

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Was the observer on time and prepared for the trip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Did the observer review the safety checklist with you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Was the observer courteous and polite and get along with the crew? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Did the observer record the positions (lat/lon) for all the hauls? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Did the observer explain their sampling requirements and protocols? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Did the observer take length measurements of fish caught? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Did the observer take catch information from the work deck? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Did the observer identify fish species correctly? | <input type="checkbox"/> | <input type="checkbox"/> |

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

If yes, please explain in comments below:

Would you like more information from the observer program?

- 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: _____
