

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 11/13/2012

Department of Commerce
National Oceanic and Atmospheric Administration
FOR CERTIFYING OFFICIAL: Simon Szykman
FOR CLEARANCE OFFICER: Diana Hynek

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 09/17/2012

ACTION REQUESTED: Extension without change of a currently approved collection
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 201207-0648-012
AGENCY ICR TRACKING NUMBER:
TITLE: NMFS Observer Programs' Information That Can Be Gathered Only Through Questions
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change
OMB CONTROL NUMBER: 0648-0593
The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 11/30/2015 DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	20,643	26,172	1,160
New	19,296	26,782	1,369
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	-1,347	610	209
Change Due to Potential Violation of the PRA	0	0	0

TERMS OF CLEARANCE: This ICR is approved for three years, during which time NOAA will work with OMB to develop a Generic Information Collection for the National Marine Fisheries Service's fisheries observer programs.

OMB Authorizing Official: Kevin F. Neyland
Deputy Administrator,
Office Of Information And Regulatory Affairs

List of ICs

IC Title	Form No.	Form Name	CFR Citation
		log, Protected species sighting log, Scallop dredge off-watch haul log, Scallop trawl gear characteristics log, Beach Sein Gear/Beach Anchored Gillnet Gear Characteristics, Gillnet Gear Log Front Page, Longline Gear Log (front page)	
North Pacific Groundfish Observer Program	NA, NA, NA, NA	Vessel/Plant Operator Comment Form, Vessel/Plant Operator Comment Card Follow-up Form, Tagged Fish and Crab Form, Safety checklist	50 CFR 679.50
Alaska Marine Mammal Observer program	NA, NA	Fishermen's comment card, Data release form	50 CFR 600.746, 50 CFR 229 Subpart A
At-Sea Hake Observer Program (Northwest)	NA, NA	Fishermen's Data Request Form, Safety checklist	50 CFR 660.314
WCGOP: West Coast Groundfish Observer Program	NA, NA, NA, NA, NA, NA, NA	Sablefish Tagged Fish Form, Safety checklist, Fishermen's data request form, Commercial sablefish specimen data form, West Coast Groundfish Catch Shares Catch Form, West Coast Groundfish Catch Shares Species Composition Form, West Coast Groundfish Catch Shares Trip Form	50 CFR 660.314
Pacific Islands Region Observer Program	NA, NA, NA, NA, NA, NA, NA	Trip expenditure form (captain), Placement meeting questions and checklist, Set haul log, Post-strip interview (observer evaluation), Gear configuration log, Trip specifications log, Placement checklist	50 CFR 665.28
Southeast Shark Fishery Observer Program	NA, NA, NA, NA	Observer notification form, Observer evaluation form, Reimbursement form, Safety checklist	50 CFR 222.401

List of ICs

IC Title	Form No.	Form Name	CFR Citation
Southeast Pelagic Observer Program	NA, NA, NA, NA, NA, NA	Reimbursement for for assistance with bluefin tuna samplin, Safety checklist with PRA statement, Observer Notification Form, Reimbursement for equipment expenses, Reimbursement for insurance expenses, Observer evaluation form	50 CFR 622.8, 229.7, and 222.401
Gulf of Mexico Reef Fish and Shrimp Observer Program	NA, NA	Reef fish: Selection letter, observer notification form, observer evaluation and safety checklist, Shrimp: selection letter, observer notificaion, observer evaluation and safety checklist	50 CFR 622.8, 229.7, and 222.401
Southwest Region Observer Program - Funded	NA, NA, NA	Safety checklist, Drift gillnet trip expenditure form, Pre-trip notification form	50 CFR 229 Subpart A
Southwest Region Observer Program - currently unfunded but requesting burden approval	NA, NA, NA	Pre-trip notification form, Safety checklist, Drift gillnet trip expense form	50 CFR 229 Subpart A
South Atlantic Snapper-Grouper Observer Program	NA	Reef fish selection letter, observer notification form, observer evaluation form and safety checklist	50 CFR 622.8

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. Agency/Subagency originating request	2. OMB control number b. <input type="checkbox"/> None a. _____ - _____
3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested (<i>check one</i>) a. <input type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____ c. <input type="checkbox"/> Delegated
	5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____
7. Title	
8. Agency form number(s) (<i>if applicable</i>)	
9. Keywords	
10. Abstract	
11. Affected public (<i>Mark primary with "P" and all others that apply with "x"</i>) a. ___ Individuals or households d. ___ Farms b. ___ Business or other for-profit e. ___ Federal Government c. ___ Not-for-profit institutions f. ___ State, Local or Tribal Government	12. Obligation to respond (<i>check one</i>) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ % c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>) a. ___ Application for benefits e. ___ Program planning or management b. ___ Program evaluation f. ___ Research c. ___ General purpose statistics g. ___ Regulatory or compliance d. ___ Audit	16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission) Name: _____ Phone: _____

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator, Deputy Assistant Administrator, Line Office Chief Information Officer, head of MB staff for L.O.s, or of the Director of a Program or StaffOffice)

Signature

Date

Signature of NOAA Clearance Officer

Signature

Date

**SUPPORTING STATEMENT
NMFS OBSERVER PROGRAMS' INFORMATION THAT CAN BE GATHERED ONLY
THROUGH QUESTIONS
OMB CONTROL NO. 0648-0593**

INTRODUCTION

The National Oceanic and Atmospheric Administration (NOAA) National Marine Fisheries Service (NMFS) deploys fishery observers on United States (U.S.) fishing vessels and to fish processing plants in order to collect biological and economic data. NMFS has at least one observer program in each of its six regions. These observer programs provide the only reliable and/or most effective method for obtaining information that is critical for the conservation and management of living marine resources. Observer programs primarily collect data through direct observations or through non-standardized oral communication in connection with such direct observations; and such collections are not generally subject to the Paperwork Reduction Act (PRA) (see [5 C.F.R. §§ 1320.3\(h\)](#)). However, observer programs also collect the following information that requires clearance under the PRA: (1) standardized questions of fishing vessel captains/crew or fish processing plant managers/staff (includes fish buyers/dealers), which include gear and performance questions, safety questions, and trip costs, crew size and other economic questions; (2) questions asked by observer program staff/contractors to plan observer deployments; (3) forms that are completed by observers and that fishing vessel captains are asked to review and sign; (4) questionnaires to evaluate observer performance; (5) forms to certify that a fisherman is the permit holder when requesting observer data from the observer on the vessel; and (6) information on reimbursement forms. Economic information not available during the trip may be requested via mail in a follow-up survey. NMFS has received PRA clearance to collect this type of information under the current OMB PRA approval 0648-0593 which expires September 30, 2012.

