLORIDA POM PANO	T R A C H I N C A R O L I				
BLUEFISH	P O M A T O M S A L T A T				
STURGEON	A C I P E N S				
OTHER FINFISH-GROUPED	P I S C E S		1		
DEBRIS	D E B R I S		1		

SPECIES CHARACTERIZATION FORM

SHRIMP CHARACTERIZATION

ORG PRO

--	--	--	--	--	--

TRIP NO.

--	--

VESSEL

--	--

TOW
NUMBER

NET POSITION

Control (C) or Experimental (E)

COMMON NAME	GENUS	SPECIES	NUMBER	SAMPLE WEIGHT (kg)	SELECT WEIGHT (kg)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					

LENGTH FREQUENCY FORM (TARGET SPECIES)

BRD TESTING PROTOCOL

ORG PRO

--	--	--	--	--	--	--	--

TRIP NO.

--	--	--

VESSEL

--	--	--

TOW
NUMBER

--

NET
POSITION

--

Control (C) or
Experimental (E)

GENUS

SPECIES

MEAS.CODE

GENUS

SPECIES

MEAS.CODE

GENUS

SPECIES

MEAS.CODE

LENGTH (MM)

1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

LENGTH (MM)

1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
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13				
14				
15				
16				
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18				
19				
20				
21				
22				
23				
24				
25				

LENGTH (MM)

1				
2				
3				
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7				
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21				
22				
23				
24				
25				

NUMBER OF BROKEN (UNMEASURABLE)

≤100 mm >100 mm

NUMBER OF BROKEN (UNMEASURABLE)

≤100 mm >100 mm

NUMBER OF BROKEN (UNMEASURABLE)

≤100 mm >100 mm

OFFICE USE ONLY

--

TRIP REPORT - REEF FISH

TRIP # _____

VESSEL NAME _____ ID # _____ VSCODE _____ LTH _____
(CG DOCUMENTATION #) (LENGTH)

VESSEL RIGGING : **LONGLINE** _____ **HANDLINE** _____ **BANDIT** _____ **JUG** _____ **SPEAR** _____
(CHECK ONE) STATE CITY

PORT OF DEPARTURE _____ / _____

OBSERVER NAME _____

ORGANIZATION _____

TRIP DATES _____ MTH/DAY - _____ MTH/DAY _____ YEAR
(dates, total # of travel and sea days allotted for this trip)

OBSERVER DAYS _____

DATES AT SEA _____ MTH/DAY - _____ MTH/DAY _____ YEAR
(dates, total # of days at sea from port to port)

SEA DAYS _____

24 HR. DAYS. FISHED (including sets not sampled)
 TOTAL TIME (set hours) _____ / 24 = _____

STARTING SET # _____
 ENDING SET # _____
(UNSAMPLED SETS DO NOT GET NUMBERED)

AVERAGE SET TIME
 TOT.TIME SET HOURS [SAMPLED] (1) (1) (2) (3) (4)
 TOT.TIME SET HOURS [UNSAMPLED] (2) (_____ + _____) / (_____ + _____) = _____
 TOT.# SETS SAMPLED (3)
 TOT.# SETS UNSAMPLED (4)

AREAS FISHED

STAT.AREA #						
INSHORE						
NEARSHORE ≤ 60'						
OFFSHORE > 60'						

(ENTER APPLICABLE STATISTICAL AREA # THEN THE # OF SETS "SAMPLED" IN THE APPROPRIATE ZONE BLOCK)

TURTLES CAPTURED

SPECIES	LAT/LONG	DATE	SET NO.
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____

TURTLES SIGHTED

SPECIES	LAT/LONG	DATE	SET NO.
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____

COMMENTS

SIGNATURE _____

TRIP REPORT - REEF FISH

SETS NOT SAMPLED

VSCODE _____

TRIP DATES _____

TRIP # _____

NO.	DATE	LATITUDE	LONGITUDE	HOURS SOAKED	DEPTH (FT)	STAT ZONE	REASON NOT SAMPLED
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
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36							
37							
38							
39							
40							
41							
42							
43							
44							
45							

GEAR SPECIFICATION FORM - BANDIT REEL

ORG PRO

MO DAY YR

TRIP NO.

