

NOAA National Marine Fisheries Service Alaska Marine Mammal Observer Program

DATA RELEASE FORM FOR COPIES OF TRIPS

1. The only individuals, excluding authorized NOAA Fisheries personnel, who may request and receive copies of completed AMMOP data forms include: the ADFG fishing permit holder, or a person acting as an authorized representative for the permit holder.
2. Any request for copies of observer forms must be submitted in writing on a form letter (see reverse side), which may be obtained from a NMFS observer or the address below. All signed requests must be sent to the following address:
Program Coordinator, Alaska Marine Mammal Observer Program National Marine Fisheries Service Office of Protected Resources
P.O. Box 21668, Room 461 Juneau, Alaska 99802
3. Upon release of the requested data, the authorized recipient then becomes responsible for it.
4. Data may not be released upon an oral request, or without first completing and signing the authorized release letter mentioned above.
5. Release of data for trips in which more than one fishing permit was observed may only occur if both permit holders or authorized representatives complete and sign data release requests.
6. All letters should be completed in pen, not pencil.

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used to ensure that the data for a specific trip is not provided to a person who does not have authority to obtain that data under the confidentiality requirements of the Magnuson-Stevens Fishery Conservation and Management Act (MSA) and the Marine Mammal Protections Act (MMPA). Meeting those confidentiality requirements is critical for collecting information that is used in analyses that support the conservation and management of living marine resources and that are required under the MSA, the Endangered Species Act (ESA), the MMPA, the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 5 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Program Coordinator, Alaska Marine Mammal Observer Program, National Marine Fisheries Service, Office of Protected Resources, P.O. Box 21668, Room 461 Juneau, Alaska 99802. Providing the requested information is required to obtain the observer data you have requested. The information on this form will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E, or as required under Section 118(d)(8) of the MMPA (16 U.S.C. 1387(d)(8)) and regulations at 50 C.F.R. Part 229, Subpart A. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

NOAA National Marine Fisheries Service Alaska Marine Mammal Observer Program

DATA RELEASE FOR COPIES OF TRIPS FORM

(Date of Request)

Program Coordinator, Alaska Marine Mammal Observer Program
National Marine Fisheries Service
Office of Protected Resources
P.O. Box 21668, Room 461
Juneau, Alaska 99802

Dear AMMOP Coordinator:

I, _____, a set gillnet permit holder or authorized representative
(Print complete name)

(circle one) of set gillnet permit number # _____ request and
(set net permit number)
authorize the release to myself of data recorded at my set gillnet site by an observer from the
National Marine Fisheries Service, Alaska Marine Mammal Observer Program.

The information I request is from the _____ fishery.
(Name of Fishery)

This information was collected on _____ in _____.
(Date) (Fishing Location)

I am making this request as the permit holder or the authorized representative of the owner(s), of the
said permit. I understand that I am responsible for these data upon release to me by NOAA
Fisheries. I further understand that the data I receive may be preliminary, and not yet completely
reviewed by the Alaska Marine Mammal Observer Program.

(SIGNED NAME)

(PRINTED NAME)

Address to Which Data should be sent:

Street/ PO Box _____

City, State, Zip _____

OFFICE USE ONLY:

Date requested data received/ issued _____

Signature of data releaser _____

Printed name of data releaser _____

Alaska Marine Mammal Observer Program

Gillnet Fisher Effort Log

Please fill out this form for each 24-hr period of active salmon gillnet fishing for each ADF&G management subdistrict. If you move from one subdistrict to another in single day, begin a new record on a new line.

Submit form within 7 days via text message or by email to: _____

Start Date: the date when active fishing began

Start Time: the time to nearest minute that active fishing began

End Time: the time that active fishing stopped even if into the early morning of the next day

Qty Sets: the number of gillnet sets during the active fishing period. Can be tally.

Location: the ADF&G management district/subdistrict where active fishing took place. If THA or SHA, write in name.

Bycatch Witnessed: Number of bycaught animals.

Comments: any comments. For example, other bycaught marine mammal species, description of entanglement, if active fishing was stalled for any reason, duration of motoring time if large, ect...

