

# Take Report Form for ESA-Listed Species

Use one form per individual animal taken

Biological Opinion ECO/PCTS No.:

Species taken:

- |   |   |
|---|---|
| <input type="checkbox"/> Green sea turtle         | <input type="checkbox"/> Atlantic sturgeon  |
| <input type="checkbox"/> Kemp's ridley sea turtle | <input type="checkbox"/> Shortnose sturgeon |
| <input type="checkbox"/> Leatherback sea turtle   | <input type="checkbox"/> Unknown sturgeon   |
| <input type="checkbox"/> Loggerhead sea turtle    | <input type="checkbox"/> Atlantic salmon    |
| <input type="checkbox"/> Unknown sea turtle       | Other: _____                                |

Condition when taken (select one):

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Alive               | <input type="checkbox"/> Fresh Dead | <input type="checkbox"/> Moderately Decomposed |
| <input type="checkbox"/> Severely Decomposed | <input type="checkbox"/> Dried      | <input type="checkbox"/> Skeletal              |

Date take observed:

Animal was:

- Released alive with no visible injuries  
 Released alive with visible injuries  
 Released dead  
 Held for necropsy  
 Transferred to rehabilitation (sea turtles only)

Date: \_\_\_\_\_

Rehabilitation facility:  
\_\_\_\_\_

- Transferred to salvage participant  
(participant should submit a salvage form to  
nmfs.gar-sturgeon-salvage@noaa.gov)

Date: \_\_\_\_\_

Name of salvage participant & affiliation:  
\_\_\_\_\_

Salvage participant contact info:  
\_\_\_\_\_

## SPECIES CONDITION KEY

Fresh dead – no foul smell

Moderately decomposed – scutes and skin are intact or just beginning to peel, internal organs intact

Severely decomposed – foul smell with scutes lifting or gone, skin peeling, internal organs beginning to liquefy

Dried carcass – leathery, internal organs have decomposed

Skeletal remains - bones only

Location of the take:

Latitude and Longitude in Decimal Degrees to six places

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

Sediment type in area (e.g., cobble, silt/mud, shellfish present): \_\_\_\_\_

Body of water where take occurred:

- Atlantic Ocean  
 River (name): \_\_\_\_\_  
 Bay or Sound (name): \_\_\_\_\_  
 Creek (name): \_\_\_\_\_

Take activity (select all that apply):

- Pile Driving  
 Bridge/Road Construction  
 Dredging  
 Beach Renourishment

Fisheries Surveys - Gear Type: \_\_\_\_\_

- Vessel Operation  
 Relocation Trawling  
 Blasting

Other: \_\_\_\_\_

**If dredging, project:**

Type of dredge/name: \_\_\_\_\_

Load number: \_\_\_\_\_

Location on dredge mechanism where specimen was found (screen, hopper):

Was draghead deflector used:  Yes  No

Was rigid deflector used:  Yes  No

Condition of deflector:

Condition of screening or UXO screen:

**If construction project:**

Vessel or Rig Name: \_\_\_\_\_

Exclusion Zone, if required:

If installing or extracting piles: \_\_\_\_\_

Tools:  Impact Hammer  
 Vibratory Hammer  
 Other (specify): \_\_\_\_\_

If pile driving:

Pile Type	Diameter	Number
_____	_____	_____
_____	_____	_____

If using explosives:

Type	Size	Number
_____	_____	_____
_____	_____	_____

Refer to the Section 7 website for guidance on handling and resuscitating live animals.

**Indicate type and location of visible injuries (see diagrams). Check all that apply:**

Type of injury	Dorsal Surface	Ventral Surface
Cuts/gashes (not severed)	<input type="checkbox"/>	<input type="checkbox"/>
Severed body, limbs, or organs	<input type="checkbox"/>	<input type="checkbox"/>

Describe injuries and list any missing body parts:

**For live animals – indicate behavior when taken:**

- Active (alert; moving head, fins, or flippers)
- Slow and lethargic (minimal movement and responsiveness)
- No movement but may or may not respond to reflex test

**For dead animals, does the BiOp require necropsy?**

- Yes
- No

**Was resuscitation attempted?**

- Yes, length of time \_\_\_\_\_ hours Outcome:  Alive  Dead
- No  N/A, animal confirmed dead, or alive and moving when taken