DATE

OBSERVER CODE

SET NO.

GEAR CODE

ROD MOUNT

Fixed Portable

REEL TYPE

Hand Electric Hydraulic Other

Comments:

MAIN LINE MATERIAL

Mono Poly Nylon Cable Other

Main Line Cable Test lbs

Comments:

LINES OFF MAIN LINE

Length 1: Feet

Length 2: Feet

Construction: Twisted Single

Mono Poly Nylon Cable Wire Other

Test lbs

NO.of Lines

Comments:

NUMBER OF HOOKS

Total No. of Hooks

SKETCH GEAR CONFIGURATION & PLACEMENT

Gear Description:

HOOK TYPE # 1

Hook Type: J-Hook Circular Treble Lure Other

Hook Shape: Straight Offset Double Triple

/0

Hook Size _____ Manufacturer/Style: _____ Degrees Offset _____

Shaft Length in. Point to Shaft in.

Hook Material: Steel Stainless Steel Other Unknown

Comments:

HOOK TYPE # 2

Hook Type: J-Hook Circular Treble Lure Other

Hook Shape: Straight Offset Double Triple

/0

Hook Size _____ Manufacturer/Style: _____ Degrees Offset _____

Shaft Length in. Point to Shaft in.

Hook Material: Steel Stainless Steel Other Unknown

Comments:

HOOK TYPE # 3

Hook Type: J-Hook Circular Treble Lure Other

Hook Shape: Straight Offset Double Triple

/0

Hook Size _____ Manufacturer/Style: _____ Degrees Offset _____

Shaft Length in. Point to Shaft in.

Hook Material: Steel Stainless Steel Other Unknown

Comments:

TRACE HOOK W / DIMENSIONS BELOW

STATION SHEET BANDIT REEL

ORG PRO

--	--	--	--	--	--

TRIP NO.

--	--	--

SET NO.

--	--	--

OBSERVER

MO DAY YR

--	--	--	--	--

DATE

--	--	--	--

TIME IN

Degree Minutes Seconds

--	--	--	--	--	--

LATITUDE IN

Degree Minutes Seconds

--	--	--	--	--	--

LONGITUDE IN

--	--

STAT ZONE

--

SEA STATE

--	--	--	--

TIME OUT

--	--

TOTAL # of REELS

VESSEL(CHECK ONE):

ON ANCHOR DRIFTING TROLLING UNKNOWN
(ATTACHED to RIG)

LIST THE FOLLOWING FOR ALL REELS: REEL #, GEAR CODE, NUMBER OF TIMES A REEL WAS SET, NUMBER OF REELS SAMPLED

Reel #	Gear Code	# of Reels Set	# of Reels Sampled	Reel #	Gear Code	# of Reels Set	# of Reels Sampled	Reel #	Gear Code	# of Reels Set	# of Reels Sampled

FISHING TIME

--	--	--	--	--	--	--	--

HRS

AVG. HAUL IN TIME

--	--	--	--	--	--	--	--

MIN

PREDATORS OBSERVED

- SHARKS
- MARINE MAMMALS
- SEA BIRDS
- OTHER FISH

- 0=PREDATOR NOT PRESENT IN AREA
- 1=PREDATOR OBSERVED BUT NOT FEEDING
- 2=PREDATOR OBSERVED FEEDING ON BAIT (ON HOOK)
- 3=PREDATOR OBSERVED FEEDING ON CAPTURES (ON HOOK)
- 4=PREDATOR OBSERVED FEEDING ON CAPTURES AND BAIT (ON HOOK)
- 5=PREDATOR OBSERVED BUT COULD NOT DETERMINE IF FEEDING
- 6=PREDATOR OBSERVED FEEDING ON DISCARDED CAPTURES
- 7=PREDATOR OBSERVER FEEDING ON DISCARDED BAIT
- 8=PREDATOR OBSERVER FEEDING ON DISCARDED CAPTURES AND BAIT
- 9=NOT OBSERVED

