



National Marine Fisheries Service - Pacific Islands Region

WESTERN PACIFIC PRECIOUS CORAL HARVEST LOG

Name of Vessel _____

Permit Number _____

Logbook page # series -

Paperwork Reduction Act Information

Public reporting burden for this collection is estimated to as much as 7 minutes (log) to 5 minutes (sales report) 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, NMFS, 1601 Kapiolani Blvd., Suite 1110, Honolulu, HI 96814.

This information is being collected to ensure accurate and timely records about the fishing activity of persons licensed to participate in fisheries under Federal regulations in the Western Pacific Region. This will enable the National Marine Fisheries Service and the Western Pacific Fishery Management Council to (a) determine how these persons would be affected by changes in management; (b) ensure that they are informed about prospective changes in fishery regulations and the analysis of estimated impacts; and (c) determine whether the objectives of the fishery program are being achieved by monitoring the fishery and evaluating the impacts on stocks and the fishery participants and related businesses. 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 activities and business 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.

VESSEL REPORTING OBLIGATION REQUIREMENTS

The operator of any fishing vessel subject to the requirements of the Code of Federal Regulations, Title 50, Section 665.81 must maintain onboard the vessel an accurate and complete record of catch, effort, and other data on report forms provided by the Regional Administrator. All information specified on the forms must be recorded on the forms within 24 hours after the completion of each fishing day. Each form must be signed and dated by the fishing vessel operator. The original logbook form must be submitted to the National Marine Fisheries Service within 72 hours of each fishing operation. **Submit log report to: Pacific Islands Fisheries Science Center, ATTN: FMAP, 2570 Dole St., Room 119, Honolulu, HI 96822.**

INSTRUCTIONS FOR COMPLETING THE WESTERN PACIFIC PRECIOUS CORAL HARVEST LOG REPORT

Effort information

COLLECTOR/COMPANY NAME: Individual name (black coral diver), company name of submersible/ROV.

VESSEL NAME: Name of support vessel.

PERMIT NO.: Western Pacific Precious Coral Fishery Permit number.

RADIO CALL SIGN: Radio call sign.

DATE OF HARVEST: Date of precious coral harvest.

HARVEST METHOD: Precious coral harvest method, i.e. submersible, hand harvest.

AREA FISHED: General area fished, i.e. island or bank name and location.

START TIME: Start time (24 hour clock) of harvesting operations.

START LATITUDE, START LONGITUDE: Start location of harvest operations.

END TIME: End time (24 hour clock) of harvesting operations.

END LATITUDE, END LONGITUDE: End location of harvest operations.

HARVEST DEPTH RANGE: Maximum and minimum depth of harvest operations (fathoms).

NUMBER OF DIVES: Number of dives conducted in the day.

NO. OF HOURS FISHED (bottom time): Total bottom time of harvesting (all dives combined).

PORT OF LANDING: Port of vessel return (e.g., Honolulu, Hilo, Kodiak, Los Angeles, etc.).

VIDEO RECORD PROVIDED: Check the appropriate box if submersible or ROV dive video is submitted with the report.

Catch Information

NUMBER OF CORAL TREES HARVESTED: Total number of coral trees harvested, tallied by individual species groups.

WEIGHT HARVESTED (lbs): Total wet weight of coral trees harvested, tallied by individual species groups.

Marine Mammal/Other Species Interactions Observations

Enter number of individual species observed in the appropriate activity designation box. Please identify if possible.

CONTACT AND VERIFICATION INFORMATION

CAPTAIN/OPERATOR: Print full name, sign on signature line, date of report completion.

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NOAA National Marine Fisheries Service Ser. No. _____
Western Pacific Precious Coral Daily Harvest Log

Collector/Company Name: _____
 Vessel Name: _____ PERMIT NO.: _____ Radio call sign: _____
 Date of Harvest: _____ Harvest method: _____ Area Fished: _____
 Start time (24 hr clock): _____ Start Lat.: _____ Start Lon.: _____
 End time (24 hr clock): _____ End Lat.: _____ End Lon.: _____
 Harvest depth range (fathoms-max/min): _____/_____
 Number of Dives: _____ No. of hours fished (bottom time): _____
 Port of Landing: _____
 Video Record Provided: () Yes/() No (applies to submersible/ROV harvest only)

Catch Information

Common Name	Species <small>(names subject to change)</small>	Number of Coral Trees Harvested	Weight Harvested <small>(pounds)</small>
Pink Coral	<i>Corallium secundum</i>		
	<i>Corallium regale</i>		
	<i>Corallium laauense</i>		
Gold Coral	<i>Gerardia</i> sp.		
	<i>Callogorgia gilberti</i>		
	<i>Narella</i> sp.		
	<i>Calyptrophora</i> sp.		
Bamboo Coral	<i>Lepidisis olapa</i>		
	<i>Acanella</i> sp.		
Black Coral	<i>Antipathes</i> sp.		
	<i>A. dichtoma</i>		
	<i>A. grandis</i>		
Comments: (current, bottom type, bottom topography, bottom slope, proximity to land, etc.)			

Marine Mammal/Other Species Interactions

<small>(Enter numbers; please identify in appropriate box)</small>	Marine Mammal	Other
Observed in area		
Observed in vicinity of gear		
Interfering with fishing operations		
Other interactions (specify type)		

Logged by Vessel Captain/Operator

Print name: _____ Date: _____

Signature: _____

Please submit to: Pacific Islands Fisheries Science Center, ATTN: FMAP, 2570 Dole St., Honolulu, HI 96822.