**Fish measurements in centimeters – measurements should be exact.**

**Provide the reason for any estimated measure (e.g., tail missing)**

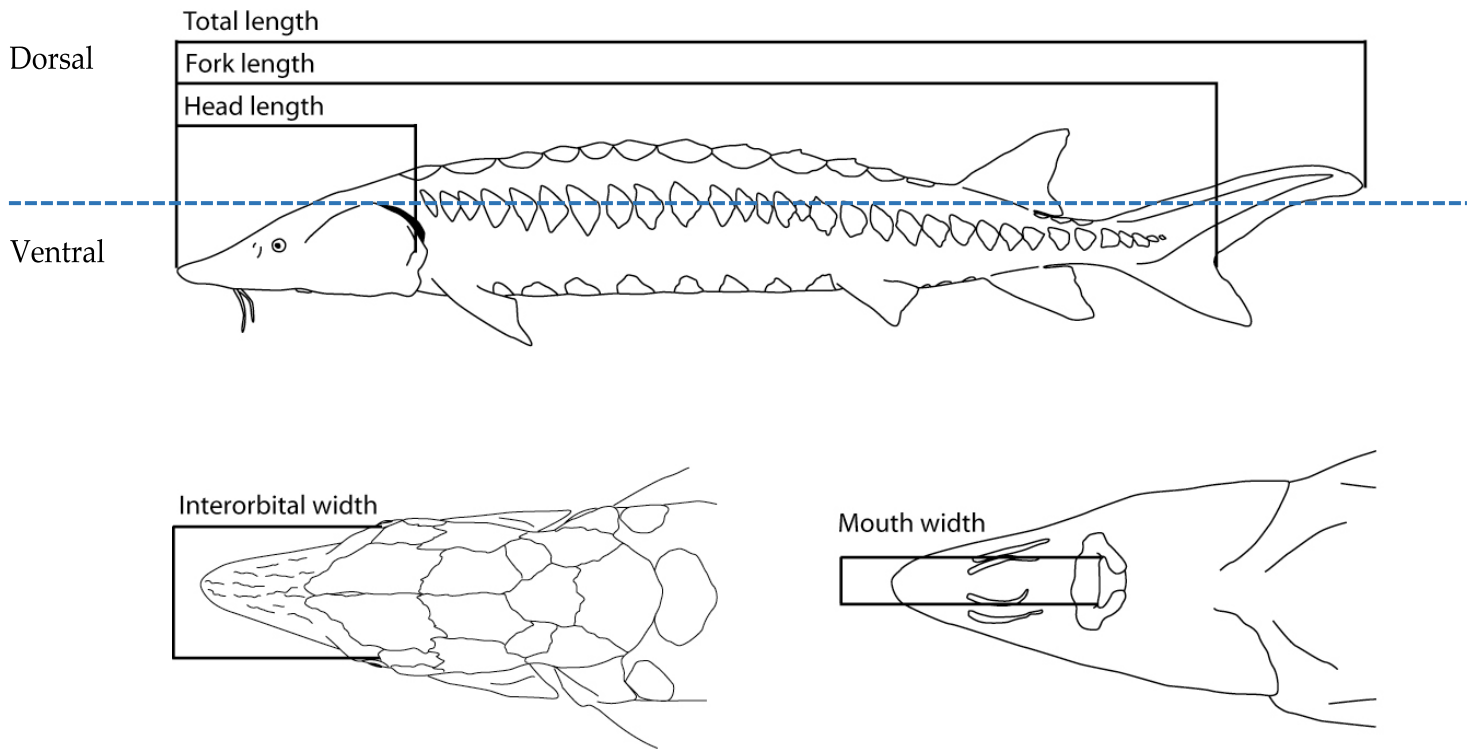
	Exact	Estimated	Reason for Estimated Measure
Total Length: _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fork Length: _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mouth Width: _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interorbital Width: _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Turtle measurements in centimeters – measurements should be exact.**

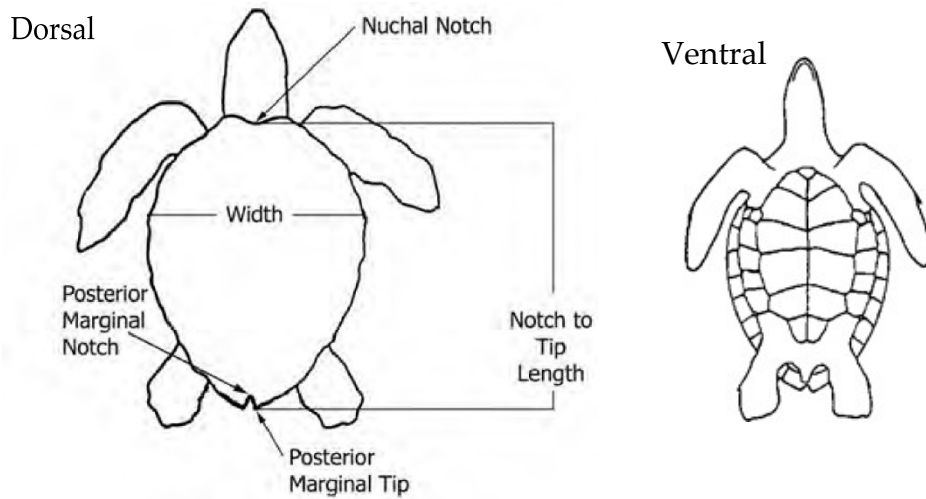
**Provide the reason for any estimated measure (e.g., shell crushed and flattened)**

	Exact	Estimated	Reason for Estimated Measure
Curved Carapace Length: _____ cm (notch to tip length with measuring tape)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Straight Carapace Length: _____ cm (notch to tip length with calipers)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Straight Carapace Width: _____ cm (widest points with calipers)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weight: _____ kg	<input type="checkbox"/>	<input type="checkbox"/>	_____

# Shortnose and Atlantic Sturgeon -



# Sea Turtles -



**Checklist for samples required to be collected and submitted per the  
BiOp's Standard Operating Procedures, RPMs, and T&Cs**

**Photographs and/or video:** Submit this form to [nmfs.gar.incidental-take@noaa.gov](mailto:nmfs.gar.incidental-take@noaa.gov)

**Biopsy punch (sea turtles) - Current Disposition (person/affiliation):**

**Fin Clip (fish) – Current Disposition (person/affiliation):**

<b>Tags present<sup>1</sup>:</b>	<b>Type (e.g., PIT, flipper)</b>	<b>Number</b>	<b>Location on animal</b>

<b>Tags inserted or applied<sup>1</sup>:</b>	<b>Type (e.g., PIT, flipper)</b>	<b>Number</b>	<b>Location on animal</b>

<sup>1</sup>For sturgeon, also send PIT tag #, date, location, and length to [Mike\\_mangold@fws.gov](mailto:Mike_mangold@fws.gov).

**Contact information for person completing this form**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Agency/Organization name if other than the Federal Action Agency for the BiOp: