

WEEKLY MARINE MAMMAL REPORT

Page____of____

VESSEL NAME

WEEK ENDING

PERMIT NUMBERIRCSMONTH/DAY

Three empty number lines are provided for recording data. Each number line has 8 equal intervals, marked by vertical tick marks. The first number line is on the left, the second in the middle, and the third on the right.

CONDITION CODES

- | | |
|-------------------------------------|---------------------------|
| 1. KILLED DURING CAPTURE | 2. INJURED DURING CAPTURE |
| 3. DEAD BEFORE CAPTURE (DECOMPOSED) | 4. UNINJURED |

RECORD THE CATCH OF INDIVIDUAL ANIMALS UNLESS TWO OR MORE WERE TAKEN TOGETHER AND WERE IN THE SAME CONDITION

[illegible]

DESIGNATED REPRESENTATIVE _____ DATE _____

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0075. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 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 information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Office of International Affairs (F/IA), National Marine Fisheries Service, 1315 East West Highway, Silver Spring, Maryland 20910.