National Oceanic and Atmospheric Administration National Marine Fisheries Service Northeast Fisheries Science Center Northeast Fisheries Observer Program 166 Water Street Woods Hole, MA 02543

OFFICIAL BUSINESS PENALTY FOR PRIVATE USE

> National Oceanic and Atmospheric Administration National Marine Fisheries Service Northeast Fisheries Science Center **Northeast Fisheries Observer Program** 166 Water Street Woods Hole, MA 02543

To mail, fold on this line and apply sticker from inside to close.

OMB Control No.: 0648-0536 Expiration Date:

IMPORTANT!!

FISHERMEN'S COMMENT CARD

NORTHEAST FISHERIES 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. This form and other information about the Northeast Fisheries Observer Program are available on the web at: http://www.nefsc.noaa.gov/femad/fsb/.

Public reporting burden for this collection of information is estimated to average 15 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 suggestions for reducing this burden to Branch Chief, Fisheries Sampling Branch, National Marine Fisheries Service, 166 Water Street, Woods Hole, MA 02543.

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.

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FISHERMEN'S COMMENT CARD NORTHEAST FISHERIES OBSERVER PROGRAM

Have you had an observer on your boat? Observers are asked to leave a copy of this comment card with the vessel after the completion of a trip. Help develop a program that will work better for you. Please provide us with some feedback or request more information about the observer program by calling, emailing, or sending this form back to: Amy Van Atten, NOAA Fisheries, Northeast Fisheries Science Center, NEFOP, 166 Water Street, Woods Hole, MA 02543; 508-495-2266; <u>Amy.Van.Atten@noaa.gov</u>

Landing Date (mm/dd/yyyy)								
Port (Town, State)								
Vessel Name								
Hull Number								
Your Name								
Your Status: Owner Captain Other Trip ID Trip ID								

SECTION I of II

1) Were the logistics in setting up the trip acceptable?

Yes 🛛 No	
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2) Was the observer on time and prepared for the trip?

Yes 🗌	No
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3) Was the observer courteous and polite and did they get along with the crew?

Yes 🛛 No 🗌

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Obeme		OMB Control No.: 0648-0536 Expiration Date:			
Trip ID					
4) Did the observer expla	ain their sampling requirements and protocols?				
Yes 🗆	No				
5) Did the observer reco	rd the positions (latitude/longitude or lorans) of	all of the hauls?			
Yes 🗌 🔤	No				
6) Did the observer weig	h and take length measurements of fish caught o	during trip?			
Yes 🗌 🔤	No				
7) Did the observer colle	ct the catch information from the work deck of th	he vessel?			
Yes 🗌 🔤	No				
8) Did the observer iden	tify fish species correctly?				
Yes 🗆	No				
9) Did the observer revie	ew the safety checklist with you?				
Yes 🗆	No				
10) Did the observer info	rm you of measuring the gear characteristics?				
Yes 🗌 🔰	No 🗆				
11) Did the observer ask	you for the trip-level and tow-level target specie	s?			
Yes 🗆	No				
12) Did you have any other concerns regarding the observer or observing procedures, or safety issues during the trip? If so, please explain in comments section below.					
Yes 🗆	No				
SECTION II OF II					
Would you like more information from the observer program?					

Copy of this trips logs (**If so, signature:** _____

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 \Box Booklet with a detailed description of the observer program

Data Release Policy with a Data Release Form

Observer Program Vessel Safety Checklist

□Federal Register with List of Fisheries (Categorization of Fisheries, MMPA)

Other (please specify):

If you requested information, please include your mailing address?

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	Phone	Number -			
	□Email	Email address			
	□Mail	Address			
	City				State
	Zip Code				

Additional space for comments below: