

REPORTING FORM FOR THE TRIP INTERVIEW PROGRAM (TIP)

Next Row is for Data Entry Personnel Use Only

PC Data Entry by:

Date:

Batch

Interview #:

SECTION I

Interview Number													
Fishery Codes	CP	RF	OP		IN	ML	BF		EG	MX	SL		
Trip Type	030	100	200	300	400	600	675	676	735	900			
Agent Code or Name			OR										
Date of Interview													
	Month		Day		Year								
Reporting Area of Landings													
	Reporting State				Reporting County								
Sampling Site													
	Sampling State				Sampling County								
Start / End Date of Trip													
	Start Month		Start Day		Start Year		End Month		End Day		End Year		
Information Source	SR		LB	CI	SS		SI		OD		SO		
	Sales Records		Logs		Site Sampling		Recs and Int		Observer Data		Recs and Observ		
Fishing Mode	CM		CP		HB		PR		TR		SS		
	Commercial		Charter/Party		Head Boat		Private Rec		Torunament		Scientific Survey		
Time of Data Collection -24hr	Begin	:			End	:							
		Hour		Minutes		Hour		Minutes					
Bias Type	NB		SB		EB		SE		NI				
	No Bias		Size Bias		Effort Bias		Size & Effort		No Information				
Interview Type	FS			DS			TS			AT			
	Fisherman Sample			Dealer Sample			Trip Survey			Angler Trip			
Landings Type	CL			IL			NL			NF			
	Complete Landings (weight)			Incomplete Landings			No Landings			No Fish Caught			
Crew Size					(The number of crew including the captain)								
Total Effort	----		----		UK	NR	WR	EQ	NF	SA	WI	OB	QR
	Days Out		Days Fished		Termination Code								
Vessel Information													
	Vessel ID				Vessel Length (feet)				Vessel Name				

SECTION II

Gear Information				Effort / Location			
Code	Number	Quantity	Other	Soak Time (Hours)	Area Fished	Depth Range (Fathoms)	
---	-----	-----	-----	-----	-----	---/---	
---	-----	-----	-----	-----	-----	---/---	
---	-----	-----	-----	-----	-----	---/---	
---	-----	-----	-----	-----	-----	---/---	
---	-----	-----	-----	-----	-----	---/---	

Public reporting burden for this collection of information is estimated to average 10 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 this burden estimate or any other aspects of this burden to PRA Officer, National Marine Fisheries Service, F/SER2, 263 13th Avenue South, St. Petersburg, FL 33701. This reporting is required under and is authorized under 50 CFR 622.5(a) and (b). Information submitted will be treated as confidential in accordance with NOAA Administrative Orders. 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 displays a currently valid OMB Control Number. The NMFS requires this information for the conservation and management of marine fishery resources.