

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

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

COMMON NAME: _____ GENUS: _____ SPECIES: _____

EXAMINER _____ Letterholder: _____

Name: _____ Affiliation: _____

Address: _____ Phone: _____

<p>LOCATION</p> <p>State: _____ County: _____</p> <p>City: _____</p> <p>Locality Details: _____</p> <p>_____</p> <p>Latitude: _____ N</p> <p>Longitude: _____ W</p>	<p>OCCURRENCE DETAILS MS#: _____</p> <p>Mass Stranding: <input type="checkbox"/> YES <input type="checkbox"/> NO # Animals: _____ (NMFS USE)</p> <p>Signs of Human Interaction: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could not be Determined (CBD)</p> <p>(Check one or more) <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 3. Fishery Interaction</p> <p><input type="checkbox"/> 2. Shot <input type="checkbox"/> 4. Other Human Interaction: _____</p> <p>How determined: <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Not Examined</p> <p>Other Causes: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD Describe: _____</p>
--	--

<p>DATE OF INITIAL OBSERVATION</p> <p>Year: _____ Month: _____ Day: _____</p> <p>STATUS (Check ONE)</p> <p><input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition</p> <p><input type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal</p> <p><input type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Dead - Condition Unknown</p>	<p>DATE OF EXAMINATION (LEVEL- A) <input type="checkbox"/> Not Able to Examine</p> <p>Year: _____ Month: _____ Day: _____</p> <p>CONDITION (Check ONE)</p> <p><input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition</p> <p><input type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal</p> <p><input type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Dead - Condition Unknown</p>
---	--

INITIAL LIVE ANIMAL DISPOSITION (Check one or more)

1. Left at Site 5. Euthanized at Site

2. Immediate Release at Site 6. Died at Site

3. Relocated 7. Transferred to Rehabilitation

4. Disentangled 8. Died during Transport

9. Other

CONDITION (Check ONE)

1. Sick 3. Apparently Healthy 5. Other

2. Injured 4. Out of Habitat

Date: _____ Rehabilitation Facility: _____

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 estimate

Weight: _____ kg lb actual estimate

PHOTOS/VIDEOS TAKEN: YES NO

Disposition: _____

TAG DATA

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 DISPOSAL (Check one or more)

1. Left at site 4. Rendered 7. Unknown

2. Buried 5. Sunk

3. Towed 6. Frozen for Later Examination

SPECIMEN DISPOSITION (Check one or more)

1. Scientific collection

2. Educational collection

3. Other: _____

Comments: _____

NECROPSIED YES NO Date: _____

NECROPSIED BY: _____