BAIT (Check all that apply)

- Squid
- Mackerel
- Herring
- Other _____
- Other _____
- Other _____
- Other _____
- Artificial

STATE OF BAIT (Check Whole or Cut then check all that apply for each type of bait used.)

Whole	Cut	Fresh	Frozen	Salted	Live
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

TARGET SPECIES: List all targeted species for this set using genus species format.

WATER DEPTH

--	--	--	--	--	--	--	--

FEET

TOTAL NO. REELS SET

--	--	--

TOTAL NO. REELS SAMPLED

--	--

TOTAL NO. HOOKS SET

--	--	--

TOTAL NO. HOOKS SAMPLED

--	--	--

APPROX. FISHING DEPTH

--	--	--	--	--	--	--	--

FEET

BOTTOM TYPE

--	--

SCALE TYPE

DIGITAL (D), MECHANICAL (M)
BOTH (B) or UNKNOWN (U)

COORDINATOR COMMENTS:

OBSERVER COMMENTS:

CAPTAIN'S SIGNATURE: _____

BR-SS

LENGTH-FREQUENCY/WEIGHT FORM BANDIT REEL

ORG PRO

--	--	--	--	--	--	--	--

TRIP NO.

SET NO.

--	--	--	--

REEL NUMBER	GEAR CODE	COMMON NAME	GENUS	SPECIES	LENGTH (mm)	LENGTH CODE	WEIGHT (kg)	WEIGHT CODE	CONDITION CODE	FATE RELEASSE	TAGGED	AIR BLADDER	SPECIMEN #
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													

LENGTH CODES	WEIGHT CODES	CONDITION CODES (AS BROUGHT ONBOARD)	FATE CODE
01- FORK	1- WHOLE	1- LIVE: NORMAL APPEARANCE	K - FISH KEPT
02- STANDARD	2- DRESSED/CLEANED	2- LIVE AIR BLADDER/STOMACH PROTRUDING	D - DISCARD DEAD
18- TOTAL	8- NOT MEASURABLE	3- LIVE: EYES PROTRUDING	A - DISCARD ALIVE
22- DISC	9- NO DATA	4- LIVE: COMBINATION 2 AND 3	B - KEPT FOR BAIT
23- ANAL		5- DEAD ON ARRIVAL	U - UNKNOWN DISCARD
88- NOT MEASURABLE		9- NO DATA OR UNKNOWN	X - UNKNOWN IF KEPT
99- NO DATA or UNKNOWN			OR DISCARDED

STATION SHEET LONGLINE

ORG PRO

TRIP NO.

SET NO.

OBSERVER

MO DAY YR

DATE

GEAR CODE

SET TIME

START

SET TIME

END

Degree Minutes Seconds

LATITUDE IN

Degree Minutes Seconds

LONGITUDE IN

HAUL TIME

START

HAUL TIME

END

STAT ZONE

SEA STATE

PREDATORS OBSERVED

<input type="checkbox"/> SHARKS	0 = PREDATOR NOT PRESENT IN AREA	5 = PREDATOR OBSERVED BUT COULD NOT DETERMINE IF FEEDING
<input type="checkbox"/> MARINE MAMMALS	1 = PREDATOR OBSERVED BUT NOT FEEDING	6 = PREDATOR OBSERVED FEEDING ON DISCARDED CAPTURES
<input type="checkbox"/> SEA BIRDS	2 = PREDATOR OBSERVED FEEDING ON BAIT (ON HOOK)	7 = PREDATOR OBSERVER FEEDING ON DISCARDED BAIT
<input type="checkbox"/> OTHER FISH	3 = PREDATOR OBSERVED FEEDING ON CAPTURES (ON HOOK)	8 = PREDATOR OBSERVER FEEDING ON DISCARDED CAPTURES AND BAIT
	4 = PREDATOR OBSERVED FEEDING ON CAPTURES AND BAIT (ON HOOK)	9 = NOT OBSERVED