Name _____ Permit # _____

#	Start Date	Start time	End time	Sets	Location/ Subdistrict	Quantity Bycatch Witnessed		
						Harbor porpoise	Seabird	Other marine mammal
1					<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8a <input type="checkbox"/> 8b <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> THA/SHA _____			
2					<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8a <input type="checkbox"/> 8b <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> THA/SHA _____			
3					<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8a <input type="checkbox"/> 8b <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> THA/SHA _____			
4					<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8a <input type="checkbox"/> 8b <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> THA/SHA _____			
5					<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8a <input type="checkbox"/> 8b <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> THA/SHA _____			
6					<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8a <input type="checkbox"/> 8b <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> THA/SHA _____			
7					<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8a <input type="checkbox"/> 8b <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> THA/SHA _____			
8					<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8a <input type="checkbox"/> 8b <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> THA/SHA _____			
9					<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8a <input type="checkbox"/> 8b <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> THA/SHA _____			
10					<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8a <input type="checkbox"/> 8b <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> THA/SHA _____			

Comments (please indicate the row number that relates to your comment, if applicable)



VESSEL/PLANT OPERATOR COMMENT FORM

NORTH PACIFIC OBSERVER PROGRAM

The information on this form will be used by the National Marine Fisheries Service 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.

Public reporting burden for this collection of information is estimated to average 30 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

All identifying data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

INSTRUCTIONS

Anonymous responses have little value in this process, so please fill in the identifying information completely. If you don't remember the Observer's name, please fill in the rest of the identifying information and indicate whether the Observer was the Primary or Secondary observer (if known).

In addition to answering Yes or No to each question, please use the Comments section to provide additional information about your answer. If the answer is neither Yes nor No, please use the Comments section to record the appropriate answer (i.e. Sometimes or N/A [not applicable]).

Though this form's primary intent is to allow you to provide information regarding specific observers, the second page affords you an opportunity to provide feedback and ask questions about the Observer Program in general or to open up a line of communication between you and a member of our staff.

Please take the time to answer this Comment Form completely.

Thank you for your time!



Date Revised: Jan 2018

OMB Control No.0648-0593
 Expiration Date: xx/xx/20xx

VESSEL/PLANT OPERATOR COMMENT FORM

Vessel/Plant Operator _____ Vessel/Plant Name _____ Today's Date _____

Observer _____ Observer Provider _____ Dates observer onboard _____

Questions about your observer	Yes	No	Comments
Did the observer interact with you and your crew in a professional manner?			
Did the observer discuss his/her work needs with you and your crew?			
Did the observer follow vessel/plant rules or policies? If not, please elaborate.			
Did the observer participate fully in safety drills? If not, why not?			
Did the observer inform you of any suspected violations of regulations when these were witnessed?			
Did the observer put himself/herself in any unsafe situations? If yes, please elaborate.			
Did you have any issues with the observer's duties and responsibilities? If yes, please elaborate.			
Did you discuss any issues regarding observer duties with the observer?			How were the issues resolved?
Did you discuss any issues regarding observer duties with anyone else? (please circle) Observer Program staff			Please identify the person you spoke with and whether the issues were resolved.
Observer provider My fishing company			



Did the observer do anything specific that you appreciated? Please elaborate.	Yes	No	Comments
Questions about the program			
Do you have questions about the work performed by observers? (sampling methods, work schedules, etc)			
Did you ask the observer?			
Would you like to ask a member of our staff?			
Would you like someone on our staff to contact you? (If yes, please provide contact information below)			
In general, are you satisfied with the observers you have had on your vessel or at your plant? Please use this space to provide any relevant comments or suggestions.			

If you would like us to contact you, please provide:

Phone _____ Email _____ Address _____



PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Jennifer Ferdinand, Director, Fisheries Monitoring and Analysis Division, NOAA National Marine Fisheries Service, 7600 Sand Point Way NE, Seattle, WA 98115.

ADDITIONAL INFORMATION

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is voluntary and will be used to improve observer training under section 403(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) **All identifying data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.** Other information collected on this form may be subject to public release under various statutes.



Thank you for taking the time to fill out this Vessel/Plant Operator Comment Form. Filling out this form allows you to provide us with feedback regarding your recent Observer and your experience with the Observer Program as a whole. Your feedback is important to us. We are committed to responding to each Comment Form we receive.

We also have an electronic version of this form available on our website (<https://www.fisheries.noaa.gov/resource/document/north-pacific-observer-program-vessel-or-plant-operator-comment-form>) if you prefer to email a copy to us instead.

Please mail all completed hard copy forms to:

Jennifer Ferdinand
Fisheries Monitoring and Analysis Division
Alaska Fisheries Science Center, National Marine Fisheries Service
National Oceanic and Atmospheric Administration, Department of Commerce
7600 Sand Point Way N.E., Building 4
Seattle, Washington 98115
F/AKC6