The primary authority for NMFS to place observers on fishing vessels is included in the [Magnuson-Stevens Fishery Conservation and Management Act](#) (MSA), the [Endangered Species Act](#) (ESA), and the [Marine Mammal Protection Act](#) (MMPA). Sec. 303(b)(8) of the MSA states that any fishery management plan which is prepared by any Council, or by the Secretary of Commerce (Secretary), with respect to any fishery, may require that one or more observers be carried on board a vessel of the United States engaged in fishing for species that are subject to the plan, for the purpose of collecting data necessary for the conservation and management of the fishery; Sec. 403(a) requires the Secretary to promulgate regulations for fishing vessels that carry observers; and Sec. 403(b)(1) requires the Secretary to establish programs to ensure that each observer receives adequate training in collecting and analyzing the information necessary for the conservation and management purposes.

Each observer program was subsequently authorized and implemented via MSA regulations: [50 CFR 600 Subpart H](#), [50 CFR 679 Subpart E](#), [50 CFR 648 Subpart A](#), [50 CFR 660](#) (Subparts C, E, F, I, K); [50 CFR 665](#) (Subparts B and C), [50 CFR 635 Subpart A](#), [50 CFR 622 Subpart A](#), [50 CFR 222 Subpart D](#), [50 CFR 229 Subpart A](#).

Similar authority to place observers on fishing vessels is provided by Sec. 118 of the MMPA (50 USC Part 229) and Parts 222 and 223 (USC) of the ESA.

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary.

Biological and economic information collection programs implemented by NMFS address statutory and regulatory mandates to conserve and manage living marine resources, which includes collecting information that may be used to: (1) monitor catch and bycatch; (2) understand the population status and trends of fish stocks and protected species, as well as the interactions between them; (3) determine the quantity and distribution of net benefits derived from living marine resources; and (4) predict the biological, ecological, and economic impacts of existing management measures and alternative proposed management measures.

In particular, these biological and economic information collection programs contribute to analyses required under the MSA, the ESA, the MMPA, the National Environmental Policy Act (NEPA), the [Regulatory Flexibility Act](#) (RFA), [Executive Order 12866](#). NMFS observer programs are often the only reliable and/or most effective means to collect the biological and economic information required to meet the legislative and regulatory mandates that define the NMFS stewardship responsibilities for the conservation and management of living marine resources.

The lack of more complete economic information in the majority of Federally managed fisheries has limited NMFS' ability to conduct these analyses and has led to lawsuits and regulatory challenges of fisheries policies in the last several years, resulting in overturned rebuilding objectives, biologically unsustainable total allowable catches, and eroded confidence in NMFS' decision making process and social sciences capability. Maintaining and expanding the fishery economic information collections will improve the scientific foundation of the Agency's policies and help decision makers weigh the economic impacts of their decisions.

It is important to note that a key feature of the Federal regulatory process is that NMFS cannot simply implement a regulation to achieve a conservation goal but instead must consider a suite of management alternatives. Economic analyses can identify the alternative that minimizes losses to stakeholders while still achieving conservation goals, allowing NMFS to be proactive, rather than reactive, in its resource management strategy.

Background

MSA

The MSA establishes eight Councils, each of which is charged with the preparation of a fishery management plan and plan amendments with respect to each fishery requiring management within its jurisdiction. Each fishery management plan (FMP) prepared by a Council, or by the Secretary, must contain conservation and management measures that are consistent with the

national standards, and any other applicable law [MSA Sec. 303(a)(1)(C)], and a description of the fishery including actual and potential revenues from the fishery [MSA Sec. 303(a)(2)]. The MSA authorizes FMPs developed by the Secretary or Council to require one or more observers be carried on board a fishing vessel engaged in fishing for species subject to the plan, for the purposes of collecting data necessary for conservation and management of the fishery [MSA Sec. 303 (b)(8)].

Acting under authorities provided in the MSA, the Councils and Secretary have implemented 47 FMPs, each of which addresses biological and socio-economic characteristics and issues associated with the fishery. For example, the Pacific Coast groundfish FMP includes a framework for the development and evaluation of management decisions having substantial socio-economic implications (Section 6.2.3 of the Pacific Coast Groundfish Plan (see Attachment A). Where management is necessary to address socio-economic issues, the Council must prepare a report, which addresses the achievement of goals and objectives of the FMP, biological and economic impacts and how the proposed action will address at least one of 15 items including: maintaining stability in the fishery, increasing economic yield, and increasing fishing efficiency. With respect to allocation actions, the Council must consider such factors as present participation in and dependence on the fishery, including alternative fisheries, historical fishing practices in and historical dependence on the fishery, as well as consistency with MSA national standards. FMPs prepared by other Councils address issues comparable to those addressed in the Pacific Coast groundfish FMP.

An observer program provides a very efficient method of collecting high quality information at the trip level. Economic information is required to determine what further improvements in safety are practicable.

Each FMP also relies on stock assessments to aid in managing the fishery, set harvest levels, prevent overfishing, and rebuild overfished stocks, as directed by MSA. Stock assessments determine whether changes in the population are due to natural or human-related causes and predict future trends in the population. The stock assessment process requires detailed information for each species, including size, age, gender, and number caught. Fishery biologists use the information provided by observer programs, along with other data sources such as research cruises and fishermen-reported data, to complete a stock assessment.

MMPA

The MMPA seeks to maintain marine mammal stocks at optimum sustainable population levels, principally by regulating the human-induced mortality and serious injury of marine mammals. This includes fishing-related mortality and serious injury. Although the MMPA prohibits the “take” of marine mammals, it provides exceptions for incidental mortality and serious injury during the operation of commercial fishing, as well as a limited number of other activities. “Take” is defined in the MMPA as, “to harass, hunt, capture, or kill, or attempt to harass, hunt, capture, or kill any marine mammal” (16 U.S.C. § 1362 (13)). In 1994, Congress amended the MMPA to include Section 118, which established a regime to regulate the take of marine mammals incidental to commercial fishing so that it does not occur at a level that jeopardizes a marine mammal stock’s ability to reach its “optimum sustainable population”, defined as “the

number of animals which will result in the maximum productivity of the population or the species, keeping in mind the carrying capacity of the habitat and the health of the ecosystem of which they form a constituent element” (16 U.S.C. § 1362(9)).

