OMB Control No. 0648-0456 Expiration Date: xx/xx/20xx

SHORT-TAILED ALBATROSS RECOVERY DATA FORM  I. CAPTURE INFORMATION:								
Trip Number:	Specimen Num				Latitude =			
					Longitude =			
Band Information:  Color: Number:		Left Leg:			Right Leg:			
Bird alive at capture (circle one)? Yes No (If "No", do not fill out Sections II								
II. ASSESS BIRD'S CO	NDIT	ION:						
	nay be	released for	ollowing	g release	or no column. If all questions are guidelines as identified in the			
Observation Checklist			Yes	No	Comments			
1. Can the bird stand and hold head upright?								
2. Is the bird alert, responsive, aware of surroundings?								
3. Are the eyes open?								
4. Does the bird breathe with its bill closed (i.e., no open bill breathing)?								
5. Does the bird breathe quietly (i.e., no sounds)?								
6. Is the bird holding its wings in a normal position up and against the body (i.e., not drooping or held down)?								
7. Can the bird flap its wi								
8. Is the bird free from visible damage? (If damaged, the wounds should be noted on bird diagram.)								
9. Is the bird free from he entangled fishing line? (If or entangled in line, note I diagram)?	bird is	s hooked						

III. TREATMENT								
Note wounds, hooks, and line entanglement on bird diagram.								
Veterinarian Contact		Date:	Time:					
Date/Time:	Treatment Administered:							
IV. RECOVERY								
Observation Period  (Check bird at 30 minutes, 1 hour, and every few hours thereafter; use more sheets if necessary)								
Date/Time:	Bird Behavior/Condition:							
V. RELEASE (Note: Follow release criteria and guidelines as identified in the Handling and Release Guidelines for Short-tailed Albatross.)								
Release Date:	Release Time:							
Release Location (Lat/Long):								
Bird Behavior Upon	Release:							

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## **Paperwork Reduction Act Information**

Public Reporting burden for this collection is estimated to average 60 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 this collection of information, including suggestions for reducing this burden, to Regional Administrator, Pacific Islands Region, 1601 Kapiolani Blvd., Suite 1110, Honolulu, Hawaii 96814.

This information is being collected to provide the information needed to maximize the probability of long-term survival of an injured short-tailed albatross that is incidentally hooked or entangled by longline gear during fishing operations conducted by a Hawaii-based longline fishing vessel.

Responses to the collection are required by the October 8, 2004, biological opinion issued by the U.S. Fish and Wildlife Service under the authority of the Endangered Species Act and regulations implementing the Fishery Management Plan for Pelagic Fisheries of the Western Pacific Region (ref. 50 CFR 665.35). Data provided concerning the vessel operators are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (sec.402(b)). Notwithstanding any other provisions of the 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.