BAIT (Check all that apply)

Squid
 Mackerel
 Herring
 Other _____
 Other _____
 Other _____
 Other _____

STATE OF BAIT (Check Whole or Cut then check all that apply for each type of bait used.)

Whole	Cut	Fresh	Frozen	Salted	Live
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

TARGET SPECIES: List all targeted species for this set using genus species format.

HRS
 SOAK TIME

of HOOKS SET

of HOOKS LOST

FEET
 WATER DEPTH

BOTTOM TYPE

YES NO
 OR

REVERSE HAUL

YES NO
 OR

MAINLINE PARTED

SCALE TYPE
 DIGITAL (D), MECHANICAL (M)
 BOTH (B) or UNKNOWN (U)

COORDINATOR COMMENTS:

OBSERVER COMMENTS:

CAPTAIN'S SIGNATURE: _____

LL-SS

STATION SHEET MODIFIED BUOY

ORG PRO <input type="text"/> <input type="text"/> TRIP NO.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SET NO.	<input type="text"/> <input type="text"/> <input type="text"/> OBSERVER	MO DAY YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DATE	GEAR CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	# OF JUGS SET <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SET TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> START	SET TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> END	Degree Minutes Seconds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LATITUDE IN	Degree Minutes Seconds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LONGITUDE IN		
HAUL TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> START	HAUL TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> END	<input type="text"/> <input type="text"/> STAT ZONE	<input type="text"/> SEA STATE		

PREDATORS OBSERVED

<input type="checkbox"/> SHARKS	0=PREDATOR NOT PRESENT IN AREA	5=PREDATOR OBSERVED BUT COULD NOT DETERMINE IF FEEDING
<input type="checkbox"/> MARINE MAMMALS	1=PREDATOR OBSERVED BUT NOT FEEDING	6=PREDATOR OBSERVED FEEDING ON DISCARDED CAPTURES
<input type="checkbox"/> SEA BIRDS	2=PREDATOR OBSERVED FEEDING ON BAIT (ON HOOK)	7=PREDATOR OBSERVER FEEDING ON DISCARDED BAIT
<input type="checkbox"/> OTHER FISH	3=PREDATOR OBSERVED FEEDING ON CAPTURES (ON HOOK)	8=PREDATOR OBSERVER FEEDING ON DISCARDED CAPTURES AND BAIT
	4=PREDATOR OBSERVED FEEDING ON CAPTURES AND BAIT (ON HOOK)	9=NOT OBSERVED

<p>BAIT (Check all that apply)</p> <table border="0"> <tr><td><input type="checkbox"/></td><td>Squid</td></tr> <tr><td><input type="checkbox"/></td><td>Mackerel</td></tr> <tr><td><input type="checkbox"/></td><td>Herring</td></tr> <tr><td><input type="checkbox"/></td><td>Other _____</td></tr> <tr><td><input type="checkbox"/></td><td>Other _____</td></tr> <tr><td><input type="checkbox"/></td><td>Other _____</td></tr> <tr><td><input type="checkbox"/></td><td>Other _____</td></tr> </table>	<input type="checkbox"/>	Squid	<input type="checkbox"/>	Mackerel	<input type="checkbox"/>	Herring	<input type="checkbox"/>	Other _____	<p>STATE OF BAIT (Check Whole or Cut then check all that apply for each type of bait used.)</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Whole</td> <td style="text-align: center;">Cut</td> <td style="text-align: center;">Fresh</td> <td style="text-align: center;">Frozen</td> <td style="text-align: center;">Salted</td> <td style="text-align: center;">Live</td> </tr> <tr> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> </tr> </table>	Whole	Cut	Fresh	Frozen	Salted	Live	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
<input type="checkbox"/>	Squid																										
<input type="checkbox"/>	Mackerel																										
<input type="checkbox"/>	Herring																										
<input type="checkbox"/>	Other _____																										
<input type="checkbox"/>	Other _____																										
<input type="checkbox"/>	Other _____																										
<input type="checkbox"/>	Other _____																										
Whole	Cut	Fresh	Frozen	Salted	Live																						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						

