

MARINE MAMMAL REPORT - BASIC DATA

FIELD #*: _____ NMFS REGIONAL #: _____ (NMFS USE) NATIONAL DATABASE#: _____ (NMFS USE)

COMMON NAME*: _____ GENUS: _____ SPECIES: _____

Point of Contact for Record: _____ Additional Points of Contact: _____

Email: _____ Phone: _____

Primary Response Organization*: _____ Collaborating Organizations: _____

CONFIDENCE CODE* (Check ONE): Confirmed Public Report Confirmed by Network

ADDITIONAL IDENTIFIER: _____ (If animal is restranded, please indicate any previous field numbers here)

<p>INITIAL REPORT</p> <p>DATE*: Year: _____ Month: _____ Day: _____ TIME: _____ First Observed: <input type="checkbox"/> On Beach/Land/Ice <input type="checkbox"/> Floating <input type="checkbox"/> Swimming</p> <p>LOCATION: State*: _____ County*: _____ City: _____ Locality Details: _____ Lat (DD): _____ N Long (DD): _____ W (MUST be a negative!) How Determined: (check ONE): <input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p>	<p>CONDITION AT INITIAL REPORT* (Check ONE)</p> <p><input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Condition Unknown</p> <p>WAS THIS ANIMAL BORN IN A REHABILITATION FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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BASIC DATA			
<p>NUTRITIONAL STATUS</p> <p><input type="checkbox"/> 1. Robust <input type="checkbox"/> 4. Emaciated <input type="checkbox"/> 2. Normal <input type="checkbox"/> 5. CBD <input type="checkbox"/> 3. Thin</p>	<p>ESTIMATED AGE CLASS</p> <p><input type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Yearling</p>	<p>SEX*</p> <p><input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> 3. Unknown</p>	<p>MOM AND CALF/PUP PAIR</p> <p><input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. CBD</p>
<p>SKIN/FUR</p> <p><input type="checkbox"/> 1. Normal <input type="checkbox"/> 4. Hair Loss (Alopecia) <input type="checkbox"/> 2. Sloughing <input type="checkbox"/> 5. Light Coloration <input type="checkbox"/> 3. Molting <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. CBD</p>	<p>CYAMIDS (baleen whales only)</p> <p><input type="checkbox"/> 1. Normal <input type="checkbox"/> 4. Widespread <input type="checkbox"/> 2. Wounds <input type="checkbox"/> 5. CBD <input type="checkbox"/> 3. Blowhole</p>	<p>STRAIGHT LENGTH/TOTAL LENGTH* (cm ONLY*) _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated <input type="checkbox"/> Extrapolated <input type="checkbox"/> Not Measured</p>	
<p>PHOTOS/VIDEOS TAKEN: <input type="checkbox"/> Pre-Response <input type="checkbox"/> During Response <input type="checkbox"/> Post- Response</p> <p>Photo/Video Disposition: _____ *1 inch = 2.54 cm, 1 foot = 30.48 cm</p>			

<p>TAG/MARK DATA</p> <p>Tags/Marks Absent but Suspect Prior Tag <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	ID#	Color	Type	Placement* (Circle ONE)	Applied	Present	Removed
	_____			D DF L R E LF LR RF RR V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____			D DF L R E LF LR RF RR V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____			D DF L R E LF LR RF RR V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If Tag/Mark applied, applied during: <input type="checkbox"/> RESPONSE <input type="checkbox"/> REHABILITATION <input type="checkbox"/> RELEASE</p> <p style="font-size: small;">* D= Dorsal; DF= Dorsal Fin; L= Left Lateral Body; R= Right Lateral Body; E= Entangling Material; LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear; V= Ventrum</p>							

OCEANIC CONDITIONS (Weather, Tides, Harmful Algal Blooms, etc.): _____

ADDITIONAL REMARKS FOR STRANDING OR ENTANGLEMENT CASES:

MARINE MAMMAL REPORT – ENTANGLEMENT

LAST KNOWN STATUS*: Presumed Still Entangled Functionally Disentangled Dead
 LAST KNOWN STATUS DATE*: Year: _____ Month: _____ Day: _____
Likelihood resight of previous case? Confirmed No Resight Low likelihood High likelihood
 DATE INTERVENTION DEEMED NECESSARY: Year: _____ Month: _____ Day: _____

