

Observer ID

OMB Control No. 0648-0593 exp. 11/30/2015

DOC/NOAA Fisheries
Pacific Islands Region
Longline Observer Program

Trip No.

AS

Observer Manual Version ID

Declared Trip Type

A S

Trip Specifications

Vessel Documentation No. Vessel Name Vessel Length Operator Name

First Name and Middle Initial Last Name

Trip Times and Port Stops

Trip Start Departure Date/Time Departure Port

Day Month Year Hour Minute

Intermediate Port Stops

Stop No.	Day	Month	Year	Hour	Minute	Day	Month	Year	Hour	Minute	Stop Port
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>

High-grading? If checked document on back

Trip End Arrival Date/Time Arrival Port

Day Month Year Hour Minute

Trip Issues? (Debrief Use Only) Y Yes N No If Y document on back

Comments

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From front of
this form

Trip No.

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Trip Specifications Comments

Comments (cont. from the front of this form)

High-grading Comments

Trip Issues Comments (Debriefee Use Only)
