

# MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: \_\_\_\_\_ NMFS REGIONAL #: \_\_\_\_\_ NATIONAL DATABASE#: \_\_\_\_\_  
(NMFS USE) (NMFS USE)

COMMON NAME: \_\_\_\_\_ GENUS: \_\_\_\_\_ SPECIES: \_\_\_\_\_

EXAMINER Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Stranding Agreement or Authority: \_\_\_\_\_

CONFIDENCE CODE (Check ONE):  Unconfirmed - Low  Confirmed - Minimum  Confirmed - Medium  Confirmed - High

<b>INITIAL OBSERVATION</b> <input type="checkbox"/> Same Information for Level A Examination <b>DATE:</b> Year: _____ Month: _____ Day: _____ First Observed: <input type="checkbox"/> Beach/Land/Ice <input type="checkbox"/> Floating <input type="checkbox"/> Swimming <b>LOCATION:</b> State: _____ County: _____ City: _____ Body of Water: _____ Locality Details: _____ Lat (DD): _____ N Long (DD): _____ W <input type="checkbox"/> Actual <input type="checkbox"/> Estimated How Determined: (check ONE) <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/Software <input type="checkbox"/> Other _____ <b>CONDITION AT INITIAL OBSERVATION</b> (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Condition Unknown	<b>LEVEL A EXAMINATION</b> Examined? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>DATE:</b> Year: _____ Month: _____ Day: _____ First Examined: <input type="checkbox"/> Beach/Land/Ice <input type="checkbox"/> Floating <input type="checkbox"/> Swimming <b>LOCATION:</b> State: _____ County: _____ City: _____ Body of Water: _____ Locality Details: _____ Lat (DD): _____ N Long (DD): _____ W <input type="checkbox"/> Actual <input type="checkbox"/> Estimated How Determined: (check ONE) <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/Software <input type="checkbox"/> Other _____ <b>CONDITION AT EXAMINATION</b> (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal
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<b>LIVE ANIMAL INFORMATION</b> <b>INITIAL LIVE ANIMAL DISPOSITION</b> (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Died at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died during Transport <input type="checkbox"/> 3. Relocated and Released <input type="checkbox"/> 7. Euthanized <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Transferred to Rehabilitation: <input type="checkbox"/> a. Partially <input type="checkbox"/> b. Completely Date: Year: _____ Month: _____ Day: _____ Facility: _____ <input type="checkbox"/> 9. Other: _____ <b>CONDITION/DETERMINATION</b> (Check one or more) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 7. Location Hazardous <input type="checkbox"/> 2. Injured <input type="checkbox"/> a. To animal <input type="checkbox"/> 3. Out of Habitat <input type="checkbox"/> b. To public <input type="checkbox"/> 4. Deemed Releasable <input type="checkbox"/> 8. Unknown/CBD <input type="checkbox"/> 5. Abandoned/Orphaned <input type="checkbox"/> 9. No Rehabilitation Options <input type="checkbox"/> 6. Inaccessible <input type="checkbox"/> 10. Other: _____	<b>DEAD ANIMAL INFORMATION</b> <b>CARCASS STATUS</b> (Check one or more) <input type="checkbox"/> 1. Frozen for Later Examination/Necropsy Pending <input type="checkbox"/> 2. Left at Site <input type="checkbox"/> 5. Landfill <input type="checkbox"/> 8. Towed: Lat _____ Long _____ <input type="checkbox"/> 3. Buried <input type="checkbox"/> 6. Incinerated <input type="checkbox"/> 9. Sunk: Lat _____ Long _____ <input type="checkbox"/> 4. Rendered <input type="checkbox"/> 7. Composted <input type="checkbox"/> 10. Unknown/Other _____ <b>NECROPSIED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Limited <input type="checkbox"/> Complete <input type="checkbox"/> Carcass Fresh <input type="checkbox"/> Carcass Frozen/Thawed <b>CARCASS CODE AT NECROPSY</b> <input type="checkbox"/> Code 2 <input type="checkbox"/> Code 3 <input type="checkbox"/> Code 4 <b>NECROPSIED BY:</b> _____ Date: Year: _____ Month: _____ Day: _____ <b>PHOTOS/VIDEOS TAKEN:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Photo/Video Disposition: _____
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<b>MORPHOLOGICAL INFORMATION</b> <b>SEX</b> (Check ONE) <b>ESTIMATED AGE CLASS</b> (Check ONE) <input type="checkbox"/> 1. Male <input type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 2. Female <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling <input type="checkbox"/> Whole Animal <input type="checkbox"/> Partial Animal Straight Length: _____ cm <input type="checkbox"/> in <input type="checkbox"/> Actual <input type="checkbox"/> Estimated <input type="checkbox"/> Not Measured Weight: _____ kg <input type="checkbox"/> lb <input type="checkbox"/> Actual <input type="checkbox"/> Estimated <input type="checkbox"/> Not Weighed <b>SAMPLES COLLECTED</b> (Check one or more) <input type="checkbox"/> 1. Histology <input type="checkbox"/> 2. Other Diagnostics <input type="checkbox"/> 3. Life History <input type="checkbox"/> 4. Skeletal <input type="checkbox"/> 4. Other _____ <b>PARTS TRACKING</b> (Check one or more) <input type="checkbox"/> 1. Scientific Collection <input type="checkbox"/> 2. Educational Collection <input type="checkbox"/> 3. Other: _____	<b>OCCURRENCE DETAILS</b> <input type="checkbox"/> Restrand GE# _____ (NMFS Use) <b>Group Event:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Type: <input type="checkbox"/> Cow/Calf Pair <input type="checkbox"/> Mass Stranding <input type="checkbox"/> UME # Animals: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated <b>Was the Marine Mammal Human Interaction Report completed?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Findings of Human Interaction:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could Not Be Determined (CBD) If YES evidence of: 1. Vessel Interaction <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD 2. Shot <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD 3. Fishery Interaction <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD 4. Other Human Interaction: _____ If YES, what was the likelihood that the human interaction contributed to the stranding event? <input type="checkbox"/> Uncertain (CBD) <input type="checkbox"/> Improbable <input type="checkbox"/> Suspect <input type="checkbox"/> Probable <b>Gear/Hi Items Collected?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Gear Disposition: _____ <b>Other Findings Upon Level A:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could Not Be Determined (CBD) If Yes, Choose one or more: <input type="checkbox"/> 1. Illness <input type="checkbox"/> 2. Injury <input type="checkbox"/> 3. Pregnant <input type="checkbox"/> 4. Other: _____ How Determined (Check one or more): <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Necropsy
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TAG DATA	ID#	Color	Type	Placement* (Circle ONE)	Applied	Present	Removed
Tags Were:				D DF L R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present at Time of Stranding (Pre-existing):		<input type="checkbox"/> YES <input type="checkbox"/> NO		LF LR RF RR			
Applied during Stranding Response/Release:		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applied during Rehabilitation/Release:		<input type="checkbox"/> YES <input type="checkbox"/> NO		D DF L R			
Absent but Suspect Prior Tag:		<input type="checkbox"/> YES <input type="checkbox"/> NO		LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				D DF L R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				LF LR RF RR			

