



United States Department of Commerce
National Oceanic and Atmospheric Administration
 National Marine Fisheries Service
 Southeast Fisheries Science Center
 75 Virginia Beach Drive
 Miami, FL 33149

Date: DATE XX, 2012

Vessel Owner
 Street Address
 City, State Zip

Dear Permit Holder:

This letter is to inform you that your vessel, Vessel Name, Doc#, has been selected to carry an observer for the MONTH through MONTH YEAR, Commercial Reef Fish season pursuant to MSFCMA § 303(b)(8). Upon receipt of this letter, you are required to contact the observer coordinator within 24 hours to make arrangements to carry an observer. **Even if you are not planning to fish this season, or sold your vessel, you are still required to contact the observer coordinator.**

NOAA's authority to require observer coverage is found in the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.), the Endangered Species Act (16 U.S.C. 1531 et seq.), and the Marine Mammal Protection Act (16 U.S.C. 1361 et seq.) and their respective implementing regulations.

Primary Contacts:

Mike Harrelson, Observer Coordinator
 Pat Cryer, Observer Coordinator
 Jeff Pulver, Observer Coordinator
 Matt Duffy, Assistant Observer Coordinator
Voice: (409) 766-3525
 National Marine Fisheries Service
 Galveston Laboratory
 4700 Avenue U
 Galveston, TX 77551
 FAX: (409) 766-3489

Secondary Contact:

Elizabeth Scott-Denton, Program Manager
 National Marine Fisheries Service
 Southeast Fisheries Science Center
 Galveston Laboratory
 4700 Avenue U
 Galveston, TX 77551
Voice: (409) 766-3571
 FAX: (409) 766-3508

After the initial contact with an observer coordinator, as the owner or operator of a vessel that is selected for observer coverage, under MSFCMA § 303(b) (8), you must notify the National Marine Fisheries Service (NMFS) **before commencing any fishing trip that may result in the incidental catch or harvest of any reef fish, regardless of the species you are targeting.** You are required to notify the observer coordinator by fax (attached form) or phone at least **48** hours prior to **each** fishing trip.

Vessels are selected randomly from a pool of vessels that (1) have a current directed reef fish permit and (2) historically reported fishing for reef fish with electric reel, handline, and/or longline gear.

Please note that vessels that have been excused from participating in previous years or seasons are **not automatically excused** from participating in the coming season. **All selected vessels must contact the observer coordinator.**

Once a NMFS-certified observer is placed aboard your vessel, you are required to:

1. Provide the observer with accommodations and food equivalent to that provided to the crew (you will be reimbursed for reasonable food costs);
2. Allow the observer access to and use of the vessel's communication equipment and personnel for transmitting and receiving messages related to the observer's duties;
3. Allow the observer access to and use of the vessel's navigation equipment, charts, and crew to determine the vessel's position;
4. As provided by 50 C.F.R. 229.7(b), allow the observer free and unobstructed access to all fish, marine mammals, and sea turtles aboard the vessel for purposes of collecting measurements, weights, and biological samples. This will also include access to the vessel's bridge, working decks, holding bins, weight scales, holds, and any other space used to hold, process, weigh, or store fish;
5. Allow the observer to inspect and copy the vessel's log, communications logs, and any records associated with the catch and distribution of fish for that trip; and
6. Have or obtain a Commercial Fishing Vessel Examination decal prior to the selection period. **Failure to obtain a safety decal is not justification for fishing without an observer, and may result in enforcement action.** A list of phone numbers for approved Commercial Fishing Vessel Examiners is included at the end of this letter. The safety decal must clearly state the number of people that will be onboard, including the observer and the areas and waters in which the vessel will be fishing. All safety equipment must be up to date including the EPIRB battery, life raft, and flares. Life raft capacity must be large enough for all persons on board, including all crew plus the observer.

Your cooperation with the above requirements is appreciated. We will make every effort to minimize any disruption of the normal activities of your vessel and crew. The observer is onboard to collect data only; for safety and liability reasons, the observer will not take part in any fishing operations.

Thank you for your cooperation, without which collection of this critical information would not be possible.

