

**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?<br>0=N<br>1=Y | Pit Tag Number | Notch-to-<br>Tip<br>Length<br>cm | Notch-to-<br>Notch<br>Length<br>cm | Width<br>cm | Vertebral<br>Scute<br>Count | Lateral<br>(Costal)<br>Scute<br>Count | Infra-<br>marginal<br>Scute<br>Count | 1 Pair<br>Pre-<br>frontals?<br>0=N,1=Y | Overlap<br>Scutes?<br>0=N,1=Y | Dorsal<br>Color<br>Code | Whole | Biopsy/<br>Skin | Other<br>list in<br>comments |
|        |              |                     |                |                                  |                                    |             |                             |                                       |                                      |  |                               |                         |       |                 |                              |

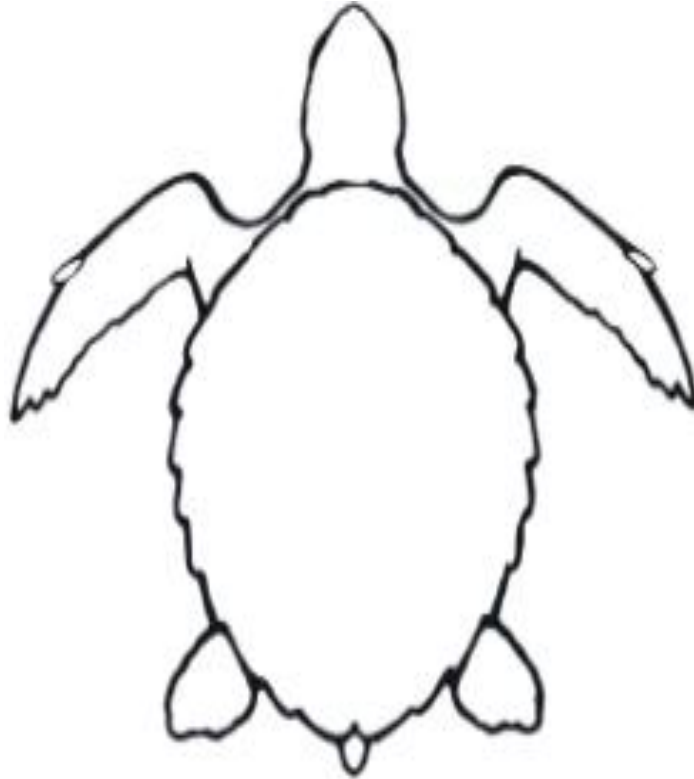
**Directions: Mark the boxes below for any conditions that apply for PSID above, mark all options that apply. You must mark at least 1 box for each category. Provide more comments and details where instructed.**

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

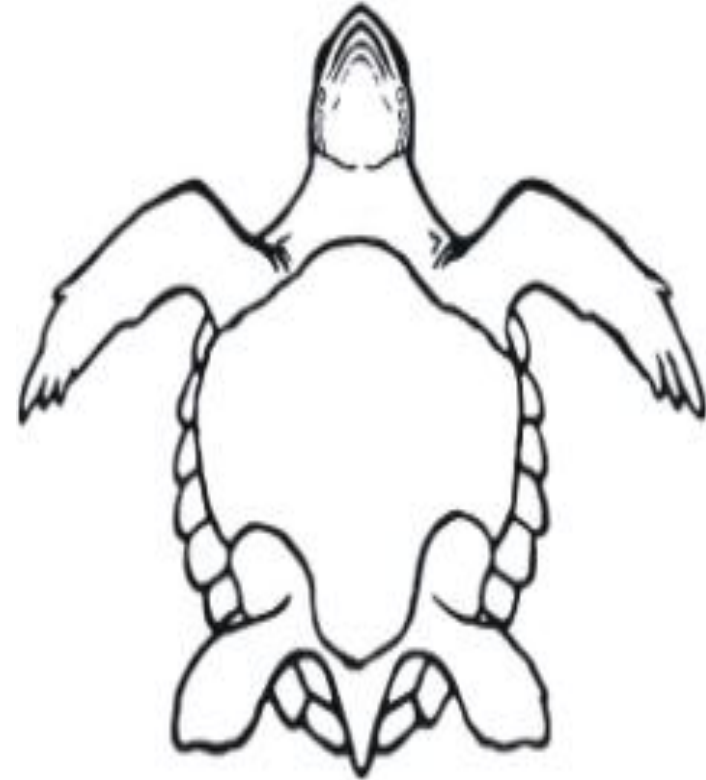
**Comments:** Using the boxes above as a guide, provide comments and sketches to describe ID characteristics, overall condition of carapace, plastron and soft tissue, note any scavenger damage and/or decomposition, new and/or healed wounds, tag and biopsy location, any gear on animal, results of reflex 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):