MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

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

COMMON NAME: _____ **GENUS**: _____ **SPECIES**: _____

EXAMINER Name: _____ Affiliation: _____

Address: _____ Phone: _____

Stranding Agreement or Authority: _____

LOCATION OF INITIAL OBSERVATION

State: _____ County: _____

City: _____

Body of Water: _____

Locality Details: _____

_____

Lat (DD): _____ . _____ N

Long (DD): _____ . _____ W

☐ Actual ☐ Estimated

How Determined: (check ONE)

☐ GPS ☐ Map ☐ Internet/Software

OCURRENCE DETAILS ☐ Restrand GE# _____ (NMFS Use)

Group Event: ☐ YES ☐ NO

If Yes, Type: ☐ Cow/Calf Pair ☐ Mass Stranding # Animals: _____ ☐ Actual ☐ Estimated

Findings of Human Interaction: ☐ YES ☐ NO ☐ Could Not Be Determined (CBD)

If Yes, Choose one or more: ☐ 1. Boat Collision ☐ 2. Shot ☐ 3. Fishery Interaction

☐ 4. Other Human Interaction:_____

How Determined (Check one or more): ☐ External Exam ☐ Internal Exam ☐ Necropsy

☐ Other: _____

Gear Collected? ☐ YES ☐ NO Gear Disposition: _____

Other Findings Upon Level A: ☐ YES ☐ NO ☐ Could Not Be Determined (CBD)

If Yes, Choose one or more: ☐ 1. Illness ☐ 2. Injury ☐ 3. Pregnant ☐ 4.Other:_____

How Determined (Check one or more): ☐ External Exam ☐ Internal Exam ☐ Necropsy

☐ Other: _____

INITIAL OBSERVATION

Date: Year: _____ Month: _____ Day: _____

First Observed: ☐ Beach or Land ☐ Floating ☐ Swimming

CONDITION AT INITIAL OBSERVATION (Check ONE)

☐ 1. Alive ☐ 4. Advanced Decomposition

☐ 2. Fresh dead ☐ 5. Mummified/Skeletal

☐ 3. Moderate decomposition ☐ 6. Condition Unknown

LEVEL A EXAMINATION ☐ Not Able to Examine

Date: Year: _____ Month: _____ Day: _____

CONDITION AT EXAMINATION (Check ONE)

☐ 1. Alive ☐ 4. Advanced Decomposition

☐ 2. Fresh dead ☐ 5. Mummified/Skeletal

☐ 3. Moderate decomposition ☐ 6. Unknown

INITIAL LIVE ANIMAL DISPOSITION (Check one or more)

☐ 1. Left at Site ☐ 6. Euthanized at Site

☐ 2. Immediate Release at Site ☐ 7. Transferred to Rehabilitation:

☐ 3. Relocated Date: Year:_____ Month:_____Day:___ Facility:_____

☐ 4. Disentangled ☐ 8. Died during Transport

☐ 5. Died at Site ☐ 9. Euthanized during Transport

☐ 10. Other:_____

CONDITION/DETERMINATION (Check one or more)

☐ 1. Sick 7. Location Hazardous

☐ 2. Injured ☐ a. To animal

☐ 3. Out of Habitat ☐ b. To public

☐ 4. Deemed Releasable ☐ 8. Unknown/CBD

☐ 5. Abandoned/Orphaned ☐ 9.Other_____

☐ 6. Inaccessible _____

MORPHOLOGICAL DATA

SEX (Check ONE)

☐ 1. Male

☐ 2. Female

☐ 3. Unknown

AGE CLASS (Check ONE)

☐ 1. Adult ☐ 4. Pup/Calf

☐ 2. Subadult ☐ 5. Unknown

☐ 3. Yearling

☐ Whole Carcass ☐ Partial Carcass

Straight length:_____ ☐ cm ☐ in ☐ actual ☐ estimated

Weight:_____ ☐ kg ☐ lb ☐ actual ☐ estimated

PHOTOS/VIDEOS TAKEN: ☐ YES ☐ NO

Photo/Video Disposition: _____

_____

TAG DATA Tags Were:

Present at Time of Stranding (Pre-existing): ☐ YES ☐ NO

Applied during Stranding Response: ☐ YES ☐ NO

ID#	Color	Type	Placement* (Circle ONE)	Applied	Present
_____			D DF L LF LR RF RR	☐	☐
_____			D DF L LF LR RF RR	☐	☐
_____			D DF L LF LR RF RR	☐	☐

* D= Dorsal; DF= Dorsal Fin; L= Lateral Body
LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear

CARCASS STATUS (Check one or more)

☐ 1. Left at Site ☐ 4. Towed: Lat_____Long_____ ☐ 7. Landfill

☐ 2. Buried ☐ 5. Sunk: Lat_____Long_____ ☐ 8. Unknown

☐ 3. Rendered ☐ 6. Frozen for Later Examination ☐ 9. Other_____

SPECIMEN DISPOSITION (Check one or more)

☐ 1. Scientific collection ☐ 2. Educational collection

☐ 3. Other:_____

Comments: _____

_____

NECROPSIED ☐ NO ☐ YES ☐ Limited ☐ Complete

☐ Carcass Fresh ☐ Carcass Frozen/Thawed

NECROPSIED BY: _____

Date: Year: _____**Month:**_____**Day:**_____

PLEASE USE THE BACK SIDE OF THIS FORM FOR ADDITIONAL REMARKS

ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER: _____ **(**If animal is restranded, please indicate any previous field numbers here)

DISCLAIMER

THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION. THIS SHOULD BE STRICTLY ENFORCED WHEN REPORTING SIGNS OF HUMAN INTERACTION DATA.

DATA ACCESS FOR LEVEL A DATA

UPON WRITTEN REQUEST, CERTAIN FIELDS OF THE LEVEL A DATA SHEET WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR CREDIT THE STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE. THE NATIONAL MARINE FISHERIES SERVICE WILL NOTIFY THE CONTRIBUTING STRANDING NETWORK MEMBERS THAT THESE DATA HAVE BEEN REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE.

PAPERWORK REDUCTION ACT INFORMATION

PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 30 MINUTES 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. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO: CHIEF, MARINE MAMMAL AND SEA TURTLE CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND, 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 THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.