OMB Control No. 0648-XXXX

Expiration Date:

**NOTIFICATION OF REPORTABLE PATHOGEN EPISODE GULF OFFSHORE AQUACULTURE OPERATIONS**

**All findings or suspected findings of any OIE- reportable pathogen episodes or additional reportable pathogens identified in the National Aquatic Animal Health Plan must be reported to NMFS**

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| Date Received |  |
| Gulf Aquaculture Permit  Number |  |
| Reviewer Initials and Date |  |

**within 24 hours of the diagnosis by calling**

**(XXX) XXX-XXXX.**

**Part 1 – Contact Person Information**

LAST NAME FIRST NAME MIDDLE NAME Suffix (Sr., II, etc.) MAILING ADDRESS Apt/Suite #

CITY STATE COUNTY ZIP CODE

WORK TELEPHONE NUMBER CELL PHONE NUMBER GULF AQUACULTURE PERMIT NUMBER

NAME OF AQUATIC ANIMAL HEALTH EXPERT AQUATIC ANIMAL HEALTH EXPERT PHONE NUMBER

**Part 2 – Episode Information**

DATE OF EPISODE (MM/DD/YYYY) TIME OF EPISODE

: AM / PM

/ /

Provide latitude and longitude coordinates for the location where the episode occurred. Report coordinates as Degree Minutes to the third decimal place.

LATITUDE (DEGREE MINUTES TO THIRD DECIMAL PLACE) LONGITUDE (DEGREE MINUTES TO THIRD DECIMAL PLACE)

Is the cause of the outbreak known? If so, explain below.

List the number, size, and percent of cultured fish by species that were impacted by this pathogen episode. Provide information regarding whether the outbreak is isolated to specific areas/cages of the facility.

What action(s) are being taken to address the pathogen episode and prevent future episodes? Include plans for submission of specimens for confirmatory testing.

**A copy of a report from the aquatic animal health expert as well as the result of any tests must be submitted to NMFS, when they become available.**

NMFS, in cooperation with USDA’s APHIS, may order the removal of all cultured organisms from an allowable aquaculture system if it is determined that the pathogen poses a threat to the health of wild or cultured aquatic organisms.

**Part 3 – Signature**

I hereby declare under penalty of perjury that the foregoing information is true and correct (28

U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001).

PERMIT OWNER SIGNATURE DATE SIGNED (MM/DD/YYYY)

/ /

PRINTED NAME POSITION IN COMPANY (if applicable)

Public reporting burden for this collection of information is estimated to average 30 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 other suggestions for reducing this burden to Carolyn Sramek, National Marine Fisheries Service,

F/SER1, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson-Stevens Act. Name and address information will be released via a NMFS website. All other 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.

OMB 0648-XXXX Form

Approval Expires:

**NOTIFICATION OF ENTANGLEMENT OR INTERACTION WITH MARINE MAMMALS, ENDANGERED SPECIES, OR MARINE MIGRATORY BIRDS**

**All events must be reported to NOAA Fisheries Service within 24 hours by calling (XXX) XXX- XXXX .**

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| Date Received |  |
| Gulf Aquaculture  Permit Number |  |
| Reviewer Initials and Date |  |

**Part 1 – Contact Person Information**

LAST NAME FIRST NAME MIDDLE NAME Suffix (Sr., II, etc.) MAILING ADDRESS Apt/Suite #

CITY STATE COUNTY ZIP CODE

WORK TELEPHONE NUMBER CELL PHONE NUMBER GULF AQUACULTURE PERMIT NUMBER

**Part 2 – Event Information**

|  |  |  |
| --- | --- | --- |
| DATE OF EVENT (MM/DD/YYYY) | TIME OF EVENT |  |
| / | / : | AM / PM |

Provide the GPS coordinates for the location where the event occurred. Report coordinates as

Degree Minutes to the third decimal place.

**SPECIES #1**

Latitude Longitude

Was this an entanglement or interaction event?

Entanglement Interaction Both

List the species entangled or involved in interactions and number of individuals affected.

|  |  |
| --- | --- |
| 1) | Genus and Species Number of Individuals |
| 2) |  |
| 3) |  |
| 4) |  |
| 5) |  |

Describe the number and nature of mortalities and/or acute injuries observed.

Provide information on the cause(s) of the entanglement and/or interaction.

Provide information on the action(s) being taken to prevent future entanglements or interactions.

**Part 3 – Signature**

I hereby declare under penalty of perjury that the foregoing information is true and correct (28

U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001).

PERMIT OWNER SIGNATURE DATE SIGNED (MM/DD/YYYY)

/ /

PRINTED NAME POSITION IN COMPANY (if applicable)

Public reporting burden for this collection of information is estimated to average 30 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 other suggestions for reducing this burden to Carolyn Sramek, National Marine Fisheries Service,

F/SER1, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson-Stevens Act. Name and address information will be released via a NOAA Fisheries website. All other 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.

OMB 0648-XXXX Form

Approval Expires:

**NOTIFICATION OF MAJOR ESCAPEMENT EVENT GULF OFFSHORE AQUACULTURE OPERATIONS**

**All events must be reported to NOAA Fisheries Service within 24 hours by calling XXX-XXX-XXXX.**

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| Date Received |  |
| Gulf Aquaculture Permit  Number |  |
| Reviewer Initials and Date |  |

**Part 1 – Contact Person Information**

LAST NAME FIRST NAME MIDDLE NAME Suffix (Sr., II, etc.) MAILING ADDRESS Apt/Suite #

CITY STATE COUNTY ZIP CODE

WORK TELEPHONE NUMBER CELL PHONE NUMBER GULF AQUACULTURE PERMIT NUMBER

**Part 2 – Event Information**

|  |  |  |
| --- | --- | --- |
| DATE OF EVENT (MM/DD/YYYY) | TIME OF EVENT |  |
| / | / : | AM / PM |

Provide the GPS coordinates for the location where the event occurred. Report coordinates as

Degree Minutes to the third decimal place.

Latitude Longitude

List the number, size, and percent of fish, by species that escaped.

|  |  |
| --- | --- |
| 1) | Genus and Species Quantity Escaped Average Total Length (in) Percent of Fish |
| 2) |  |
| 3) |  |
| 4) |  |
| 5) |  |

Provide information on the duration and cause(s) of the escapement.

Provide information on the action(s) which are being taken to address the escapement.

**Part 3 – Signature**

I hereby declare under penalty of perjury that the foregoing information is true and correct (28

U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001).

PERMIT OWNER SIGNATURE DATE SIGNED (MM/DD/YYYY)

/ /

PRINTED NAME POSITION IN COMPANY (if applicable)

Public reporting burden for this collection of information is estimated to average 30 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 other suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service. F/SER2, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson-Stevens Act. Name and address information will be released via a NOAA Fisheries website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order

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