


COLD STUN EVENT TURTLE DATA

Initials: _____ #/day: _____

DATE FOUND: Month _____ Day _____ Year 20____ COUNTY FOUND: _____

SPECIFIC LOCATION FOUND: _____

SPECIES: (Check one.) <input type="checkbox"/> Loggerhead <input type="checkbox"/> Green Turtle <input type="checkbox"/> Hawksbill <input type="checkbox"/> Kemp's Ridley	CONDITION AT INTAKE: (Check one.) <input type="checkbox"/> Responsive <input type="checkbox"/> Unresponsive PHOTO TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	FIBROPAPILLOMA? (Check one.) <input type="checkbox"/> Yes (If yes, please fill out back of this sheet.) <input type="checkbox"/> No RECORDER NAME: _____
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EXISTING FLIPPER TAG(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	NEW FLIPPER TAG(S) APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
(When recording tag numbers below, circle E for existing tag and N for new tag. Also, please note if an existing tag was removed. Positions refer to the placement of the tag in one of the first three trailing scales beginning at the body.)	
TAG # (LEFT) Existing (E) or New (N) _____	POSITION: 1 2 3 
TAG # (RIGHT) Existing (E) or New (N) _____	POSITION: 1 2 3
PIT TAG ALREADY PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PIT LOCATION: RF LF RR LR
PIT TAG NUMBER: _____ (If PIT tag applied, please also put sticker in the box above.)	

(* Only if calipers are available.) *Straight Carapace Length (notch to notch) _____ cm	(** Only if calipers are not available.) **Curved Carapace Length (notch to notch) _____ cm
Flipper Damage? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe: _____ _____	
Carapace Damage? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe: _____ _____	

SAMPLES TAKEN (Check all that apply.) GENETIC TISSUE SAMPLE <input type="checkbox"/> STABLE ISOTOPE TISSUE SAMPLE <input type="checkbox"/> OTHER <input type="checkbox"/> Describe: _____

FATE OF TURTLE FOUND DEAD/NEVER RESPONSIVE <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, disposition of carcass: _____ TAKEN TO HOLDING FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE TAKEN: Month <input type="checkbox"/> <input type="checkbox"/> Day <input type="checkbox"/> <input type="checkbox"/> Year 20 <input type="checkbox"/> <input type="checkbox"/> Name of Facility (also note any subsequent transfers): _____ DIED AT HOLDING FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, disposition of carcass: _____ RELEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE DATE: Month <input type="checkbox"/> <input type="checkbox"/> Day <input type="checkbox"/> <input type="checkbox"/> Year 20 <input type="checkbox"/> <input type="checkbox"/> Release Location: _____

OTHER NOTES: _____

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 0648-0496. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 10 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 voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NOAA National Marine Fisheries Service, Office of Protected Resources, Attn: Stacy Hargrove (stacy.hargrove@noaa.gov).