

GREEN TURTLE COLD STUNNING DATA COLLECTION FORM (BATCHED)*

**All other species must be documented separately on an individual STSSN form*

<p>OBSERVER'S NAME / ADDRESS / PHONE</p> <p>First _____ M.I. _____ Last _____</p> <p>Affiliation _____</p> <p>Address _____</p> <p>Area code/Phone number _____</p>	<p>STRANDING DATE:</p> <p>Year 20__ __ Month __ __ Day __ __</p> <p>-----</p> <p>State coordinator must be notified within 24 hrs; this was done by: <input type="checkbox"/> phone (361)949-8173 x226</p> <p><input type="checkbox"/> email <input type="checkbox"/> fax (361)949-9134</p>
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STRANDING INFORMATION:

County _____

Descriptive location (be specific) _____

Latitude: _____ Longitude _____ (if available)

TAGS: Contact state coordinator before disposing of any tagged animal!!

Checked for PIT tags? Yes No

PIT tags present? Yes* No

**Tagged turtles are to be documented separately on an individual STSSN form.*

Photos taken of all turtles? Yes No

CONDITION AT INTAKE:

Number alive:

(No FP) # _____

(FP) # _____

Number dead:

(No FP) # _____

(FP) # _____

Total # _____

CARAPACE MEASUREMENTS:

Random Sample of Straight Length (SCL) Measurements (NOTCH-TIP):

How were Measurements Taken? Calipers Measuring Tape

SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm
SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm
SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm
SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm
SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm

FINAL DISPOSITION:

Found alive, taken to rehab # _____

Name of Facility(s) (also note any subsequent transfers): _____

Found alive, but died prior to transport to rehab # _____

Disposition of Carcasses: _____

Found dead # _____

Disposition of Carcasses: _____

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).