\* D= Dorsal; DF= Dorsal Fin; L= Left Lateral Body R= Right Lateral Body LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear

**ADDITIONAL IDENTIFIER:** \_\_\_\_\_ (If animal is restranded, please indicate any previous field numbers here)

**ADDITIONAL REMARKS:**

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**DISCLAIMER**

THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION. THIS SHOULD BE STRICTLY ENFORCED WHEN REPORTING SIGNS OF HUMAN INTERACTION DATA.

**DATA ACCESS FOR LEVEL A DATA**

UPON WRITTEN REQUEST, CERTAIN FIELDS OF THE LEVEL A DATA SHEET WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR CREDIT THE STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE. THE NATIONAL MARINE FISHERIES SERVICE WILL NOTIFY THE CONTRIBUTING STRANDING NETWORK MEMBERS THAT THESE DATA HAVE BEEN REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE.

**PAPERWORK REDUCTION ACT INFORMATION**

PUBLIC REPORTING BURDEN FOR THE 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 ANY OTHER ASPECT OF THE COLLECTION INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO: CHIEF, MARINE MAMMAL AND SEA TURTLE CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND, NOR SHALL ANY PERSON BE SUBJECT TO A PENALTY FOR FAILURE TO COMPLY WITH, A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT, UNLESS THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.