Section 118 of the MMPA requires that NMFS classify each U.S. commercial fishery according to whether there is a frequent (Category I), occasional (Category II), or a remote (Category III) likelihood of incidental mortality and serious injury of marine mammals. It also requires the establishment of take reduction teams to develop take reduction plans (TRPs) for those fisheries with the greatest impact on marine mammal stocks (Category I and Category II). Participants in Category I or II fisheries are required to register with NMFS, take on board an observer if requested by NMFS [Sec. 118 3(B)], and comply with all applicable TRP regulations.

The MMPA establishes both short-term (six month) and long-term (five year) goals for marine mammal bycatch reduction. Take Reduction Plans are required to reduce, within six months of implementation, the incidental mortality or serious injury of marine mammals incidentally taken in the course of commercial fishing operations to levels less than a stock’s potential biological removal (PBR) level. Within five years of implementation, TRPs are required to reduce the mortality or serious injury of marine mammals incidentally taken in the course of commercial fishing operations to insignificant levels approaching a zero mortality and serious injury rate (commonly referred to as the Zero Mortality Rate Goal or ZMRG), taking into account the economics of the fishery, the availability of existing technology, and existing state or regional fishery management plans (16 U.S.C. § 1387(f)).

ESA

The ESA requires the Federal government to protect and conserve species and populations that are endangered or threatened with extinction, and to conserve the ecosystems on which these species depend. Some threatened and endangered species, including all sea turtle species and certain species of salmon, seabirds, and marine mammals, are captured as bycatch in commercial and recreational fisheries. The ESA requires development of a recovery plan that identifies criteria and actions to recover each listed species. Recovery plans for marine species generally include reducing incidental capture of protected species in fishing operations as a priority-one action, which is necessary to prevent extinction or irreversible declines. In some cases, fisheries can be restricted or terminated because they incidentally take protected species and impede recovery of the listed population. Other provisions of the ESA ensure that sources of mortality for protected species are identified and minimized or mitigated.

ESA Section 9 prohibits the take of endangered species within the United States or the territorial sea of the United States, and on the high seas. “Take” is defined by the ESA as “to harass, harm, pursue, hunt, shoot, wound, kill, trap, capture, or collect, or attempt to engage in any such conduct” (16 U.S.C. 1536(18)). ESA Sections 4, 6, 7, and 10 provide exceptions to the take prohibition of ESA-listed species. Of particular relevance for fisheries bycatch is Section 7, which provides that “Each Federal agency shall ... insure that any action authorized, funded, or carried out by such agency ... is not likely to jeopardize the continued existence of any endangered species or threatened species or result in the destruction or adverse modification of habitat of such species ...” (16 U.S.C. §1536(a)(2)).

Under Section 7(a)(2) of the ESA, Federal agencies must consult with NMFS on activities that may affect a listed species. For Federally managed fisheries, NMFS must formally consult with itself on the effects fisheries management plans may have on listed species and their critical habitat. These interagency, or Section 7, consultations are designed to assist Federal agencies in fulfilling their duty to ensure their actions do not jeopardize the continued existence of a species or destroy or adversely modify critical habitat. Should an action be determined by NMFS to jeopardize a species or adversely modify critical habitat, NMFS will suggest Reasonable and Prudent Alternatives (RPAs) that would not violate Section 7(a)(2). Biological Opinions document NMFS' opinion as to whether the Federal action is likely to jeopardize the continued existence of listed species, or result in the destruction or adverse modification of critical habitat. Where appropriate, biological opinions provide an exemption for the "take" of listed species while specifying the extent of take allowed, the Reasonable and Prudent Measures (RPMs) necessary to minimize impacts from the Federal action, and the Terms and Conditions with which the action agency must comply. These RPMs may include observer program coverage.

In 2007, the NMFS Office of Protected Resources developed a regulation requiring vessels fishing in areas in state or Federal waters where sea turtles may be present and interactions likely to occur to carry observers when requested to do so by NMFS [ESA Sec. 222 and 223]. Previous ESA regulations only allowed for limited, temporary monitoring of vessels suspected of sea turtle interactions, usually only after an emergency event, such as a mass sea turtle stranding, or under a Biological Opinion. Consequently, NMFS has had to rely on MMPA and MSA authorities to obtain observer coverage in some fisheries. This approach has not always allowed the agency to monitor fisheries it needed to (e.g., non-Federal MMPA Category III fisheries) or to design monitoring programs to optimize data collection of sea turtle bycatch data. The 2007 regulation has enabled NMFS to learn more about interactions between fishing operations and sea turtles, to evaluate existing measures to reduce sea turtle takes, and to determine whether additional measures to address sea turtle bycatch may be necessary.

Requirements for economic analysis are also included in the ESA. For example, to designate critical habitat, and make revisions thereto, the Secretary is to consider the economic impact [Sec. 4(b)(2)].

NEPA

NEPA requires Federal agencies to consider the interactions of natural and human environments, and the impacts on both systems of any changes due to governmental activities or policies. This consideration is to be done through the use of "a systematic, interdisciplinary approach which will ensure the integrated use of the natural and social sciences in planning and in decision-making" [NEPA Sec. 102(2)(A)] and, further, to "identify and develop methods and procedures,, which will insure that presently unquantified environmental amenities and values may be given appropriate consideration in decision making along with economic and technical considerations" [NEPA Sec. 102(2)(B)]. In addition, NOAA's NEPA implementation guidelines require that the environmental impact statement (required under NEPA Sec. 102(2)(C)(i)) must include biological, ecological, economic, and social consequences.¹ The

¹ For NOAA's NEPA implementation guidelines see, NOAA Administrative Order (NAO) 216-6, "Environmental

observer programs provide some of the information that is required to meet these NEPA requirements.

EO 12866

EO 12866 requires an assessment of all costs and benefits of available regulatory alternatives. Under EO 12866, when choosing among regulatory approaches, agencies should select those approaches that maximize net benefits [EO 12866 Sec. 1(a)]. In addition, EO 12866 states that "Each agency shall base its decisions on the best reasonably obtainable scientific, technical, economic and other information concerning the need for, and consequences of, the intended regulation" [EO 12866 Sec. 1(b)(7)].

This executive order, combined with the MSA national standard on use of best scientific information available, obligate NMFS to seek clearance for the collection of the information necessary to meet decision standards set out in the national policies outlined above. Regardless of what action the Councils and Secretary take with respect to management of Federal fisheries for 2009 and beyond (including no action alternatives), biological and economic information is needed to meet the requirements listed above; and, in many cases, the NMFS observer programs are the only reliable or most effective sources for such information.

