

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: _____ NMFS REGIONAL #: _____ NATIONAL DATABASE#: _____
(NMFS USE) (NMFS USE)

COMMON NAME: _____ GENUS: _____ SPECIES: _____

EXAMINER Name: _____ Affiliation: _____

Address: _____ Phone: _____

Stranding Agreement or Authority: _____

Report Type: Stranded Live entangled, in-water CONFIDENCE CODE (Check ONE): Unconfirmed Public Report Confirmed Public Report Confirmed by Network

INITIAL OBSERVATION <input type="checkbox"/> Same Information for Level A Examination DATE: Year: _____ Month: _____ Day: _____ First Observed: <input type="checkbox"/> OnBeach/Land/Ice <input type="checkbox"/> Floating <input type="checkbox"/> Swimming <input type="checkbox"/> Anchored LOCATION: State: _____ County: _____ City: _____ Body of Water: _____ Locality Details: _____ Lat (DD): _____ N Long (DD): _____ W <input type="checkbox"/> Actual <input type="checkbox"/> Estimated How Determined: (check ONE) <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/Software <input type="checkbox"/> Other _____ CONDITION AT INITIAL OBSERVATION (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Condition Unknown	LEVEL A EXAMINATION <input type="checkbox"/> Restrand Examined? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE: Year: _____ Month: _____ Day: _____ First Examined: <input type="checkbox"/> OnBeach/Land/Ice <input type="checkbox"/> Floating <input type="checkbox"/> Swimming <input type="checkbox"/> Anchored LOCATION: State: _____ County: _____ City: _____ Body of Water: _____ Locality Details: _____ Lat (DD): _____ N Long (DD): _____ W <input type="checkbox"/> Actual <input type="checkbox"/> Estimated How Determined: (check ONE) <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/Software <input type="checkbox"/> Other _____ CONDITION AT EXAMINATION (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate Decomposition
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LIVE ANIMAL INFORMATION INITIAL LIVE ANIMAL DISPOSITION (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Died at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died during Transport <input type="checkbox"/> 3. Relocated and Released <input type="checkbox"/> 7. Euthanized <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Transferred to Rehabilitation: <input type="checkbox"/> a. Partially <input type="checkbox"/> b. Completely Date: Year: _____ Month: _____ Day: _____ Facility: _____ <input type="checkbox"/> 9. Other: _____ CONDITION/DETERMINATION (Check one or more) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 7. Location Hazardous <input type="checkbox"/> 2. Injured <input type="checkbox"/> a. To animal <input type="checkbox"/> 3. Out of Habitat <input type="checkbox"/> b. To public <input type="checkbox"/> 4. Deemed Releasable <input type="checkbox"/> 8. Unknown/CBD <input type="checkbox"/> 5. Abandoned/Orphaned <input type="checkbox"/> 9. No Rehabilitation Options <input type="checkbox"/> 6. Inaccessible <input type="checkbox"/> 10. Other: _____	DEAD ANIMAL INFORMATION CARCASS STATUS (Check one or more) <input type="checkbox"/> 1. Frozen for Later Examination/Necropsy Pending <input type="checkbox"/> 2. Left at Site <input type="checkbox"/> 5. Landfill <input type="checkbox"/> 8. Towed: Lat _____ Long _____ <input type="checkbox"/> 3. Buried <input type="checkbox"/> 6. Incinerated <input type="checkbox"/> 9. Sunk: Lat _____ Long _____ <input type="checkbox"/> 4. Rendered <input type="checkbox"/> 7. Composted <input type="checkbox"/> 10. Unknown/Other _____ DEAD ANIMAL EXAM <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Photos Only <input type="checkbox"/> External Exam <input type="checkbox"/> Partial Internal Exam <input type="checkbox"/> Complete Internal Exam <input type="checkbox"/> Carcass Fresh <input type="checkbox"/> Carcass Frozen/Thawed CARCASS CODE AT EXAM <input type="checkbox"/> Code 2 <input type="checkbox"/> Code 3 <input type="checkbox"/> Code 4 EXAMINED BY: _____ Date: Year: _____ Month: _____ Day: _____ PHOTOS/VIDEOS TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO Photo/Video Disposition: _____
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MORPHOLOGICAL INFORMATION SEX (Check ONE) ESTIMATED AGE CLASS (Check ONE) <input type="checkbox"/> 1. Male <input type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 2. Female <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling <input type="checkbox"/> Whole Animal <input type="checkbox"/> Partial Animal Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> Actual <input type="checkbox"/> Estimated <input type="checkbox"/> Not Measured Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> Actual <input type="checkbox"/> Estimated <input type="checkbox"/> Not Weighed SAMPLES COLLECTED (Check one or more) <input type="checkbox"/> 1. Histology <input type="checkbox"/> 2. Other Diagnostics <input type="checkbox"/> 3. Life History <input type="checkbox"/> 4. Skeletal <input type="checkbox"/> 5. Other _____ PARTS TRACKING (Check one or more) <input type="checkbox"/> 1. Scientific Collection <input type="checkbox"/> 2. Educational Collection <input type="checkbox"/> 3. Other: _____	OCCURRENCE DETAILS Was the Marine Mammal Human Interaction Report completed? <input type="checkbox"/> YES <input type="checkbox"/> NO Findings of Human Interaction: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could Not Be Determined (CBD) Evidence of: 1. Vessel Interaction <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD 2. Shot <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD 3. Fishery Interaction <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD 4. Entangled <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD 5. Ingestion <input type="checkbox"/> GEAR <input type="checkbox"/> DEBRIS <input type="checkbox"/> NO <input type="checkbox"/> CBD 6. Other Human Interaction: _____ If YES, what was the likelihood that the human interaction contributed to the stranding event? <input type="checkbox"/> Uncertain (CBD) <input type="checkbox"/> Improbable <input type="checkbox"/> Suspect <input type="checkbox"/> Probable Gear/Hi Items Collected? <input type="checkbox"/> YES <input type="checkbox"/> NO Gear Disposition: _____ Other Findings Upon Level A: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could Not Be Determined (CBD) If Yes, Choose one or more: <input type="checkbox"/> 1. Illness <input type="checkbox"/> 2. Injury <input type="checkbox"/> 3. Pregnant <input type="checkbox"/> 4. Other: _____ How Determined (Check one or more): <input type="checkbox"/> Photos Only <input type="checkbox"/> External Exam <input type="checkbox"/> Partial Internal Exam <input type="checkbox"/> Complete Internal Exam (Necropsy) <input type="checkbox"/> Other: _____
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