TARGET SPECIES: List all targeted species for this set using genus species format.

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SOAK TIME HRS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # of JUGS SET	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # of JUGS SAMPLED	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # of HOOKS SET	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # of HOOKS SAMPLED
<input type="text"/> <input type="text"/> WATER DEPTH FEET	<input type="text"/> <input type="text"/> BOTTOM TYPE	<input type="text"/> SCALE TYPE DIGITAL (D), MECHANICAL (M) BOTH (B) or UNKNOWN (U)		
COORDINATOR COMMENTS: _____				
OBSERVER COMMENTS: _____ _____				

CAPTAIN'S SIGNATURE: _____ JUG-SS

LENGTH-FREQUENCY/WEIGHT FORM MODIFIED BUOY

ORG PRO

--	--	--	--	--	--	--

--	--	--

TRIP NO.

SET NO.

G E A R C O D E	COMMON NAME	GENUS	SPECIES	LENGTH (mm)	L E N G T H C O D E	W E I G H T C O D E	W E I G H T C O D E	C O N D I T I O N C O D E	F A T E R E L E A S E	T A G G E D	A I R B L A D D E R	S P E C I M E N #	O / G
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
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20													
21													
22													
23													
24													
25													
LENGTH CODES		WEIGHT CODES		CONDITION CODES (AS BROUGHT ONBOARD)				FATE CODE					
01 - FORK		1 - WHOLE		1 - LIVE: NORMAL APPEARANCE				K - FISH KEPT					
02 - STANDARD		2 - DRESSED/CLEANED		2 - LIVE AIR BLADDER/STOMACH PROTRUDING				D - DISCARD DEAD					
18 - TOTAL		8 - NOT MEASURABLE		3 - LIVE: EYES PROTRUDING				A - DISCARD ALIVE					
22 - DISC		9 - NO DATA		4 - LIVE: COMBINATION 2 AND 3				B - KEPT FOR BAIT					
23 - ANAL				5 - DEAD ON ARRIVAL				U - UNKNOWN DISCARD					
88 - NOT MEASURABLE				9 - NO DATA OR UNKNOWN				X - UNKNOWN IF KEPT OR DISCARDED					
99 - NO DATA or UNKNOWN													

GEAR SPECIFICATION FORM - SPEARFISHING

ORG PRO

--	--	--	--	--	--	--	--

TRIP NO.

MO DAY YR

--	--	--	--	--	--

DATE

--	--	--

OBSERVER

--	--	--

SET NO.

--

GEAR CODE

BRAND OF SPEAR GUN _____ MODEL # _____

SHAFT LENGTH

		.	
--	--	---	--

 inches

SHAFT DIAMETER

	.		
--	---	--	--

 inches

NUMBER SHAFTS USED

--	--

FIRING MECHANISM

EXPLOSIVE (POWER HEAD) _____

RUBBER or ELASTIC _____

PNEUMATIC or GAS POWERED _____

OTHER _____

GEAR DESCRIPTION

GEAR DIAGRAM

STATION SHEET SPEARFISHING

ORG PRO

TRIP NO.

SET NO.

