

AMERICAN SAMOA OBSERVER PROGRAM LONGLINE TRIP EXPENDITURE FORM page 1 of 2

(Ask for information on the way home)

1. TRIP INFORMATION

TRIP NUMBER					DATE OF DEPARTURE					DATE OF RETURN						
A	S						2	0					2	0		
VESSEL NAME															NO. OF SETS	

2. FUEL

PRICE PER GALLON	GALLON USED	TOTAL COST OF FUEL
\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

3. ENGINE OIL AND HYDRAULIC OIL

UNIT (Check One)	PRICE PER UNIT	QUANTITY USED	TOTAL COST OF OIL
<input type="checkbox"/> Gallon	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Bag/bucket (5 Gallons)	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Drum (55 Gallons)	<input type="text"/>	<input type="text"/>	

4. BAIT

TYPE OF BAIT (Check One)	PRICE PER BOX	BOXES USED	TOTAL COST OF BAIT
<input type="checkbox"/> Squid	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Mackerel			
<input type="checkbox"/> Sardine			
<input type="checkbox"/> Sanma			

5. FREON AND OTHER FREEZER COSTS (amount spent for this trip to operate freezer)

\$

6. FISHING GEAR COSTS (amount spent on re-supply vessel for this trip for hooks, lines, floats, raingear, etc.)

\$

7. PROVISIONS COSTS (amount spent re-supply vessel for this trip on food, bottled water, cigarettes, etc.)

\$

DON'T FORGET TO FILL OUT THE BACKSIDE!

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8. TRIP COMMUNICATIONS COST (amount spent for this trip on satellite phone and/or data calls, email, etc.)

\$

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9. FREIGHT OR EXPORT COST (the cost of transporting fish to other markets other than canneries)

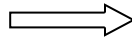
\$

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10. MISCELLANEOUS COSTS (please list the details)

\$

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Details of misc. costs

Items	Cost
1.	
2.	
3.	

11. TOTAL ESTIMATED COSTS (ask, don't add)

\$

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Fish price GG Round

Species	Price
1. Albacore	
2. Yellowfin	
3. Bigeye	
4. Skipjack	
5. Wahoo	

12. CAPTAIN OF THIS TRIP (check one)

Owner Operated Hired Captain

13. CREW INFORMATION

Number of crew (DO NOT include captain) Number of foreign crew

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14. CREW INFORMATION

A. Observer Section

Observer number: _____

Captain or trip operator phone number: (____) _____

B. Debriefer Section

Debriefer initials _____

Check only one box

Economic data provided by captain

Only observed data at sea

Only observed data in office

If no economic data provided by captain, please provide

Gear Configuration

Hooks/Float

06 Other
08 Offset Round Circle
09 Offset Flat Circle

Hook Characteristics

Hook Type Code	Hook Sizes	Hook %
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

No. Floats

Hooks per Float

No. Hooks Set

Fishing Techniques

Target Species Code

Bait Code

01 Large Squid 06 Other
02 Small Squid 07 Sardine
03 Saury (Sanma) 08 Milkfish
04 Mackerel (Saba) 09 Herring
05 Mixed

Light Devices

Type Code

00 None 01 Light Stick

No. Devices

Color Code

01 Blue 06 Yellow 11 Red
02 Green 07 Magenta 12 Orange
03 Black 08 Mixed 13 Silver/Metal
04 Pink 09 Other
05 White 10 Clear

Collect information for Data Elements below for first set only unless there is a change on subsequent sets



Main Line

Material Code

01 Mono 03 Other
02 Multi

Diameter . mm

Color Code

01 Blue 06 Yellow 11 Red
02 Green 07 Magenta 12 Orange
03 Black 08 Mixed 13 Silver/Metal
04 Pink 09 Other
05 White 10 Clear

Float Line

Material Code

01 Mono 03 Other
02 Multi

Diameter . mm

Measured Length . m

Branch Line

Material Code

01 Mono 03 Other
02 Multi

Diameter . mm

Measured Length . m

Color Code

01 Blue 06 Yellow 11 Red
02 Green 07 Magenta 12 Orange
03 Black 08 Mixed 13 Silver/Metal
04 Pink 09 Other
05 White 10 Clear

Leader

Material Code

01 Mono 03 Other
02 Wire

Diameter . mm

Measured Length . m

Weight Size g

AS

**DOC/NOAA Fisheries
Pacific Islands Region
Longline Observer Program**

From front of this form

Trip No.

Set No.

Gear Configuration Comments

Comments

Main Line

Float Line

Branch Line

Leader

Daily Hook Counts

Observer ID

OMB Control No. 0648-0593 exp. XX/XX/20XX

AS

DOC/NOAA Fisheries Pacific Islands Region Longline Observer Program

Trip No.

Declared Trip Type

Observer Manual Version ID

Trip Specifications

Vessel Documentation No.

Vessel Name

Operator Name

First Name and Middle Initial

Last Name

Trip Times and Port Stops

Trip Start

Day

Month

Year

Hour

Minute

Departure Date/Time

Departure Port

Intermediate Port Stops

Stop No.

Day

Month

Stopped

Year

Hour

Minute

Day

Month

Resumed

Year

Hour

Minute

Stop Port

High-grading?

If checked document on back

Trip End

Day

Month

Year

Hour

Minute

Trip Issues?

(Debrief Use Only)

Y Yes
N No

If Y document on back

Arrival Date/Time

Arrival Port

Comments

AS

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Pacific Islands Region
Longline Observer Program**

From front of
this form

Trip No.

Trip Specifications Comments

Comments (cont. from the front of this form)

High-grading Comments

Trip Issues Comments (Debriefing Use Only)
