

SEA TURTLE BIOLOGICAL SAMPLE LOG
NMFS FISHERIES OBSERVER PROGRAM
OBBTU 05/01/13

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

PSID #	SPECIES NAME	TAGS		MEASUREMENTS (Curv)			IDENTIFICATION CRITERIA					NUMBER OF SAMPLES			
		Scan? 0=N 1=Y	Pit Tag Number	Notch-to- Tip Length cm	Notch-to- Notch Length cm	Width cm	Vertebral Scute Count	Lateral (Costal) Scute Count	Infra- marginal Scute Count	1 Pair Pre- frontals? 0=N,1=Y	Overlap Scutes? 0=N,1=Y	Dorsal Color Code	Whole	Biopsy/ Skin	Other list in comments

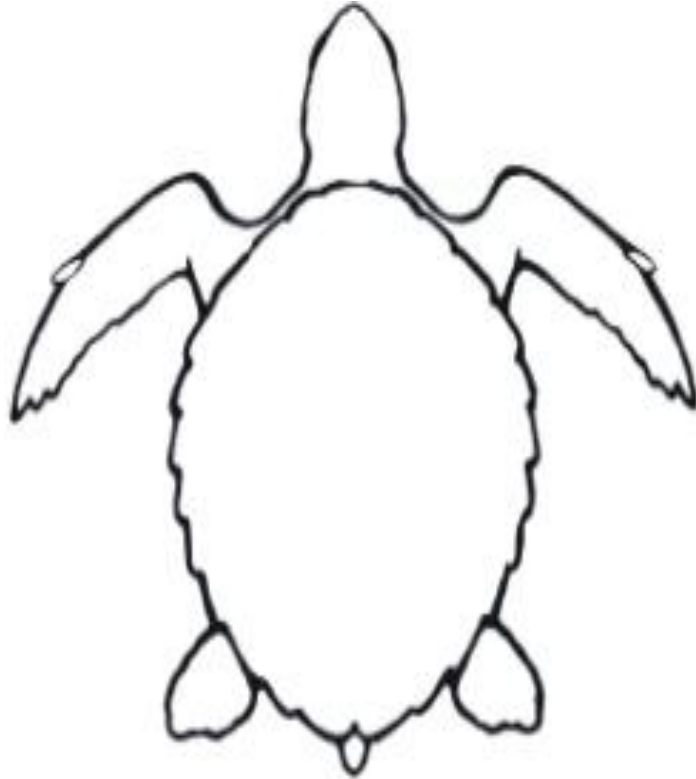
Directions: Mark the boxes below for any conditions that apply for PSID above, mark all options that apply. You must mark at least 1 box for each category. Provide more comments and details where instructed.

