Fisherman Feedback Form

The information on this form will be used by the NOAA Fisheries Panama City Observer Programs to evaluate how well the observers are performing their duties and to serve as a line of communication between the fishermen and the Observer Program.

Observers are asked to leave a copy of this comment card with the vessel after the completion of a trip. Please fill out this form after each trip that you have been covered by an observer from the Panama City Observer Program. This form can be filled out by the captain or owner of the vessel.

Please provide us with some feedback or request more information about the observer program by calling, emailing, or sending this form back to:

Alyssa Mathers, Observer Coordinator **NOAA Fisheries** 3500 Delwood Beach Rd Panama City, FL 32408-7403 Phone: (850) 234-6541 ext. 226; Fax: (850) 235-3559 Alyssa.Mathers@noaa.gov

Help develop a program that will work better for you. We appreciate your feedback.

Thank you, Alyssa Mathers, Observer Coordinator, Panama City Observer Programs

Vessel Name	Captain or Owner Name	
	-	
Landing Date (mm/dd/yy)	Port (City, State)	

Please check the Yes or No box for each question:	Yes	No
1) Where the logistics in setting up the trip acceptable?		
2) Was the observer on time and prepared for the trip?		
3) Did the observer review the safety checklist with you?		
4) Was the observer courteous and polite and get along with the crew?	?	
5) Did the observer record the positions (lat/lon) for all the hauls?		
6) Did the observer explain their sampling requirements and protocols	s?	
7) Did the observer take length measurements of fish caught?		
8) Did the observer take catch information from the work deck?		
9) Did the observer identify fish species correctly?		

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10) Did you have any other concerns regarding the observer or observing procedures, or safety issues during the trip?

Would you like more information from the observer program?

 \Box Copy of this trips logs

Vessel Reimbursement Form with Instructions

_____ More information about observers and observer programs

Copy of current fishing regulations

List of Coast Guard vessel inspectors by area

Copy of current selection letter

If you requested information above, please indicate your preferred method of delivery and leave the appropriate contact information:

____ Phone

Fax				

Email			
Mail	 	 	

To verify that this form was filled out by the appropriate captain/owner, please sign the line below.

Captain or Owner Signature: _____