

Observer ID

OMB Control No. 0648-0593 exp. 10/31/2018

DOC/NOAA Fisheries  
Pacific Islands Region  
Longline Observer Program

Trip No.

Observer Manual Version ID

Declared Trip Type

**Trip Specifications**

Vessel Documentation No.

Vessel Name

Operator Name

First Name and Middle Initial

Last Name

**Trip Times and Port Stops**

Trip Start

Day

Month

Year

Hour

Minute

Departure Date/Time

Departure Port

**Intermediate Port Stops**

Stop No.

Day

Month

Stopped

Year

Hour

Minute

Day

Month

Resumed

Year

Hour

Minute

Stop Port

High-grading?

If checked document on back

Trip End

Day

Month

Year

Hour

Minute

Arrival Date/Time

Arrival Port

Trip Issues?

(Debrief Use Only)

Y Yes  
N No

If Y document on back

Comments

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**DOC/NOAA Fisheries  
Pacific Islands Region  
Longline Observer Program**

From front of  
this form

Trip No.

***Trip Specifications Comments***

Comments (cont. from the front of this form)


High-grading Comments


Trip Issues Comments (Debriefing Use Only)