RFA

Whenever an agency is required to publish general notice of proposed rulemaking for any proposed rule, it is required to prepare an initial regulatory flexibility analysis that describes: (1) the impact of the proposed rule on small entities [Sec. 603(a)] and (2) any significant alternatives to the proposed rule which accomplish the stated objectives of applicable statutes and that minimize any significant economic impact of the proposed rule on small entities [Sec. 603(c)]. Each final regulatory flexibility analysis is required to describe the steps the agency has taken to minimize the significant economic impact on small entities consistent with the stated objectives of applicable statutes [Sec. 604(a)(5)]. In addition, several Sections of the RFA require Federal agencies to analyze the effects of regulations to determine whether an action will have or has had "a significant economic impact on a substantial number of small entities". For example, "Each year, each agency shall publish in the Federal Register a list of the rules which have a significant economic impact on a substantial number of small entities" [Sec. 610(c)]. Cost and revenue information for the specific activity in question (fish harvesting and processing), as well as some level of general information on the full range of income producing activities in which firms are engaged are necessary to effectively conduct these types of RFA analyses.

Other Information Collections from the Same Universe of Respondents

NMFS and state fishery management agencies collect information that will be used in conjunction with the information that will be provided by this collection. For example, the landed catch and effort data that are collected by the state agencies and the data obtained by observer programs through direct observations or through nonstandardized oral communication in connection with such direct observations are used with the gear and performance information

Review Procedures for Implementing the National Environmental Policy Act," May 20, 1999.

provided by this collection to estimate bycatch and total catch. Similarly, the information on the physical and operational characteristics of fishing vessels are used to test for, and as necessary adjust for, any sampling bias for the observed vessels and trips. This is important, for example, when logbook or landings data are used to extrapolate observed bycatch to unobserved portions of the fishery. In addition, observer programs provide an independent data source that can be used to verify the accuracy of information obtained by self reporting programs, such as logbook and landings report programs.

Coordination among NMFS and state information collections for the fisheries is used to consolidate requirements on the respondents to this collection. The Interstate Commissions were created in part to facilitate such coordination.

2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with all applicable Information Quality Guidelines.

How the information will be used

The information collected will be used to: (1) monitor catch and bycatch in Federally managed fisheries; (2) monitor interactions with protected resources (e.g., marine mammals and sea turtles); (3) understand the population status and trends of fish stocks and protected species, as well as the interactions between them; (4) determine the quantity and distribution of net benefits derived from living marine resources; (5) predict the biological, ecological, and economic impacts of existing management measures and alternative proposed management measures.

Comprehensive catch and bycatch information is an essential component of all stock assessments and is necessary for the development of effective fisheries and protected resource management strategies. At-sea observer programs are the most reliable method of collecting bycatch information. The MSA requires implementation of annual catch limits for all Federally managed fisheries. Bycatch data collected by at-sea observer programs are an essential component in the estimation of total catch because bycatch approaches or exceeds landed catch in some fisheries and is a significant part of the total catch in many other fisheries. Analysis of catch, bycatch, and fishing effort information collected by observers also supports development of and recommendations within Take Reduction Plans, Biological Opinions, and Fishery Management Plans. Observer data are also used to assess the impact of experimental fisheries, monitor the effectiveness of bycatch reduction technologies, and enforce fisheries regulations.

In general, analysis of catch and bycatch, cost, revenue, and employment information for fishing vessels will assist analysts in estimating:

1. Environmental impacts of proposed regulations
2. Net economic value to the nation
3. Economic health of the fishery
4. Effects on business efficiency
5. Community economic impacts

6. Firms' economic dependence on the fishery
7. Economic impacts of proposed regulations, including area closures, gear restrictions, and catch or bycatch restrictions
8. Distribution of economic impacts from proposed regulations and, in particular, the significance of impacts on small businesses
9. Likelihood of bankruptcies
10. Effects on international competitiveness.

The following is a summary of the need for each type of question.

Safety Questions: Safety information is required to ensure that an observer can be safely deployed on a specific fishing vessel or stationed at a specific processing plant and work safely once assigned to a specific vessel or plant.

Other Pre-Deployment/Logistical Questions: Pre-deployment questionnaires are utilized by observer program staff when a vessel is selected to be observed. The responses provide critical information on vessel departure point, return point, and communications (to coordinate observer deployment); planned fishing locations (in order to ensure that appropriate coverage levels are achieved for all areas); and Commercial Fishing Vessel Safety Decal number (Decals are required for all vessels in an observed fishery).

Vessel Characteristics: Information on vessel characteristic (e.g., vessel name, permit or license number, documentation number, length, year built, hull construction, tonnage, horsepower) is necessary to help identify specific vessels. While much of the information on physical descriptors such as hull type, tonnages, and length are available from other sources, these data are often outdated, missing or conflicting. Such information can be used in stratifying vessels; and, as noted above, vessel characteristics information is used in assessing and adjusting for any bias in the selection of the vessels that are observed.

Ownership: The vessel owner's name and address are collected for contact information. Questions regarding ownership are useful in terms of social interest; however, evaluation of owner participation also plays a role in predicting whether marginal vessels will stay in business. For example, the owner of a vessel with zero or slightly negative net profits may decide to remain in the fishery if the owner is deriving a wage from personally operating a vessel. On the other hand, an owner who hires a skipper may be more likely to choose to exit the fishery under a similar circumstance.

Effort/Gear Descriptors: These questions are useful in helping the analyst describe and quantify effort on the fishing grounds in terms of the types and amounts of gear deployed. This information could be used in developing models of efficient fleet size to support such activities as fleet reduction programs, as well as provide information on the level of capitalization within the various sectors of a fishery. Effort information often is collected through direct observations, which includes obtaining the information from the fishing vessel's logbook. However, if a vessel is not required to maintain a logbook that the observer can access (e.g., in state fisheries with MMPA observers), the observer asks questions to obtain that information from the captain/crew. Effort information and gear descriptors are used to estimate and extrapolate catch

and bycatch for unobserved hauls and unobserved portions of the fleet, where coverage levels are less than 100%. Even where coverage levels are 100%, this information is still necessary, as some vessels may be considered un-observable due to safety concerns.

Trip Level Operating Costs: This information is necessary to estimate the net value of participation in the fishery; calculate producer surplus and short-run economic and financial profit measures; assess the change in net benefits caused by proposed management actions; and is used in the Fishery Economic Assessment Model and IMPLAN² Model to estimate economic impacts.

