

**DECLARATION OF HARVEST – PROTOCOL FOR ONBOARD SCREENING
AND DOCKSIDE TESTING FOR PSP TOXINS**

PERMIT NUMBER _____ VESSEL NAME _____

VESSEL OWNER _____ PHONE # _____

CAPTAIN _____ PHONE # _____

MATE _____

DATE LEFT PORT _____ DATE RETURNED TO PORT _____

LOCATION AND RESULTS OF ONBOARD SCREENING SAMPLES

LOT NUMBER _____

#1 Corner GPS _____ JRT Results (+ or -) _____

#2 Corner GPS _____ JRT Results (+ or -) _____

#3 Corner GPS _____ JRT Results (+ or -) _____

#4 Corner GPS _____ JRT Results (+ or -) _____

#5 Center GPS _____ JRT Results (+ or -) _____

_____ Lot determined acceptable for harvest – all JRT screens negative

_____ Lot determined unacceptable for harvest – one or more JRT screens positive

Positive JRT screens reported to: _____ at Phone # _____ Date _____

____ *Negative and Positive screen homogenates and test kits preserved for delivery to lab*

Harvest Record from acceptable Lot # _____ Date _____

Number of Cages _____

Tag Numbers attached to Cages _____

Destination and Purchaser of Cages _____

Captain/Mate Signature _____ Date _____

Dockside Samples taken at _____ for delivery to _____

_____ by _____ Date _____

Notes: _____

One copy of this report retained aboard vessel; one copy to state of landing; one copy to processor; one copy to laboratory along with dockside samples.