OBSERVER

MO DAY YR

DATE

Degree Minutes Seconds

LATITUDE IN

Degree Minutes Seconds

LONGITUDE IN

STAT ZONE

SEA STATE

DIVE 1

TIME IN

TIME OUT

DIVE TIME

HRS

DIVE 5

TIME IN

TIME OUT

DIVE TIME

HRS

DIVE 2

TIME IN

TIME OUT

DIVE TIME

HRS

DIVE 6

TIME IN

TIME OUT

DIVE TIME

HRS

DIVE 3

TIME IN

TIME OUT

DIVE TIME

HRS

DIVE 7

TIME IN

TIME OUT

DIVE TIME

HRS

DIVE 4

TIME IN

TIME OUT

DIVE TIME

HRS

DIVE 8

TIME IN

TIME OUT

DIVE TIME

HRS

LIST ALL GEAR CONFIGURATIONS THAT APPLY TO EACH DIVER

IF DIVER UNUSED, LEAVE BLANK

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

VESSEL(CHECK ONE):

ON ANCHOR _____
(ATTACHED to RIG)

DRIFTING _____

TROLLING _____

UNKNOWN _____

PREDATORS OBSERVED

SHARKS

MARINE MAMMAL

SEA BIRDS

OTHER FISH

0 = PREDATOR NOT PRESENT IN AREA

1 = PREDATOR OBSERVED BUT NOT FEEDING

5 = PREDATOR OBSERVED BUT COULD NOT DETERMINE IF FEEDING

6 = PREDATOR OBSERVED FEEDING ON DISCARDED CAPTURES

9 = NOT OBSERVED

TARGET SPECIES: List all targeted species for this set

TOTAL DIVING TIME

HRS

WATER DEPTH

FEET

TOTAL NO.

DIVES

TOTAL NO.

DIVES SAMPLED

APPROX.

FEET

DIVING DEPTH

BOTTOM

TYPE

SCALE TYPE

DIGITAL (D), MECHANICAL (M)

BOTH (B) or UNKNOWN (U)

COORDINATOR COMMENTS:

OBSERVER COMMENTS:

CAPTAIN'S SIGNATURE: _____

SF-SS

LENGTH-FREQUENCY/WEIGHT FORM SPEARFISHING

ORG PRO

--	--	--	--	--	--	--

TRIP NO.

--	--	--

SET NO.

DIVER NUMBER	DIVER BLOCK	GEAR CODE	COMMON NAME	GENUS	SPECIES	LENGTH (mm)	WEIGHT (kg)	WEIGHT CODE	CONDITION CODE	FATE RELEASE	TAG GRADE	AIR BLADE	SPECIMEN #
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													

LENGTH CODES	WEIGHT CODES	CONDITION CODES (AS BROUGHT ONBOARD)	FATE CODE
01- FORK	1- WHOLE	1- LIVE: NORMAL APPEARANCE	K - FISH KEPT
02 - STANDARD	2 - DRESSED/CLEANED	2 - LIVE AIR BLADDER/STOMACH PROTRUDING	D - DISCARD DEAD
18 - TOTAL	8 - NOT MEASURABLE	3 - LIVE: EYES PROTRUDING	A - DISCARD ALIVE
22 - DISC	9 - NO DATA	4 - LIVE: COMBINATION 2 AND 3	B - KEPT FOR BAIT
23 - ANAL		5 - DEAD ON ARRIVAL	U - UNKNOWN DISCARD
88 - NOT MEASURABLE		9 - NO DATA OR UNKNOWN	X - UNKNOWN IF KEPT OR DISCARDED
99 - NO DATA or UNKNOWN			

SEA TURTLE LIFE HISTORY FORM

REEF AND SHRIMP

4_13

Trip Number

[]

MO DY YR

/ /

Set/Tow

[] [] []

Station

[] Non-Station

Captured

[] Sighted

Specimen # By Trip

[] [] []

Experimental Y / N ?

[] (if Y, not project name in comments section)

Does vessel have Sea Turtle Release Equipment Y / N ?