Catch/Revenue: As noted above, the MSA requires FMPs to contain a description of the fishery including actual and potential revenues from the fishery. Revenue information, in conjunction with cost information, is necessary to derive net economic value. Additionally, revenue information from all activities can be used to allocate fixed costs between different activities and as part of the assessment of relative dependence on the fishery.

For vessels delivering to motherships, these questions are particularly important because in some fisheries there are no fish ticket records for at-sea landings. Information on revenue from other fisheries is needed because of similar deficiencies in fish ticket records, and the lack of access to confidential information for fisheries in some states.

In addition, if the respondents calculate their net income based on their other answers and the result is out-of-line with their experience, they may stop to consider whether they have answered the preceding questions on costs and revenue correctly and entirely. Further, if respondents provide previously calculated net income without checking for consistency, or analysts compare the reported values with fish ticket revenue information where available, analysts may derive a result different from the survey responses alerting them to some degree of incompleteness in either the survey or the responses to the questions.

Regional Impact: One assumption generally made in assessing impacts on coastal communities is that all employees live in the coastal area of the vessel's homeport and, consequently, crew share is spent in the vessel's homeport. Similarly, current models assume all impacts occur in the port of landing or in a homeport (for vessels delivering to motherships). This information is particularly important in assigning community impacts for vessels delivering to motherships but is also useful when the vessel is active in multiple ports. While this simplifying assumption was useful in the early development of the models used in fisheries income impact assessments, more recent versions of these models allow analysts to relax this assumption. The information solicited by these questions is necessary to make use of this ability to more accurately estimate the distribution of effects. These questions are intended to address the issue with better quality information that is more evenly distributed across sectors.

² The Fishery Economic Assessment Model and IMPLAN® (IMpact analysis for PLANning) are economic impact assessment modeling systems, which allows the user to build economic models to estimate the impacts of economic changes in their states, counties, or communities.

Crew Size: This information is of interest in terms of effect on the fishing community and general community employment. Income-related questions will allow a systematic assessment of the degree to which individuals are engaged and dependent on fishing-related activities.

Information users and purpose and frequency of use

The information will be used by NMFS staff, as well as by others who are authorized to access this confidential information. It will be used for the purposes of developing, implementing, revising, and monitoring fishery management plans and actions that are taken in support of the MSA, MMPA, and ESA. The information will be used on a frequent and ongoing basis in meeting NMFS stewardship responsibilities identified in the MSA, MMPA, ESA, NEPA, other applicable law, and treaties.

Complies with all applicable information quality guidelines

NMFS will retain control over the information and safeguard it from improper access, modification, and destruction, consistent with NOAA standards for confidentiality, privacy, and electronic information. See response to Question 10 of this Supporting Statement for more information on confidentiality and privacy. The information collection is designed to yield data that meet all applicable information quality guidelines. Although the information collected will not be disseminated directly to the public, results may be used in scientific, management, technical or general informational publications. All such uses of this information will be subject to: (1) the quality control measures and pre-dissemination review pursuant to [Sec. 515 of Public Law 106-554](#) (Information Quality Act) and (2) [NOAA Information Quality Guidelines](#) for ensuring and maximizing the quality, objectivity, utility, and integrity of information which it disseminates. Among other things, the NOAA guidelines establish an administrative mechanism allowing affected persons to seek and obtain correction of information that does not comply with OMB or NOAA applicable guidelines.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.

Typically, the information is collected during brief conversations between the observer and the captain/crew of the fishing vessel; and the form or list of questions is not given to the captain/crew; instead, it is used by the observer to ensure that the appropriate questions are asked. Therefore, in this case, the electronic submission of responses is not possible. In most cases, the forms or lists of questions are included in the observer manuals. Manuals can be found on the National Observer Program webpage:

http://www.st.nmfs.noaa.gov/st4/nop/Observer_training_resources.html.

The major exceptions are the questions observer program staff/contractors ask fishing vessel permit holders/captain in order to plan observer deployments, the questions that are asked to evaluate observer performance, and the reimbursement forms (e.g., for the purpose of reimbursing the captain/owner for observer meals). The first can include questions concerning the logistics of planned fishing trips, vessel safety, vessel call numbers, and means of reaching

the vessel at sea in case of emergencies. Often, the potential respondents are mailed a form and asked to complete it and return it by fax. The reimbursement forms typically are mailed or handed to the vessel captain and returned by mail to the service provider.

In two regional observer programs, NMFS has implemented the ability download and submit electronic observer evaluations. One observer program is planning on placing a secured lock box at the main fishing dock where fishermen can deposit their observer evaluation. Three other programs anticipate completing the electronic submission of the forms using the Internet in 6 months or less.

Observers typically use paper forms because the technology for electronic data entry at sea is very expensive and not available in all cases. However, NMFS has begun to expand the use of electronic data entry by observers. For example, the Northeast Fishery Observer Program (NEFOP) has begun to record data electronically on rugged laptops or handheld devices such as IPAQs from which data can be transmitted wirelessly. Similarly, the West Coast Groundfish Observer Program (WCGOP) has begun testing handheld devices for use in automatic, electronic data collection. Laptops/handhelds will be phased in over a two to three year period for all WCGOP at-sea data collection.

Non-confidential summaries of the information will often be made available to the public over the internet.

4. Describe efforts to identify duplication.

Federal and State collection programs were reviewed to ensure that the questions covered in this collection request do not duplicate information provided by other collection programs. The economic, gear, safety, and other questions asked by observers were designed to provide types of information that are not available from or similar to the information provided by other collection programs. An extensive consultative process is used by each NMFS observer program to determine if the information is available from another collection program. In most cases, this determination is made through an open public process that includes input from a NMFS Regional Office, a NMFS Fisheries Science Center, a Council (including its Scientific and Statistical Committee and other advisory panels), an Interstate Commission, one or more State fishery management agencies, the fishing industry, environmental organizations, and others interested in or affected by the conservation and management of living marine resources.

5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.

Since most of the respondents are considered small businesses, separate requirements based on size of business have not been developed. The methods used to minimize the burden include: (1) limiting the questions that are asked; (2) asking questions that can be answered readily and that do not require additional recordkeeping costs; (3) having the observer ask the questions at times that are convenient for the captain/crew of the fishing vessel; and (4) using plain, coherent, and unambiguous terminology that is understandable to respondents.

6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.

