

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 within 24 hours of the diagnosis 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.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS			Apt/Suite #
<input type="text"/>			<input type="text"/>
CITY	STATE	COUNTY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WORK TELEPHONE NUMBER	CELL PHONE NUMBER	GULF AQUACULTURE PERMIT NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
NAME OF AQUATIC ANIMAL HEALTH EXPERT		AQUATIC ANIMAL HEALTH EXPERT PHONE NUMBER	
<input type="text"/>		<input type="text"/>	

Part 2 – Episode Information

DATE OF EPISODE (MM/DD/YYYY)	TIME OF EPISODE
<input type="text" value=" / /"/>	<input type="text" value=" : 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)
<input type="text"/>	<input type="text"/>

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.

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.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS			Apt/Suite #
<input type="text"/>			<input type="text"/>
CITY	STATE	COUNTY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WORK TELEPHONE NUMBER	CELL PHONE NUMBER	GULF AQUACULTURE PERMIT NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Part 2 – Event Information

DATE OF EVENT (MM/DD/YYYY)	TIME OF EVENT
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="text"/> 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
<input type="text"/>	<input type="text"/>

Was this an entanglement or interaction event?

Entanglement Interaction Both

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

Genus and Species	Number of Individuals
1)	_____
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.

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.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS			Apt/Suite #
<input type="text"/>			<input type="text"/>
CITY	STATE	COUNTY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WORK TELEPHONE NUMBER	CELL PHONE NUMBER	GULF AQUACULTURE PERMIT NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Part 2 – Event Information

DATE OF EVENT (MM/DD/YYYY)	TIME OF EVENT
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> 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
<input type="text"/>	<input type="text"/>

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

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

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

[Empty box for providing information on the duration and cause(s) of the escapement.]

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

[Empty box for providing 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 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.