

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 <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</p> <p><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. Pregnant <input type="checkbox"/> 4. Other: _____</p> <p>How Determined (Check one or more): <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Necropsy</p> <p><input type="checkbox"/> Other: _____</p>
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<p>INITIAL OBSERVATION</p> <p>Date: Year: _____ Month: _____ Day: _____</p> <p>First Observed: <input type="checkbox"/> Beach or Land <input type="checkbox"/> Floating <input type="checkbox"/> Swimming</p> <p>CONDITION AT INITIAL OBSERVATION (Check ONE)</p> <p><input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition</p> <p><input type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 5. Mummified/Skeletal</p> <p><input type="checkbox"/> 3. Moderate decomposition <input type="checkbox"/> 6. Condition Unknown</p>	<p>LEVEL A EXAMINATION <input type="checkbox"/> Not Able to Examine</p> <p>Date: Year: _____ Month: _____ Day: _____</p> <p>CONDITION AT EXAMINATION (Check ONE)</p> <p><input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition</p> <p><input type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 5. Mummified/Skeletal</p> <p><input type="checkbox"/> 3. Moderate decomposition <input type="checkbox"/> 6. Unknown</p>
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<p>INITIAL LIVE ANIMAL DISPOSITION (Check one or more)</p> <p><input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 6. Euthanized at Site</p> <p><input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 7. Transferred to Rehabilitation:</p> <p><input type="checkbox"/> 3. Relocated Date: Year: _____ Month: _____ Day: _____</p> <p>Facility: _____</p> <p><input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died during Transport</p> <p><input type="checkbox"/> 5. Died at Site <input type="checkbox"/> 9. Euthanized during Transport</p> <p><input type="checkbox"/> 10. Other: _____</p> <p>CONDITION/DETERMINATION (Check one or more)</p> <p><input type="checkbox"/> 1. Sick <input type="checkbox"/> 7. Location Hazardous</p> <p><input type="checkbox"/> 2. Injured <input type="checkbox"/> a. To animal</p> <p><input type="checkbox"/> 3. Out of Habitat <input type="checkbox"/> b. To public</p> <p><input type="checkbox"/> 4. Deemed Releasable <input type="checkbox"/> 8. Unknown/CBD</p> <p><input type="checkbox"/> 5. Abandoned/Orphaned <input type="checkbox"/> 9. Other: _____</p> <p><input type="checkbox"/> 6. Inaccessible _____</p>	<p>MORPHOLOGICAL DATA</p> <p>SEX (Check ONE) AGE CLASS (Check ONE)</p> <p><input type="checkbox"/> 1. Male <input type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf</p> <p><input type="checkbox"/> 2. Female <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown</p> <p><input type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling</p> <p><input type="checkbox"/> Whole Carcass <input type="checkbox"/> Partial Carcass</p> <p>Straight length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimated</p> <p>Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimated</p> <p>PHOTOS/VIDEOS TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Photo/Video Disposition: _____</p>
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<p>TAG DATA Tags Were:</p> <p>Present at Time of Stranding (Pre-existing): <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Applied during Stranding Response: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">ID#</th> <th style="text-align: left;">Color</th> <th style="text-align: left;">Type</th> <th style="text-align: left;">Placement* (Circle ONE)</th> <th style="text-align: center;">Applied</th> <th style="text-align: center;">Present</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td></td> <td></td> <td>D DF L</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>LF LR RF RR</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td>D DF L</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>LF LR RF RR</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td>D DF L</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>LF LR RF RR</td> <td></td> <td></td> </tr> </tbody> </table> <p>* D= Dorsal; DF= Dorsal Fin; L= Lateral Body LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear</p>	ID#	Color	Type	Placement* (Circle ONE)	Applied	Present	_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>				LF LR RF RR			_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>				LF LR RF RR			_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>				LF LR RF RR			<p>CARCASS STATUS (Check one or more)</p> <p><input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 4. Towed: Lat _____ Long _____ <input type="checkbox"/> 7. Landfill</p> <p><input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk: Lat _____ Long _____ <input type="checkbox"/> 8. Unknown</p> <p><input type="checkbox"/> 3. Rendered <input type="checkbox"/> 6. Frozen for Later Examination <input type="checkbox"/> 9. Other: _____</p> <p>SPECIMEN DISPOSITION (Check one or more)</p> <p><input type="checkbox"/> 1. Scientific collection <input type="checkbox"/> 2. Educational collection</p> <p><input type="checkbox"/> 3. Other: _____</p> <p>Comments: _____</p> <p>NECROPSIED <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Limited <input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Carcass Fresh <input type="checkbox"/> Carcass Frozen/Thawed</p> <p>NECROPSIED BY: _____</p> <p>Date: Year: _____ Month: _____ Day: _____</p>
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