Sincerely,

Bonnie Ponwith, Ph.D.
Director, Southeast Fisheries Science Center

Enclosures

PAPERWORK REDUCTION ACT STATEMENT: Information collected through the observer program will be used to: (1) monitor catch and bycatch; (2) understand the population status and trends of fish stocks and protected species, as well as the interactions between them; (3) determine the quantity and distribution of net benefits derived from living marine resources; (4) predict the biological, ecological, and economic impacts of existing management actions and proposed management options; and (5) ensure that the observer programs can safely and efficiently collect the information required for the previous four uses. In particular, the observer program provides information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. Most of the information collected by observers is obtained through "direct observation by an employee or agent of the sponsoring agency or through non-standardized oral communication in connection with such direct observations". Under the Paperwork Reduction Act (PRA) regulations at 5 C.F.R. 1320.3(h) (3), facts or opinions obtained through such observations and communications are not considered to be "information" subject to the PRA. The public reporting burden for responding to the questions that observers ask and that are subject to the PRA is estimated to average 65 minutes per trip, including the time for hearing and understanding the questions, 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: National Marine Fisheries Service, Shrimp and Reef Fish Observer Programs, 4700 Avenue U, Galveston, Texas 77551. Providing the requested information is mandatory under regulations at 50 C.F.R. 600.746 for the safety questions and at 50 C.F.R. 222.401, 50 C.F.R. 229.7, and 50 C.F.R. 622.8 for all other questions. All information collected by observers will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a (b)) and regulations at 50 C.F.R. Part 600, Subpart E. 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. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

Reef Fish - Observer FAX Notification Form

This form is provided for your response. Please complete and return this form at least 48 hours prior to your estimated departure. The information can be **mailed to: NOAA/NMFS, Galveston Laboratory, 4700 Avenue U, Galveston, TX 77551 or Faxed to (409-766-3489); ATTN: MIKE HARRELSON, PAT CRYER, JEFF PULVER and/or MATT DUFFY.** If the vessel is not fishing or is involved in another fishery during the selection period, please state in the comment section of this form which fishery and gear used (include contact number).

Captain's Name: _____ Vessel Name: _____

Documentation/Vessel Number: _____ Overall Length: _____ (ft)

Crew Size: _____ (include skipper) Bunk Capacity: _____ Life Raft Capacity: _____

Contact Person/Telephone Number(s): _____

Communication Equipment (please list)	Commercial Fishing Vessel Safety Examination Decal
Cellular / SAT phone:	Serial Number:
VHF:	Date of issuance
Single Side Band:	_____/_____ Month Year
Call sign:	

Vessel Fishing Status:

Port of Departure:

Dock Facility: _____

Street: _____

City: _____ State: _____ Phone Number: () _____ - _____

Departure Date: ___/___/___ Time: ___:___ (AM or PM) Anticipated Landing Date: ___/___/___

Expected Landing Port: (if different from port of departure)

Dock Facility: _____

Street: _____

City: _____ State: _____ Phone Number: () _____ - _____

Primary Language: (if other than English) _____

Comments: _____

PAPERWORK REDUCTION ACT STATEMENT: Collection of information through the observer program provides data for stock assessments and estimates of bycatch. Public reporting burden for completing the vessel information form above is estimated at 2 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is mandatory fisheries under the Magnuson-Stevens Fishery Conservation and Management Act (16U.S.C. 1801 et seq.) In accordance with NOAA Administrative Order 216-100, it is agency policy not to release confidential information, other than in aggregate form. 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. This is an approved information collection under OMB#0648-0374 and expires Sept 30, 2008.

Observer Evaluation

The SEFSC Galveston Laboratory will be placing an observer aboard your vessel for observer coverage. In an attempt to monitor the quality of observers we send on commercial vessels, we would appreciate it if once the trip is completed you would take the time to fill out this questionnaire. We wish to ensure that the observers conduct themselves professionally and safely during deployment. Please fill in the information below and return to: **NOAA/NMFS, Reef and Shrimp Observer Program, 4700 Avenue U, Galveston, Texas 77551**. Your information is important in helping us improve the observer program. If you are the owner and were not present during the trip, please consult with your captain.