[]

Vessel

[] [] []

Observer

[] [] []

State

[] []

Time (24 hr)

[] [] : [] []

Water Depth (ft.)

[] [] [] . []

Photos Y/N

[]

Number

[] []

LATITUDE

[] [] deg [] [] min [] [] sec

LONGITUDE

[] [] deg [] [] min [] [] sec

SPECIES IDENTIFICATION:

[] Leatherback [] Loggerhead [] Kemp's Ridley [] Green [] Hawksbill [] Olive Ridley [] Unidentified Hardshell [] Unknown

CONDITION OF TURTLE AT CAPTURE:

[] Previously Dead [] Fresh dead/Comatose/Unresponsive (detail reflex response p. 2) [] Alive [] Unknown (describe) [] Other (describe in comments section) Attempted resuscitation? Y / N

INJURY STATUS:

[] Uninjured [] Injured [] Unknown

Gear Type:

[] Longline [] Gill Net [] Trawl [] Bandit Reel [] Handline [] Jug [] Fish Trap [] Spear Fishing

Gear Depth:

[] Surface [] Midwater [] Bottom [] Other

Did turtle slide out/escape from gear? Y / N

Was turtle brought on board? Y / N

Net Position

Net Type Turtle Captured In:

Net Modifications:

[] Try Net [] Standard Net [] TED [] BRD [] TED/BRD [] None [] Unknown

Check one to describe turtle interaction with TED:

[] Turtle caught before TED [] Turtle went through TED grid [] Not Applicable [] Unknown

Tow Time (check one):

Start Date

Time In

Stop Date

Time Out

Hours Towed

[] Try Net [] Standard Net / / [] [] : [] [] / / [] [] : [] [] = [] [] . []

IF GEAR IS A FORM OF HOOK AND LINE, COMPLETE THIS SECTION, AS APPLICABLE:

Hook Type:

[] "J" [] Circle [] other (describe) SIZE [] [] / 0

Manufacturer/Style No.

DEGREE OFFSET

[] [] °

Bait:

[] Squid [] Mackerel [] Sardine [] Unknown [] Other (describe) SIZE

HOOK LOCATION:

[] Not Hooked [] Not Known if Hooked [] Hooked, but location totally Unknown [] Holding bait/hook

(Circle specific location; check box is specifics are not known; annotate drawing on reverse to indicate location as needed)

Internal:

[] Unknown, internal [] Swallowed (Esophagus) Hook visible? [] Visible to insertion point [] Partial hook [] Not visible [] Beak/Mouth Jaw Location (check one): [] upper [] lower [] side (mouth only) Check one for mouth: [] tongue [] glottis [] soft palate [] jaw joint [] other (describe)

External:

[] Unknown, external [] Beak/Head/Neck [] Carapace/Plastron [] Front Flipper/Shoulder/Armpit [] Rear flipper/Groin/Tail

Was hook recovered from this animal? Y / N / Unknown / Not Applicable

Was animal entangled in gear? At capture? Y / N / Unknown At Release? Y / N / Unknown

How much gear (linear feet) was left on the turtle when released? [] [] [] . [] ft. (estimated/measured)

SECTION 1 - BOTH

SECTION 2 - SHRIMP

SECTION 3 - REEF FISH

BIOLOGICAL INFORMATION

Trip # _____ Set/Tow _____ Specimen # _____

Estimated carapace length (notch-to-tip straight line): . ft. (needed only if turtle is not boated & measured)

DIMENSIONS (cm):

Curved (measuring tape)
Standard Measurements

Straight Line (calipers)
Standard Measurements

Straight Line (calipers)

Carapace Length . Notch-to-Tip

. Notch-to-Tip

. Notch-to-Notch

Carapace Width .

.