Fisheries observers are trained biologists who monitor and record catch and bycatch data and collect other biological and economic data from U.S. fishing vessels and processing facilities. Data from observers are used to understand the population status and trends of fish stocks and protected species, as well as the interactions between them. Observer data are necessary for determining levels of bycatch of protected species and non-target fish stocks, which can be a major factor affecting mortality rates and, thus, population status and recovery of protected species. Information on target species, gear types used, fishing vessel locations, etc. are necessary to calculate fishing effort, an important component of bycatch estimation. When these data cannot be collected through direct observation (such as when an observer is off-duty), or when the information is known only to the captain and crew (e.g., target species), questions must occasionally be asked of the captain/crew. This includes questions that are asked in order to: (1) ensure the effectiveness and efficiency of the observer programs and (2) maintain the safety of fisheries observers aboard fishing vessels and at processing plants. To effectively and efficiently meet the NMFS stewardship responsibilities, including those identified in the MSA, MMPA, ESA, and NEPA, NMFS observer programs must continue to collect these data.

Trip level economic data, including cost, revenue, and employment data, are among the data required to monitor and predict the economic effects of specific conservation and management actions. Therefore, the ability of NMFS to design and implement actions that will assist in meeting its stewardship responsibilities for living marine resources and their habitat would be limited severely if observer programs do not continue to collect this information.

The gear, safety, and other noneconomic questions asked by observers are critical for the safety of the observers or are used to make the information gathered by observers through direct observation more useful. Therefore, these questions are required for safe and effective observer programs, without which, some of the key biological and economic information used in meeting the Agency's stewardship responsibilities would not be available.

Most of the requested information is trip specific, can vary by trip, and is used with directly observable or reported trip level data to monitor the biological and economic characteristic of observed fishing trips and to estimate the characteristics of unobserved trips. In some cases, haul-specific target, gear, catch, and effort questions are asked to expand the information for observed hauls to all hauls during a trip. Therefore, if the collection is conducted less frequently, the Agency's ability to effectively monitor the full trip characteristics of observed trips and to estimate the characteristics for unobserved trips would be decreased substantially.

There are no special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.

7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.

The collection will be conducted in a manner consistent with OMB Guidelines.

8. Provide information on the PRA Federal Register Notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments. Describe the efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

A Federal Register Notice published on March 26, 2012 (77 FR 17458) solicited public comment on this collection.

Two comments were received. One commenter stated that the information is essential for understanding how fishermen operate, the level of fishing effort involved, and the potential for fishery-marine mammal interactions. The commenter also noted that the information is essential for developing and evaluating measures to protect marine mammals from serious injury and mortality as a result of fishery bycatch and the continued collection of the information is necessary and appropriate. Another commenter requested all of the information collection documents referenced in the Federal Register. A copy of the forms was provided.

Currently: All regions have either fishermen's comment cards for captains to send to NMFS, or evaluation forms to be completed after a trip. These forms cover communication between observer and crew, general observer behavior, requests for forms completed by the observer, and provide a space for additional comments.

Previously:

A number of people, both within agencies and the industry were consulted on the types of data elements necessary and available, recordkeeping disclosures, confidentiality of the data and timing of data collection exercises.

Each observer program included an extensive consultative process to determine: (1) whether the information is available from another collection program; (2) whether an observer program is the appropriate data collection mechanism; (3) the appropriate frequency of collection; (4) whether the instructions and recordkeeping requirements were clear; (5) the appropriate disclosure rules and or reporting format; and (6) what data elements should be included in this collection. In most cases, these determinations were made through an open public process that included input from a NMFS Regional Office, a NMFS Fisheries Science Center, a Council (including its Scientific and Statistical Committee and other advisory panels), an Interstate Commission, one or more State fishery management agencies, the fishing industry, environmental organizations, and others interested in or affected by the conservation and management of living marine resources. That consultative process typically is also used to review each collection program and suggest improvements to it.

9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.

No payments or gifts are made.

10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.

Information obtained through this collection for fisheries conservation and management will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. Information provided through this collection for monitoring incidental takes of marine mammals will be kept confidential as required under Section 118(d)(8) of the MMPA (16 U.S.C. 1387(d)(8)) regulations at 50 C.F.R. Part 229, Subpart A and [NOAA Administrative Order 216-100](#), Confidentiality of Fisheries Statistics.

Observers are trained to provide this assurance of confidentiality as part of their trip protocol. NMFS has recently published a proposed rule on confidentiality. Once final guidance is provided, NMFS will draft a standard letter and provide to observers that clarifies the confidentiality requirements.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

There are no questions of a sensitive nature.

12. Provide an estimate in hours of the burden of the collection of information.

The estimates are of the average annual burden hours that would occur in the next three years (approximately October 2012 - September 2015) under the current and planned collection of each NMFS observer program for the following six types of information collections: (1) standardized questions of fishing vessel captains/crew or fish processing plant managers/staff; (2) questions asked by observer program staff/contractors to plan observer deployments; (3) forms that are completed by observers and that fishing vessel captains are asked to review and sign; (4) questionnaires to evaluate observer performance; (5) a form to certify that a fisherman is the permit holder when requesting observer data from the observer on the vessel; and (6) information on reimbursement forms.

Some questions (e.g., target species for a set and catch for unobserved sets) are set-specific and asked several times during a trip. Some questions are asked once per trip or deployment. Other questions are asked only on trips in which the observer cannot collect the information through direct observations or through nonstandardized oral communication in connection with such direct observations. **There are 13,295 active vessels (unduplicated respondents) in observer programs. The estimate of total burden hours (26,783 hours – rounded down to 26782 in ROCIS) is based on: (1) the projected number of observed trips (19,296 trips); (2) the expected response rates (97% overall); and (3) an estimate of the average burden minutes per trip**

if all the questions that were asked on or associated with a specific trip were answered (about 67 minutes), including the questions asked at fish processing plants.

Table 1. Average annual burden estimates for all six NMFS Observer Program, 2012-2015.

	Alaska		Northeast		Northwest		
	NPGOP	AMMOP	NEFOP	ASM	ASHOP	WCGOP	WC Trawl Catch Shares
Active vessels in fisheries with a NMFS observer program	1,350	480	1,450	740	15	1,400	139
Observed vessels	264	36	1,338	700	15	1,000	139
Planned observed trips	4,895	250	5,550	4,000	110	1,459	2,027
Fish processing plants in fisheries with a NMFS observer program	62						
Observed fish processing plants	20						
Other fish processing plants contacted	0						
Burden minutes/trip	55	15	112	112	21	53	53
Estimated burden hours with 100% response	4,487	63	10,360	7,467	39	1,240	1,723
Response rate	99%	95%	95%	95%	99%	99%	99%
Response rate adjusted estimated burden hours	4,442	59	9,842	7,092	39	1,228	1,706

NPGOP: North Pacific Groundfish Observer Program

AMMOP: Alaska Marine Mammal Observer program

NEFOP: Northeast Fisheries Observer Program

ASM: At-Sea Monitors

ASHOP: At-Sea Hake Observer Program (Northwest)

WCGOP: West Coast Groundfish Observer Program

Table 1. Continued.

