



Date Revised: April 6, 2006

NPGOP VESSEL/PLANT OPERATOR COMMENT FORM

Vessel/Plant Operator _____ Vessel/Plant Name _____ Today's Date _____

Observer _____ Observer Provider _____ Dates observer onboard _____

Questions about your observer	Yes	No	Comments
Did the observer interact with you and your crew in a professional manner?			
Did the observer discuss his/her work needs with you and your crew?			
Did the observer follow vessel/plant rules or policies? If not, please elaborate.			
Did the observer participate fully in safety drills? If not, why not?			
Did the observer inform you of any suspected violations of regulations when these were witnessed?			
Did the observer put himself/herself in any unsafe situations? If yes, please elaborate.			
Did you have any issues with the observer's duties and responsibilities? If yes, please elaborate.			
Did you discuss any issues regarding observer duties with the observer?			Were the issues resolved? How?
Did you discuss any issues regarding observer duties with anyone else? (please circle) Observer Program staff			Please identify the person you spoke with and whether the issues were resolved.
Observer provider My fishing company			

NPGOP VESSEL/PLANT OPERATOR COMMENT FORM

NORTH PACIFIC GROUND FISH OBSERVER PROGRAM

The information on this form will be used by the National Marine Fisheries Service to evaluate how well the observers are performing their duties and to serve as a line of communication between the fishermen and the Observer Program.

Public reporting burden for this collection of information is estimated to average 15minute 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.

All identifying data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

INSTRUCTIONS

Anonymous responses have little value in this process, so please fill in the identifying information completely. If you don't remember the Observer's name, please fill in the rest of the identifying information and indicate whether the Observer was the Primary or Secondary observer (if known).

In addition to answering Yes or No to each question, please use the Comments section to provide additional information about your answer. If the answer is neither Yes nor No, please use the Comments section to record the appropriate answer (i.e. Sometimes or N/A [not applicable]).

Though this form's primary intent is to allow you to provide information regarding specific observers, the second page affords you an opportunity to provide feedback and ask questions about the Observer Program in general or to open up a line of communication between you and a member of our staff.

Please take the time to answer this Comment Form completely.

Thank you for your time!



Did the observer do anything specific that you appreciated? Please elaborate.	Yes	No	Comments
Questions about the program			
Do you have questions about the work performed by observers? (sampling methods, work schedules, etc)			
Did you ask the observer?			
Would you like to ask a member of our staff?			
Would you like someone on our staff to contact you? (If yes, please provide contact information below)			
In general, are you satisfied with the observers you have had on your vessel or at your plant? Please use this space to provide any relevant comments or suggestions.			

If you would like us to contact you, please provide:

Phone _____ Email _____ Address _____



PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to William A. Karp, Director, Fisheries Monitoring and Analysis Division, NOAA National Marine Fisheries Service, 7600 Sand Point Way NE, Seattle, WA 98115.

ADDITIONAL INFORMATION

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, 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 that collection of information displays a currently valid OMB Control Number; 2) This information is voluntary and will be used to improve observer training under section 403(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) **All identifying data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.** Other information collected on this form may be subject to public release under various statutes.
