

**NATIONAL MARINE FISHERIES SERVICE
Pacific Islands Region**

OMB Control No.: 0648-xxxx

Expiration Date: xx/xx/xxxx

WESTERN PACIFIC DAILY SQUID JIG FISHING LOG

VESSEL NAME: _____ **PERMIT NUMBER:** _____

Date of Departure from Port (mm/dd/yyyy): ____/____/____ Departure Port: _____

Date of Return to Port (mm/dd/yyyy): ____/____/____ Landing Port: _____

FISHING OPERATION INFORMATION

Observer on Board (check if yes): []

| | | |
|--|---|--|
| TARGET SPECIES = _____ | Surface Temperature (C): _____ | Number of crew: _____ |
| AREA FISHED: _____ | CATCHER/PROCESSOR (check if yes): [<input type="checkbox"/>] | |
| DATE FISHED-START (mm/dd/yy): ____/____/____ | DATE FISHED-END (mm/dd/yy): ____/____/____ | |
| TIME STARTED FISHING (24 hour clock): _____ | TIME END FISHING (24 hour clock): _____ | |
| BEGIN FISHING LOCATION: | Position: _____° _____' N/S Latitude; _____° _____' E/W Longitude | |
| END FISHING LOCATION: | Position: _____° _____' N/S Latitude; _____° _____' E/W Longitude | |
| Depth fished day (meters) = _____ | Number of jig stations = _____ | Number of hooks/jigs per station = _____ |
| Depth fished night (meters) = _____ | Number of jig stations = _____ | Number of hooks/jigs per station = _____ |
| Other gear used (describe): _____ | | |

CATCH INFORMATION (num kept + num released = total catch, num released alive + num released dead = total released)

| Species Name | SPECIES KEPT (retained) | | SPECIES RELEASED | |
|---|-------------------------|--|-----------------------|----------------------|
| | Number kept | Estimated total weight kept (lb or kg) | Number Released alive | Number Released dead |
| Neon Flying Squid <i>(Ommastrephes bartramii)</i> | | | | |
| Purple Flying Squid <i>(Sthenoteuthis oualaniensis)</i> | | | | |
| Diamondback Squid <i>(Thysanoteuthis rhombus)</i> | | | | |
| Other Squid (specify) | | | | |
| Other Squid (specify) | | | | |
| Blue shark | | | | |
| Other species (specify) | | | | |
| | | | | |

PROTECTED SPECIES INFORMATION

| Species | Number released | | | Species | Number released | | |
|-------------------------------|-----------------|---------|------|--------------------------------------|-----------------|---------|------|
| | Uninjured | Injured | Dead | | Uninjured | Injured | Dead |
| Monk Seal | | | | Green Turtle | | | |
| Dolphin/Porpoise | | | | Leatherback Turtle | | | |
| Whale (specify) | | | | Loggerhead Turtle | | | |
| Laysan Albatross | | | | Olive Ridley Turtle | | | |
| Black-footed Albatross | | | | Unidentified Hardshell Turtle | | | |
| Short-tailed Albatross | | | | Other species (specify) | | | |
| Unidentified Bird | | | | | | | |

I certify that the above information is complete and true to the best of my knowledge:

VESSEL CAPTAIN/OPERATOR: Print name: _____

Signature: _____ **Date:** _____

Mail log to: NMFS Pacific Islands Fisheries Science Center, ATTN: FMAP, 2570 Dole St., Honolulu, HI 96822

Instructions - WESTERN PACIFIC DAILY SQUID FISHING LOG

VESSELNAME: Enter name of vessel.

PERMIT NUMBER: Enter squid fishing permit number (vessel's Official Number)

DATE OF DEPARTURE FROM PORT(mm/dd/yyyy): Enter date vessel left port (month/day/year).

DEPARTURE PORT: Enter port of departure.

DATE OF RETURN TO PORT (mm/dd/yyyy): Enter date vessel returned to port (month/day/year).

LANDING PORT: Enter port of return.

