

## NOTIFICATION OF REPORTABLE PATHOGEN EPISODE GULF OFFSHORE AQUACULTURE OPERATIONS

Permittees must notify NOAA Fisheries via web form **(website TBD)** within 24 hours of all findings or suspected findings of any OIE-reportable pathogen episodes or reportable pathogens identified in the National Aquatic Animal Health Plan (NAAHP).

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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
MAILING ADDRESS			Apt/Suite #
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>
CITY	STATE	COUNTY	ZIP CODE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
WORK TELEPHONE NUMBER	CELL PHONE NUMBER	GULF AQUACULTURE PERMIT NUMBER	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
NAME OF AQUATIC ANIMAL HEALTH EXPERT		AQUATIC ANIMAL HEALTH EXPERT PHONE NUMBER	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

### Part 2 – Episode Information

DATE OF EPISODE (MM/DD/YYYY)	TIME OF EPISODE
<input style="width: 95%; text-align: center;" type="text" value=" / /"/>	<input style="width: 95%; text-align: center;" type="text" value=" : AM / PM"/>

Provide latitude and longitude coordinates for the location where the episode occurred. Report coordinates as Degree Minutes to **at least** the third decimal place **(e.g., DD MM.MMM)**.

LATITUDE (DEGREE MINUTES TO THIRD DECIMAL PLACE)	LONGITUDE (DEGREE MINUTES TO THIRD DECIMAL PLACE)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Explain the findings of the aquatic animal health expert, including the cause of the outbreak (if known).

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.

Permittees must submit a copy of the report from the aquatic animal health expert as well as the result of any tests must be submitted to NOAA Fisheries, when they become available.

NOAA Fisheries, in cooperation with USDA's APHIS, may order movement restrictions and/or the removal of all cultured animals from an allowable aquaculture system upon confirmation by a USDA's APHIS reference laboratory that an OIE-reportable pathogen, or additional pathogens identified as reportable pathogens in the NAAHP exists and USDA's APHIS and NOAA Fisheries determine the pathogen poses a significant 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)
<input type="text"/>	<input type="text" value="/ /"/>
PRINTED NAME	POSITION IN COMPANY (if applicable)
<input type="text"/>	<input type="text"/>

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/SER26, 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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, and in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.