Pacific Islands	Southeast				Southwest		All NMFS Observer Programs
	PIROP	SESFOP	SEPOP	GOM-RFSOP	Snapper-Grouper (Unobserved)	SWROP	
194	175	80	3,577	2339	156	1,200	13,295
142	85	62	164	349	36	160	4,490
386	180	150	244	349	48	405	20,053
							62
							20
							0
81	70	80	105	105	60	60	67
521	210	200	427	611	48	405	27,800
95%	100%	100%	100%	100%	95%	95%	97%
495	210	200	427	611	46	385	26,783

PIROP: Pacific Islands Region Observer Program
 SESFOP: Southeast Shark Fishery Observer Program
 SEPOP: Southeast Pelagic Observer Program
 GOMRFSOP: Gulf of Mexico Reef Fish and Shrimp Observer Program
 Snapper-Grouper: Gulf of Mexico Snapper-Grouper (currently unfunded)
 SWROP: Southwest Region Observer Program

The burden hour estimates are for all the NMFS observer program information collections that require a PRA clearance.

The estimated burden minutes per trip are of the amount of time on average for a trip that is actually taken up by asking questions in this collection and responding to them. The burden hours for processing plants are included in the burden per trip estimates. Alaska is the only Region in which observers are deployed at processing plants. However, in that and other Regions, an observer who has been deployed on a fishing vessel may request minimal information from a processing plant, such as the fishticket number for a fishticket (landings report) for the trip that was just observed. For the purpose of this collection, the term “fish processing plant” includes fish buyers/dealers.

13. Provide an estimate of the total annual cost burden to the respondents or record-keepers resulting from the collection (excluding the value of the burden hours in Question 12 above).

Capital and Start-Up Costs

There are no start-up, capital, or maintenance costs associated with this collection. No new or specialized equipment is needed to respond to this collection. Most of the information is collected by observers directly from fishing vessel captains/crews through one or more brief conversation during a fishing trip when it is convenient for the captain/crew. Gathering and maintaining the information in this collection is part of the customary and usual business practices of fishing vessel captains/crews. This is also true for the limited information obtained from processing plant managers/staff, as well as the pre-deployment information obtained from fishing vessel operators or permit holders.

Operations and Maintenance Costs

Excluding labor costs, the total operations and maintenance costs will be limited to approximately \$1,369, which is the cost of mailing or faxing the pre-deployment information for about 600 fishing trips (rest by local calls) and reimbursement forms to NMFS or the service providers.

Costs have increased from 1,160 to 1,369, due to increased postal rates.

14. Provide estimates of annualized cost to the Federal government.

This collection imposes no additional costs beyond staff time.

15. Explain the reasons for any program changes or adjustments.

Adjustments: Decrease in respondents, from 20,294 to 13,295, due to decrease in size of more than one fleet. Responses also decreased, from 20,643 to 19,296. However, hours have increased, from 26,172 to 26,783, due to mainly to increased response rates in several programs, with a total compliance rate of 97%, as opposed to the previous 93%.

16. For collections whose results will be published, outline the plans for tabulation and publication.

The information collected is not expected to be disseminated directly to the public; however, results may be used in scientific, management, technical, or general informational publications. All such uses will be subject to the quality control measures and pre-dissemination review pursuant to: (1) Sec. 515 of Public Law 106-554 (Information Quality Act); (2) NOAA Information Quality Guidelines for ensuring and maximizing the quality, objectivity, utility, and integrity of information which it disseminates; and (3) the previously mentioned information confidentiality requirements of the MSA and MMPA.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.

Not Applicable.

18. Explain each exception to the certification statement.

Not Applicable.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Describe (including a numerical estimate) the potential respondent universe and any sampling or other respondent selection method to be used. Data on the number of entities (e.g. establishments, State and local governmental units, households, or persons) in the universe and the corresponding sample are to be provided in tabular form. The tabulation must also include expected response rates for the collection as a whole. If the collection has been conducted before, provide the actual response rate achieved.

The information will be collected for a fishing vessel from its Federal permit holder, captain, or crew; or it will be collected for a fish processing plant from its manager or staff. Therefore, fishing vessels and processing plants are the entities for which information will be collected. The potential respondent universe is the set of fishing vessels and fish processing plants that operate in the fisheries with NMFS observer programs. It is estimated that on average there will be approximately 10,956 active fishing vessels and 900 fish processing plants in such fisheries in 2012-2015. From this universe, the sample sizes are expected to be 4,141 active fishing vessels and about 155 processing plants; however, observers are expected to be deployed at only 20 processing plants, all of which are in Alaska. Other fish processing plants in the sample will be contacted and on average asked less than one question per trip for the fishing vessels delivering to the plant. Some questions are asked once a trip, some are asked several times during a trip to collect haul/set specific information, and others are only asked on trips for which the information cannot be collected readily through direct observation or through nonstandardized oral communication in connection with such direct observations. For the purpose of this collection, all the information collected for or associated with a single trip or deployment to a fish processing plant is considered one response. For example, the pre-deployment information, the information provided to an observer, the information in a completed observer evaluation survey, and any reimbursement and data release information provided for a specific trip is considered to be one response. Therefore, the expected number of responses (19,904) is the sum of the number of observed trips and the number of observer deployments or data collections from fish processing plants. Similarly, some information is expected to be provided for each observed vessel (i.e., each vessel with an observer for one or more trips) and for each observed or contacted fish processing plant; therefore the total number of respondents is expected to be 4,161.

2. Describe the procedures for the collection, including: the statistical methodology for stratification and sample selection; the estimation procedure; the degree of accuracy needed for the purpose described in the justification; any unusual problems requiring specialized sampling procedures; and any use of periodic (less frequent than annual) data collection cycles to reduce burden.

Statistical Methodology for Stratification and Sample Selection

Fisheries may occur year-round, or may be seasonal in nature. Before an observer program is implemented for a fishery, coverage levels and sampling methods are determined. Resources generally do not allow the deployment of observers on all fishing vessels and all trips in an observed fishery. Because only a portion of the vessels or trips is observed, observer programs have developed methods to achieve a representative sample. Due to variations in fisheries (e.g. gear types used, length of fishing trip, area of fishery), the sampling methods vary between programs. Specific details by fishery are presented in Attachment B.