OBSERVER ON BOARD: Check (✓) if observer on board.

TARGET SPECIES: Enter the name of the species targeted.

SEA SURFACE TEMP(C): Enter the sea surface temperature in degrees centigrade.

NUMBER OF CREW: Enter the number of crew including the captain.

DATE FISHED-start/end: Enter start and end date (month/day/year) of **daily** fishing activity.

AREA FISHED: Enter name of area fished.

TIME STARTED/ENDED FISHING (24 hour clock): Enter the time (using 24 hour clock - Local Time) the **daily** fishing activity started and ended.

BEGIN FISHING LOCATION: Enter latitude and longitude. Use degree ° and minute ' ; circle N for north or S for south latitude; circle W for west or E for east longitude, as appropriate.

END FISHING LOCATION: Enter latitude and longitude. Use degree ° and minute ' ; circle N for north or S for south latitude; circle W for west or E for east longitude, as appropriate.

DEPTH FISHED DAY(m):
DEPTH FISHED NIGHT(m): Enter the depth (in meters) fished during the day time hours and the night time hours.

NUMBER OF JIG STATIONS FISHED(day/night): Total number of jigging stations fished during the day and total number of jigging stations fished at night.

NUMBER OF HOOKS/JIGS PER STATION(day/night): Enter the number of hooks or jigs used per station during the day and the number of hooks or jigs used per station at night.

OTHER GEAR USED (describe): Enter description of any other gear used.

CATCH INFORMATION:
Number kept + number released = total catch.
Species released = number released alive + number released dead (=bycatch).

NUMBER KEPT: Enter the number Kept for each species. Note: No tally column is provided in this logsheet. Please enter only the numbers of individuals Kept.

ESTIMATED TOTAL WEIGHT KEPT: Estimate to the best of your ability the cumulative weight in pounds or kilograms by species of the associated number listed in the kept column. **Indicate weight measure by circling lb or kg.**

NUMBER RELEASED ALIVE: Enter the numbers released alive by species. Injured organisms that are believed to be able to survive should be included in this count.

NUMBER RELEASED DEAD: Enter the numbers released dead by species. Injured organisms that do not look like they will survive should be included in this count.

PROTECTED SPECIES INFORMATION: Enter the numbers of protected species released uninjured, injured, or dead.

VESSEL CAPTAIN/ OPERATOR: Print name and provide signature of the captain/operator.

DATE: Enter date (month/day/year) when the log sheet was "completed and signed" by the vessel captain/operator.

- **The Vessel Captain must record catch and effort information in the logbook within 24 hours of completing the daily fishing effort.**
- **The Vessel Captain must submit completed logbook sheets to the National Marine Fisheries Service within 72 hours following his or her return to port after each trip.**

Please mail log to: **NMFS Pacific Islands Fisheries Science Center**
ATTN: FMAP
2570 Dole Street
Honolulu, Hawaii 96822-2396

For further information, call: Phone: (808) 983-5325

Rev. 10/10/2008

PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 10 minutes for the WP squid jig fishing log. The burden includes time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to NMFS Pacific Islands Regional Administrator, 1601 Kapiolani Blvd. Suite 1110, Honolulu, Hawaii 96814-4700.

This information is being collected to ensure accurate and timely records about the persons licensed to participate in fisheries under Federal regulations in the Western Pacific Region. This will enable NMFS and the Western Pacific Fishery Management Council to (a) determine who would be affected by changes in management; (b) inform license holders of changes in fishery regulations; and (c) determine whether the objectives of the fishery program are being achieved by monitoring entry and exit patterns and other aspects of the fisheries. The information is used in analyzing and evaluating the potential impacts of regulatory changes on persons in the regulated fisheries as well as in related fisheries. Responses to the collection are required to obtain the benefit of a license for the fishery involved (ref. 50 CFR 665.13). Data provided concerning the vessel and/or businesses of the respondents are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (Sec. 402(b)). Notwithstanding any other provision 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.