<p>ENTANGLEMENT RESPONSE INFORMATION</p> <p>NO DISENTANGLEMENT CONDUCTED (Check one or more)</p> <p><input type="checkbox"/> 1. No Response Possible <input type="checkbox"/> 4. Self-Release</p> <p><input type="checkbox"/> 2. Response(s) Mounted, Never Relocated <input type="checkbox"/> 5. Public Response</p> <p><input type="checkbox"/> 3. Network Responder Documentation Only</p> <p>DISENTANGLEMENT CONDUCTED, ATTEMPTED/COMPLETED (Check one or more)</p> <p><input type="checkbox"/> 1. Attached a Tag/Mark <input type="checkbox"/> 4. Captured/Physical Handling</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. Attempted, unsuccessful <input type="checkbox"/> a. Attempted, unsuccessful</p> <p><input type="checkbox"/> 2. Remote Disentanglement 5. Disentangled</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. Attempted, unsuccessful <input type="checkbox"/> a. Partially</p> <p><input type="checkbox"/> 3. Remote Sedation <input type="checkbox"/> b. Functionally</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. Attempted, unsuccessful <input type="checkbox"/> 6. Other: _____</p> <p>Response Date: Year: _____ Month: _____ Day: _____ Number of Approaches: _____</p> <p>ENTANGLED ANIMAL DISPOSITION</p> <p><input type="checkbox"/> 1. Released Alive <input type="checkbox"/> 2. Died at Site <input type="checkbox"/> 3. Transferred to Rehabilitation</p>	<p>PRE-INTERVENTION OCCURRENCE DETAILS</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="font-size: 8px;">Enter "Y" or "CBD" <i>Mark all that apply-leave blank if the body part shows no indication of entanglement, or if the body part was unobserved</i></td> <td style="text-align: center;">Mouth</td> <td style="text-align: center;">Head</td> <td style="text-align: center;">Neck</td> <td style="text-align: center;">R Front Appendage</td> <td style="text-align: center;">L Front Appendage</td> <td style="text-align: center;">R Body</td> <td style="text-align: center;">L Body</td> <td style="text-align: center;">Dorsal Fin</td> <td style="text-align: center;">Peduncle</td> <td style="text-align: center;">R Rear Appendage</td> <td style="text-align: center;">L Rear Appendage</td> <td style="text-align: center;">Flukes/Tail</td> <td style="text-align: center;">Trailing Gear</td> <td style="text-align: center;">Unknown/CBD</td> </tr> <tr><td>Hook</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Net (Monofilament)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Net (Multifilament)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Rope</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Twine (Monofilament)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Twine (Multifilament)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Debris</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Unknown</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Number Buoys Present</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Number Traps Present</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Body Part Not Examined</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>No Entanglement</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p>Entanglement Type Pre-Intervention (check one or more):</p> <p><input type="checkbox"/> 1. Loose Wrap/Draped</p> <p><input type="checkbox"/> 2. Constricting/Embedded (or will become so if pup/calf grows)</p> <p><input type="checkbox"/> 3. Trailing Gear</p> <p><input type="checkbox"/> 4. Unknown/CBD</p> <p><input type="checkbox"/> 5. Other: _____</p>	Enter "Y" or "CBD" <i>Mark all that apply-leave blank if the body part shows no indication of entanglement, or if the body part was unobserved</i>	Mouth	Head	Neck	R Front Appendage	L Front Appendage	R Body	L Body	Dorsal Fin	Peduncle	R Rear Appendage	L Rear Appendage	Flukes/Tail	Trailing Gear	Unknown/CBD	Hook															Net (Monofilament)															Net (Multifilament)															Rope															Twine (Monofilament)															Twine (Multifilament)															Debris															Unknown															Other															Number Buoys Present															Number Traps Present															Body Part Not Examined	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Entanglement	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>RESPONSE TEAM (MMHSRP permit tracking)</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Role(s)</th> <th style="width: 25%;">Platform</th> <th style="width: 25%;">Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Role(s)	Platform	Date																	<p>GEAR/DEBRIS DETAILS</p> <p>Total Gear/Debris Removed _____ meters Total Gear/Debris Remaining _____ meters Gear/Debris Collected? * <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Actual <input type="checkbox"/> Estimated <input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p> <p>Entanglement Type Post-Intervention (check one or more):</p> <p><input type="checkbox"/> 1. Loose Wrap/Draped <input type="checkbox"/> 3. Trailing Gear <input type="checkbox"/> 5. Other: _____</p> <p><input type="checkbox"/> 2. Constricting/Embedded (or will become so if pup/calf grows) <input type="checkbox"/> 4. Unknown/CBD <input type="checkbox"/> 6. No Entanglement Remaining</p> <p>Gear Markings (small cetaceans and pinnipeds only): _____</p> <p>Type of line/twine:</p> <p><input type="checkbox"/> 1. Natural Fibers <input type="checkbox"/> 4. Multifilament <input type="checkbox"/> 7. None</p> <p><input type="checkbox"/> 2. Synthetic Fibers <input type="checkbox"/> 5. Metal <input type="checkbox"/> 8. Other: _____</p> <p><input type="checkbox"/> 3. Monofilament <input type="checkbox"/> 6.CBD</p> <p>Additional Gear Descriptors</p> <p>Stretched Mesh Size: _____</p> <p>Hook type: _____</p>																																																																																																																																																																																														
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<p>NMFS USE ONLY</p> <p>Fishery/Industry Source: _____ (NMFS USE) <input type="checkbox"/> CBD <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected Pre-Response Entanglement Serious Injury?: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Post-Response Entanglement Serious Injury?: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>																																																																																																																																																																																																																			

UPDATES FROM SUBSEQUENT SIGHTINGS/RESPONSES (date is required; enter any changes/updates in the appropriate column(s), or check Resight Only, No Changes)

Date	Location	Nutritional Status	Entanglement Configuration	Response	Gear Removed/Lost	New Gear Documented	New Injuries	Change in Behavior	Resight Only, No Changes
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

DISCLAIMER

THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION. THIS SHOULD BE STRICTLY ENFORCED WHEN REPORTING SIGNS OF HUMAN INTERACTION DATA.

DATA ACCESS FOR LEVEL A DATA

UPON WRITTEN REQUEST, CERTAIN FIELDS OF THE LEVEL A DATA SHEET WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR CREDIT THE STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE. THE NATIONAL MARINE FISHERIES SERVICE WILL NOTIFY THE CONTRIBUTING STRANDING NETWORK MEMBERS THAT THESE DATA HAVE BEEN REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE.

PAPERWORK REDUCTION ACT INFORMATION

PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 30 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO: CHIEF, MARINE MAMMAL AND SEA TURTLE CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND, NOR SHALL ANY PERSON BE SUBJECT TO A PENALTY FOR FAILURE TO COMPLY WITH, A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT, UNLESS THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.