Vessel name: _____ **Vessel Doc. #:** _____

Your name: _____ **Observer name:** _____

Your status (check one): Owner _____ Captain _____ Other _____

Please provide responses by checking yes or no in the space provided. Space has been provided on the back of the form if you wish to include detailed comments about the observer.

1. Was the observer on time and prepared for the trip? Yes ___ No ___
2. Did you and the observer discuss vessel safety procedures prior to departure? Yes ___ No ___
3. Did the observer explain their sampling requirements and duties prior to departure? Yes ___ No ___
4. Was the observer professional, courteous and polite? Yes ___ No ___
5. Did the observer appear to conduct the duties they were responsible for during the trip?
Yes ___ No ___
6. Was sampling conducted in a timely manner as to not substantially impact your normal operations?
Yes ___ No ___
7. Did observer help maintain cleanliness standards in accordance with the vessels normal policy in the following areas? **Work** (Yes ___ No ___); **Bunk** (Yes ___ No ___); **Galley** (Yes ___ No ___)

If you have any other concerns regarding, safety, the observer, or observer procedures during the trip please explain in the additional comment section provided on the back of form.

Additional comments: _____

SAFETY CHECKOFF FORM

Observer Name _____ Trip Number _____
 Vessel Name _____ Vessel Number _____

Safety Check list (Offshore 20+ Miles)

USCG Safety Exam Decal # _____ Date issued: _____ Distance Rating: _____
 Expiration Date: _____

Life Saving Equipment

Life Raft? _____ Type _____ Inspection Date: _____ Capacity? _____
 Expiration Date: _____

Life Raft Hydrostatic Release Expiration Date: _____ Total # of People Onboard: _____
(This number is including the Observer)

EPIRB Location: _____ EPIRB Battery Expiration Date: _____

EPIRB Hydrostatic Release Expiration Date: _____

Personal Flotation Device for each person on board (POB)? _____ Location(s): _____

Immersion Suit for each POB? _____ (only required above 32'00 N latitude)

Orange Ring Buoy(s) with Line attached? _____ Location(s): _____

Distress Flares? _____ Location(s): _____

Expiration Date for each distress flare.

Parachute _____	Smoke _____	Hand _____	Hand _____
Parachute _____	Smoke _____	Hand _____	Hand _____
Parachute _____	Smoke _____	Hand _____	Hand _____

Fire Fighting Equipment

Fire Extinguishers Charged? _____

Location 1: _____

Location 3: _____

Location 2: _____

Location 4: _____

Communication Equipment

Vessel Call Letters: _____

Single Side Band _____ Satellite Phone # (if applicable) _____

VHF _____ Vessel Cell Phone # (if applicable) _____

Other

First Aid Kit? _____ Location(s): _____

Ditch Bag? _____ Location(s): _____

Detailed Description of Vessel and Comments: _____

SAFETY CHECK OFF FORM STATION BILL

Trip # _____

	Person Overboard Signal:	Fire Signal:	Flooding Signal:	Abandon Ship Signal:
Position	Station/Bring/Duty	Station/Bring/Duty	Station/Bring/Duty	Station/Bring/Duty
Captain				
Crew				
Crew				
Crew				
Observer				
Date performed				

Vessel Safety Orientation (check all performed)

Vessel Layout:

- Engine on/off, steering, gear selection, etc. _____
- Shut off and crossover valves. _____
- Alarms: what they are, what they mean, reporting inoperative alarms. _____
- Entrapment: exit routes. _____
- Hazards: hatches, winches, machinery, lines, slippery areas, stability concerns, etc. _____

Emergency Assignments (not on the Station Bill): Each Crew Member's Specific Duties In

- Launching survival craft and recovering life boats and rescue boats. _____
- Donning immersion suits and wearable PFDs. _____
- Making a voice radio distress call. _____
- Using visual distress signals. _____
- Activating the general alarm. _____

Pre-Trip Safety Skill(s)

At least once per month and before each new departure, one safety skill/assignment must be performed and logged. In the space below list the skill (s) performed and/or include safety assignment, then sign and date at the bottom.

To be completed by captain:

Sampling protocol has been explained by observer and is understood. Yes ____ No ____

Observer Signature and Date: _____ / /

Captain Signature and Date: _____ / /