

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: _____

LOCATION OF INITIAL OBSERVATION 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	OCURRENCE DETAILS <input type="checkbox"/> Restrand GE# _____ Group Event: <input type="checkbox"/> YES <input type="checkbox"/> NO (NMFS Use) If Yes, Type: <input type="checkbox"/> Cow/Calf Pair <input type="checkbox"/> Mass Stranding # Animals: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated Findings of Human Interaction: <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. Boat Collision <input type="checkbox"/> 2. Shot <input type="checkbox"/> 3. Fishery Interaction <input type="checkbox"/> 4. Other Human Interaction: _____ How Determined (Check one or more): <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Necropsy <input type="checkbox"/> Other: _____ Gear 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"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Necropsy <input type="checkbox"/> Other: _____
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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) **AGE CLASS** (Check ONE)

1. Male 1. Adult 4. Pup/Calf
 2. Female 2. Subadult 5. Unknown
 3. 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	<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

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: _____

ADDITIONAL REMARKS

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

Multiple horizontal lines for writing additional remarks.

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.

