

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

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

COMMON NAME: _____ GENUS: _____ SPECIES: _____

EXAMINER Name: _____ Affiliation: _____

Address: _____ Phone: _____

Stranding Agreement or Authority: _____

<p>LOCATION OF INITIAL OBSERVATION</p> <p>State: _____ County: _____</p> <p>City: _____</p> <p>Body of Water: _____</p> <p>Locality Details: _____</p> <p>Lat (DD): _____ N Long (DD): _____ W</p> <p><input type="checkbox"/> Actual or <input type="checkbox"/> Estimated</p> <p>How Determined: (check ONE)</p> <p><input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/Software</p>	<p>OCURRENCE DETAILS <input type="checkbox"/> Restrand GE# _____</p> <p>Group Event: <input type="checkbox"/> YES <input type="checkbox"/> NO (NMFS Use)</p> <p>If Yes, Type: <input type="checkbox"/> Cow/Calf Pair <input type="checkbox"/> Mass Stranding # Animals: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p> <p>Findings of Human Interaction: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could Not Be Determined (CBD)</p> <p>If Yes, Choose one or more: <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 2. Shot <input type="checkbox"/> 3. Fishery Interaction</p> <p><input type="checkbox"/> 4. Other Human Interaction: _____</p> <p>How Determined (Check one or more): <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Necropsy <input type="checkbox"/> Other</p> <p>Gear Collected? <input type="checkbox"/> YES <input type="checkbox"/> NO Gear Disposition: _____</p> <p>Other Findings Upon Level A: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could Not Be Determined (CBD)</p> <p>If Yes, Choose one or more: <input type="checkbox"/> 1. Illness <input type="checkbox"/> 2. Injury <input type="checkbox"/> 3. Other: _____</p> <p>How Determined (Check one or more): <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Necropsy <input type="checkbox"/> Other: _____</p>
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INITIAL OBSERVATION

Date: Year: _____ Month: _____ Day: _____

First Observed: Beach or Land Floating Swimming

CONDITION AT INITIAL OBSERVATION (Check ONE)

1. Alive 2. Fresh dead 3. Moderate decomposition 4. Advanced Decomposition 5. Mummified/Skeletal 6. Condition Unknown

LEVEL A EXAMINATION Not Able to Examine

Date: Year: _____ Month: _____ Day: _____

CONDITION AT EXAMINATION (Check ONE)

1. Alive 2. Fresh dead 3. Moderate decomposition 4. Advanced Decomposition 5. Mummified/Skeletal 6. Unknown

INITIAL LIVE ANIMAL DISPOSITION (Check one or more)

1. Left at Site 2. Immediate Release at Site 3. Relocated 4. Disentangled 5. Died at Site 6. Euthanized at Site 7. Transferred to Rehabilitation: Date: _____ Facility: _____ 8. Died during Transport 9. Euthanized during Transport 10. Other: _____

CONDITION/DETERMINATION (Check one or more)

1. Sick 2. Injured 3. Out of Habitat 4. Deemed Releasable 5. Abandoned/Orphaned 6. Inaccessible 7. Location Hazardous a. To animal b. To public 8. Unknown/CBD 9. Other: _____

MORPHOLOGICAL DATA

SEX (Check ONE) 1. Male 2. Female 3. Unknown 4. Adult 5. Subadult 6. Yearling 7. Pupa/Calf 8. Unknown

AGE CLASS (Check ONE)

Whole Carcass Partial Carcass

Straight length: _____ cm in actual estimated

Weight: _____ kg lb actual estimated

PHOTOS/VIDEOS TAKEN: YES NO

Photo/Video Disposition: _____

TAG DATA Tags Were:

Present at Time of Stranding (Pre-existing): YES NO

Applied during Stranding Response: YES NO

ID#	Color	Type	Placement* (Circle ONE)	Applied	Present
_____			D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>
_____			D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>
_____			D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>

* D= Dorsal; DF= Dorsal Fin; L= Lateral Body
 LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear

CARCASS STATUS (Check one or more)

1. Left at Site 2. Buried 3. Rendered 4. Towed: Lat _____ Long _____ 5. Sunk: Lat _____ Long _____ 6. Frozen for Later Examination 7. Landfill 8. Unknown 9. Other: _____

SPECIMEN DISPOSITION (Check one or more)

1. Scientific collection 2. Educational collection 3. Other: _____

Comments: _____

NECROPSIED NO YES Limited Complete

Carcass Fresh Carcass Frozen/Thawed

NECROPSIED BY: _____ **Date** _____