TAGS (Identify address on each tag in the comments section):

Flipper Tag Number	Metal (1) or Plastic (2)	Position (Flipper) LF, RF, LR, RR	Already Present (1) or Applied by Observer (2)	Were Tags Removed?
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Y / N
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Y / N
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Y / N
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Y / N
PIT Tag _____		<input type="text"/> <input type="text"/>	<input type="checkbox"/> SCANNED?	Y / N

PIT Tag # Type: Old (alphanumeric) Decimal Hexadecimal (Put PIT tag label here)

If you have the option of Decimal or Hexadecimal sequence, choose **DECIMAL**

Living Tag Yes/No (describe) _____ Other Tags (describe) _____

BIOPSY SAMPLED TAKEN? Y (itemized below) / N / Unsuccessful (if yes, USFWS 3-177 form may be needed)

Y / N Did observer assist in dehooking, resuscitation, etc. (other than standard measuremer Address in Comments.

RELEASE INFORMATION:

TIME (24hr) :

DATE / /

LATITUDE deg min sec

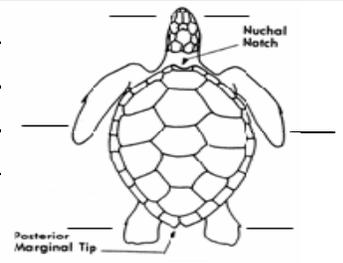
LONGITUDE deg min sec

FINAL DISPOSITION:

Discarded Marked Dead/Unresponsive Carcass Discarded Unmarked Dead/Unresponsive Carcass

Salvaged Carcass/Part (explain) Released Alive Taken to Holding Facility Unknown (explain)

ADDITIONAL COMMENTS: (list all biological samples collected; describe or sketch any anomalies):



IDENTIFICATION CRITERIA:

Number of:

- Left Lateral Scutes
 - Right Lateral Scutes
 - Vertebral Scutes
 - L. Inframarginal Scutes
 - R. Inframarginal Scutes
- Overlapping Scutes? Y / N / U
- Inframarginal Pores? Y / N / U
- 1 Pair Prefrontal Scales? Y / N / U
- Lacks Bony Shell? Y / N
- Does Nuchal Scute Touch 1st Lateral Scute? Y / N / U

Place a "Y" on the lines of the diagram to indicate positive reflex/response or a "N" for no response.

CONDITION EVALUATION FOR TURTLES NOT CODED "ALIVE"

- Rigor Mortis Y / N / U
- Rotting Flesh Y / N / U
- Foul Smell Y / N / U

Dorsal Coloration Black Orange/Red-Brown Brown Gray-Green Other _____

SECTION 4 - BOTH

TAG REPORTING FORM

ORG PRO

MO DY YR

MO DY YR

TRIP NO.

DATE-START TRIP

DATE - END TRIP

LOGLINE

BANDIT

JUG

SPEAR

STARTING TAG NUMBER

ENDING TAG NUMBER

TAG TYPE: _____

GENUS: _____ SPECIES: _____

COMMON NAME: _____

SET NO.	DATE RELEASED			FISH TAG NO.	LAT. RELEASED			LONG. RELEASED			DEPTH (FEET)	FISH LENG. (mm)
	MO.	DAY	YR		DEG	MIN	SEC	DEG	MIN	SEC		
1												
2												
3												
4												
5												
6												
7												
8												
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27												
28												
29												
30												

GONAD / OTOLITH FORM

NOAA Fisheries Panama City Laboratory - Galveston Observer Program (GOP)

Trip #: _____

Observer Name: _____

Returning Port: _____

State: _____

Trip Comments: _____

Set #	Specimen #	Genus				Species				Length (mm)	Length Code	Gonad Weight (g)	Sex M = Male F = Female U = Unknown	Target Species (Check for Yes blank for No)	Samples Taken (Check appropriate boxes)	
															Oto	Gonad
1																
2																
3																
4																
5																
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Length Codes 01- Fork 02- Standard 18- Total 88- Not Measured 99- No Data or Unknown