<p>DORSAL COLOR CODE (Above)</p> <p>01 = Black 02 = Gray-Green 03 = Orange/Red-Brown 04 = Brown 99 = Other 00 = Unknown</p>	<p>Shell (Carapace and Plastron)</p> <p><input type="checkbox"/> No cracks/chips/injuries observed If yes to following, provide comments & photo/video</p> <p><input type="checkbox"/> Shell crack with bone or tissue visible <input type="checkbox"/> Crack includes vertebral scutes <input type="checkbox"/> Crack with sharp/clean edges <input type="checkbox"/> Crack includes marginal scutes <input type="checkbox"/> Only marginals cracked, <50% width <input type="checkbox"/> Only marginals cracked, =>50% width <input type="checkbox"/> Superficial scuffs/chips/abrasions observed <input type="checkbox"/> Barnacles present <input type="checkbox"/> Algae present <input type="checkbox"/> Not examined</p>	<p>Skin</p> <p><input type="checkbox"/> No injuries/wounds/bleeding observed If yes to following, provide comments & photo/video</p> <p><input type="checkbox"/> Any indents, abrasions, swelling, lacerations or bleeding seen <input type="checkbox"/> External bleeding from skin <input type="checkbox"/> Cut/injury through skin (no bleeding) <input type="checkbox"/> Bleeding seen while tagging/biopsy <input type="checkbox"/> Bleeding from cloaca (anus) <input type="checkbox"/> Barnacles present <input type="checkbox"/> Algae present <input type="checkbox"/> Worms/parasites present <input type="checkbox"/> Not examined</p>	<p>Behavior at Release</p> <p><input type="checkbox"/> Eyes open at release <input type="checkbox"/> Lifting head to breath <input type="checkbox"/> All flippers moving/flapping <input type="checkbox"/> Immediately dove <input type="checkbox"/> Seen in water after release If yes to following, provide comments & photo/video</p> <p><input type="checkbox"/> Still no response to reflex tests <input type="checkbox"/> Moving sluggish/slow once in water <input type="checkbox"/> Head or flippers hanging limply <input type="checkbox"/> Gear on animal <input type="checkbox"/> Circling/listing once in water <input type="checkbox"/> Upside down/can't right itself once in water <input type="checkbox"/> Surfaced after diving <input type="checkbox"/> Stays at surface, does not dive <input type="checkbox"/> Released while observer not present <input type="checkbox"/> Not seen once in water</p>
<p>Behavior on Deck</p> <p><input type="checkbox"/> Eyes open while on deck <input type="checkbox"/> Lifting head to breath <input type="checkbox"/> All flippers moving/flapping If yes to following, provide comments & photo/video</p> <p><input type="checkbox"/> Moving sluggish/slow <input type="checkbox"/> No movement seen <input type="checkbox"/> Head or flippers hanging limply</p>	<p>Head</p> <p><input type="checkbox"/> No injuries/wounds/bleeding observed If yes to following, provide comments & photo/video</p> <p><input type="checkbox"/> One or both eyes closed/injured <input type="checkbox"/> Any bones or muscle visible <input type="checkbox"/> Object seen in/coming from mouth <input type="checkbox"/> Discharge/bleeding/growth seen from eyes/nares/mouth <input type="checkbox"/> Any indents, abrasions, swelling, lacerations or bleeding seen <input type="checkbox"/> Barnacles present <input type="checkbox"/> Not examined</p>	<p>Flippers</p> <p><input type="checkbox"/> No injuries/wounds/bleeding observed If yes to following, provide comments & photo/video</p> <p><input type="checkbox"/> Amputation of <50% of flipper <input type="checkbox"/> Amputation of =>50% of flipper <input type="checkbox"/> Whole or broken bone visible in wound <input type="checkbox"/> Soft tissue exposed/involved <input type="checkbox"/> Any indents, abrasions, swelling, lacerations or bleeding seen <input type="checkbox"/> Not examined</p>	<p>Additional Information</p> <p><input type="checkbox"/> Sampling completed and waiting to release <input type="checkbox"/> Protected from elements <input type="checkbox"/> Anything put over eyes, nares not covered Additional release details</p> <p><input type="checkbox"/> Boat in neutral and gear out of water <input type="checkbox"/> Released off stern of boat <input type="checkbox"/> No other boats in immediate area</p>

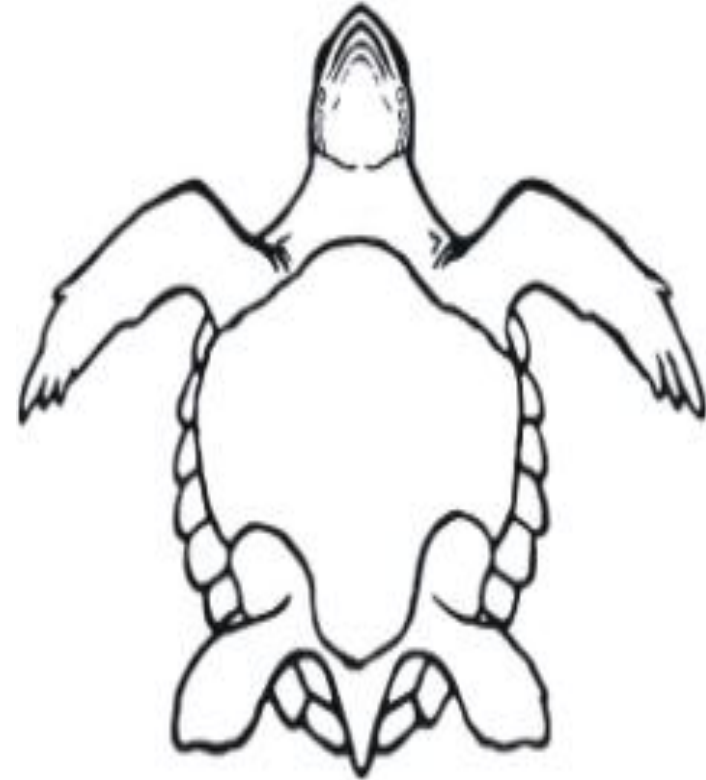
Comments: Using the boxes above as a guide, provide comments and sketches to describe ID characteristics, overall condition of carapace, plastron and soft tissue, note any scavenger damage and/or decomposition, new and/or healed wounds, tag and biopsy location, any gear on animal, results of reflex tests/resuscitation, details of retrieval, details of release and any other relevant information. Sketches and space for more comments available on back of log.

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Comments and Sketches: Using the boxes on the front of the log as a guide provide comments and sketches to describe ID characteristics, overall condition of carapace, plastron and soft tissue, note any scavenger damage and/or decomposition, new and/or healed wounds, tag and biopsy location, any gear on animal, results of reflex tests/resuscitation, details of retrieval, details of release and any other relevant information.



Dorsal View



Ventral View

Additional space for comments (if needed):