

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

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

COMMON NAME: _____ GENUS: _____ SPECIES: _____

EXAMINER Letterholder: _____

Name: _____ Affiliation: _____

Address: _____ Phone: _____

<p>LOCATION OF INITIAL OBSERVATION</p> <p>State: _____ County: _____</p> <p>City: _____</p> <p>Body of Water: _____</p> <p>Locality Details: _____</p> <p>Latitude: _____ N <input type="checkbox"/> actual</p> <p>Longitude: _____ W <input type="checkbox"/> estimated</p> <p>How lat/long determined (Check ONE):</p> <p><input type="checkbox"/> GPS</p> <p><input type="checkbox"/> Map</p> <p><input type="checkbox"/> Internet/Software</p>	<p>OCCURRENCE DETAILS <input type="checkbox"/> Restrand GE#: _____ <small>(NMFS USE)</small></p> <p>Group Event: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, Type: <input type="checkbox"/> Cow/Calf Pair <input type="checkbox"/> Mass Stranding # Animals: _____ <input type="checkbox"/> actual <input type="checkbox"/> estimated</p> <p>Findings of Human Interaction: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could not Be Determined (CBD)</p> <p>If Yes, Check one or more: <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 2. Shot <input type="checkbox"/> 3. Fishery Interaction</p> <p><input type="checkbox"/> 4. Other Human Interaction: _____</p> <p>Describe How Determined: _____</p> <p>Gear Collected? <input type="checkbox"/> YES <input type="checkbox"/> NO Gear Disposition: _____</p> <p>Other Findings upon Level A: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD</p> <p>If Yes, Check one or more: <input type="checkbox"/> 1. Illness <input type="checkbox"/> 2. Injury</p> <p><input type="checkbox"/> 3. Other Findings: _____</p> <p>Describe How Determined: _____</p>
---	--

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. 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

INITIAL LIVE ANIMAL DISPOSITION (Check one or more)

1. Left at Site 7. Transferred to Rehabilitation: _____

2. Immediate Release at Site Date: _____ Facility: _____

3. Relocated

4. Disentangled 8. Died during Transport

5. Died at Site 9. Euthanized during Transport

6. Euthanized at Site 10. Other: _____

CONDITION/DETERMINATION (Check one or more)

1. Sick 4. Deemed Healthy 7. Location Hazardous:

2. Injured 5. Abandoned/Orphaned a. To animal

3. Out of Habitat 6. Inaccessible b. To public

8. Unknown/CBD 9. Other: _____

Comments: _____

MORPHOLOGICAL DATA

SEX (Check ONE) **AGE CLASS** (Check ONE)

1. Male 1. Adult 4. Pup/Calf

2. Female 2. Subadult 5. Unknown

3. Unknown 3. Yearling

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*	Applied	Present
_____	_____	_____	(Circle ONE) D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>

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

WHOLE 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 YES NO Date: _____

NECROPSIED BY: _____

