

APPENDIX J | MARINE MAMMAL STRANDING FORM (LEVEL A DATA)

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: \_\_\_\_\_

<b>LOCATION OF INITIAL OBSERVATION</b> 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	<b>OCURRENCE DETAILS</b> <input type="checkbox"/> Restrand <span style="float:right">GE# _____</span> <b>Group Event:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <span style="float:right">(NMFS Use)</span> If Yes, Type: <input type="checkbox"/> Cow/Calf Pair <input type="checkbox"/> Mass Stranding # Animals: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated <b>Findings of Human Interaction:</b> <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: _____ <b>Other Findings Upon Level A:</b> <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: _____																																										
<b>INITIAL OBSERVATION</b> Date: Year: _____ Month: _____ Day: _____ First Observed: <input type="checkbox"/> Beach or Land <input type="checkbox"/> Floating <input type="checkbox"/> Swimming <b>CONDITION AT INITIAL OBSERVATION</b> (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	<b>LEVEL A EXAMINATION</b> <input type="checkbox"/> Not Able to Examine Date: Year: _____ Month: _____ Day: _____ <b>CONDITION AT EXAMINATION</b> (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. Unknown																																										
<b>INITIAL LIVE ANIMAL DISPOSITION</b> (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 6. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 7. Transferred to Rehabilitation: <input type="checkbox"/> 3. Relocated Date: Year: _____ Month: _____ Day: _____ Facility: _____ <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died during Transport <input type="checkbox"/> 5. Died at Site <input type="checkbox"/> 9. Euthanized during Transport <input type="checkbox"/> 10. Other: _____ <b>CONDITION/DETERMINATION</b> (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. Other: _____ <input type="checkbox"/> 6. Inaccessible	<b>MORPHOLOGICAL DATA</b> <b>SEX</b> (Check ONE) <b>AGE CLASS</b> (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 Carcass <input type="checkbox"/> Partial Carcass Straight length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimated Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimated <b>PHOTOS/VIDEOS TAKEN:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Photo/Video Disposition: _____																																										
<b>TAG DATA</b> Tags Were: Present at Time of Stranding (Pre-existing): <input type="checkbox"/> YES <input type="checkbox"/> NO Applied during Stranding Response: <input type="checkbox"/> YES <input type="checkbox"/> NO <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">ID#</th> <th style="text-align: left;">Color</th> <th style="text-align: left;">Type</th> <th style="text-align: left;">Placement* (Circle ONE)</th> <th style="text-align: center;">Applied</th> <th style="text-align: center;">Present</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td></td> <td></td> <td>D DF L</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>LF LR RF RR</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td>D DF L</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>LF LR RF RR</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td>D DF L</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>LF LR RF RR</td> <td></td> <td></td> </tr> </tbody> </table> <p>* D= Dorsal; DF= Dorsal Fin; L= Lateral Body                  LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear</p>	ID#	Color	Type	Placement* (Circle ONE)	Applied	Present	_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>				LF LR RF RR			_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>				LF LR RF RR			_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>				LF LR RF RR			<b>CARCASS STATUS</b> (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 4. Towed: Lat _____ Long _____ <input type="checkbox"/> 7. Landfill <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk: Lat _____ Long _____ <input type="checkbox"/> 8. Unknown <input type="checkbox"/> 3. Rendered <input type="checkbox"/> 6. Frozen for Later Examination <input type="checkbox"/> 9. Other: _____ <b>SPECIMEN DISPOSITION</b> (Check one or more) <input type="checkbox"/> 1. Scientific collection <input type="checkbox"/> 2. Educational collection <input type="checkbox"/> 3. Other: _____ Comments: _____ <b>NECROPSIED</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Limited <input type="checkbox"/> Complete <input type="checkbox"/> Carcass Fresh <input type="checkbox"/> Carcass Frozen/Thawed <b>NECROPSIED BY:</b> _____ Date: Year: _____ Month: _____ Day: _____
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