In general, programs identify primary, secondary, and tertiary sampling units (e.g. vessel, trip, and haul/set) and establish sampling frames to meet coverage requirements. Coverage levels for fisheries may be specified by regulation, determined by available resources and program costs, or set to meet certain precision targets (e.g. 30% coefficient of variation (CV) for protected species).

The vessel sampling frame is often derived from a list of active fishing vessels or fishing permits. Programs may stratify the sample by area, gear type, calendar quarter, and/or other variables. Vessel selection methods include census; stratified random sampling (with or without replacement); systematic random sampling, or ad hoc sampling, including at times opportunistic sampling. Once a vessel has been selected for coverage, an observer is assigned to a trip. Observers stay with the vessel for the entire trip. Sampling may occur for all hauls/sets, or observers may use sampling schemes (e.g. a random breaks table) to determine which hauls/sets to sample or sub-sample.

The Estimation Procedures

Some types of information, such as the safety, pre-deployment, and gear or vessel characteristics information, are not collected for statistical estimation purposes, other than perhaps for stratification purposes, but rather to provide vessel, haul, or trip-specific information. For example, the safety information is used to ensure that a vessel meets observer program's safety standards before an observer is deployed to or embarks on a specific vessel. Similarly, pre-deployment information (e.g. the expected date, time, and location of a vessel's departure) is used to ensure that observers can be effectively and efficiently deployed.

Other information collected from the observed vessels and trips will be used to estimate biological variables (e.g., catch and bycatch) and economic variables (e.g., variable operating cost and employment) for the fishery as a whole. In this case, the estimation process relies on the stratification of observed vessels and trips, as well as unobserved vessel and trips, based on physical and operational characteristics of the both sets of vessels and trips. Often ratio estimators are used and applied by stratum. For example, the ratio of discarded catch to landed catch for observed trips and estimates of landings for all trips from landings reports is often used to estimate the discarded catch associated with all landings. Other estimates are based on multivariate functional relationships that are estimated based on data for observed vessel and trips and then applied to other vessels and trips. These are but two generic methods that make use of the observer information for estimation purposes. The methods, which can vary by program, circumstances (e.g. the availability of auxiliary information for all trips and vessels), and the variable(s) to be estimated, typically are subject to external review. That review can include a Council's Scientific and Statistical Committee or the review that is required for a paper to be accepted for publication.

The Degree of Accuracy Needed For the Purpose Described In the Justification

The desired degree of accuracy, and corresponding desired sample size and response rate, depend upon the application for which the data are being used. A basic application of the survey data will be the inference of unobserved population or sub-population mean values from the observed sample mean values. The expected sample sizes and response rates, which are limited by a variety of factors, will result in estimates that are sufficiently accurate for many purposes. For example, given a population of 1,450 vessels in the Federally managed Northeast fisheries covered by the Northeast Fisheries Observer Program and assuming a margin of error of 5% and a confidence level of 90%, the minimum sample size is 229 vessels. If the confidence levels are increased to 95% and 99%, minimum sample sizes increase to 304 and 456, respectively. The largest of these minimum sample size scenarios (a sample size of 456) can be reached with a response rate of about 41.5% of the 1,100 fishing vessels in the Federally managed fisheries that are expected to be observed on average in 2013-2015. The other 238 fishing vessels that will be observed will be in state managed fisheries.

Two reasons can be identified for desiring higher response rates than those needed to support inference of population means from sample means. First, data from this survey will be used to develop a variety of economic models covering applications such as fleet efficiency and fishery participation. In these applications, error will arise not only from how well the data used for model development represents the population, but also from model specification and estimation. Because it is not possible to completely avoid specification and estimation error in model development, there is good reason to desire a higher response rate and higher degree of accuracy in the data collection process. Second, future applications of the data may require further disaggregating the population into smaller groups according to factors such as state of operation, gear type, or vessel size. Identification of all such future disaggregated data needs is not possible at the present time. A higher response and higher degree of accuracy in the current data collection process will facilitate such future population disaggregation.

Any Unusual Problems Requiring Specialized Sampling Procedures

There are multiple objectives for observer programs and both the nature of and priority for specific objectives can differ by observer program or by fishery. Meeting the diverse objective of a specific observer program can require specialized sampling procedures. Similarly, the objective of providing useful estimates of the bycatch of endangered species, where such bycatch consists of rare events, can require specialized sampling procedures. The specifics of the specialized sampling procedures used in the various NMFS observer programs can be found in Attachment B.

Any Use of Periodic (Less Frequent Than Annual) Data Collection Cycles To Reduce Burden

The observer information is used to estimate variables that can change substantially by area, season, and year. Therefore, the objectives for collecting observer data cannot be met by less frequent data collection.

3. Describe the methods used to maximize response rates and to deal with nonresponse. The accuracy and reliability of the information collected must be shown to be adequate for the intended uses. For collections based on sampling, a special justification must be provided if they will not yield "reliable" data that can be generalized to the universe studied.

Methods Used To Maximize Response Rates

A number of methods have been used to maximize response rates. First, most of the information will be collected directly by an observer on the fishing vessel at a time that it is convenient for the captain/crew. Second, a relatively small number of questions will be asked at any one time. Third, the observers are trained to help the captain/crew understand the purpose and need of the data collection and how data will be kept confidential. Fourth, respondents typically are asked to provide only information that is readily available to them and maintained for their own purposes. Fifth, extensive outreach activities will also help the response rate. Informing the fishing industry about the purpose and need for the collection will be important to the success of the survey. Typically, outreach will occur on a number of levels: (1) news articles in trade magazines such as Commercial Fisheries News and National Fisherman and handouts made available at Council meetings and other fishing industry meetings will describe the purpose and need of the collection (2) similar information will be presented at fishing industry meetings; (3) on board observer interactions with fishermen; (4) a summary of data received in the previous collection will be made available to the target population; and (5) letters to permit holders are used to inform them of a new observer requirement or changes to the existing programs. Sixth, while the collection of economic information is voluntary for some observer programs, being associated with the observer program will increase the amount of attention it gets, and thus improve response rates over, for example, either an interview conducted by someone not associated with the fishery or a separate mail survey. Seventh, plain, coherent, and unambiguous terminology that is understandable to respondents is used. Eighth, responding to some of the

questions (e.g., the safety questions) is mandatory for all programs and responding to all of the questions is mandatory for some observer programs.

Strategy to Address Non-Response

A considerable amount of information is currently available about the physical and operational characteristics for the fishing vessels in the collection population. This information, which is available from other collections, will be used to compare that population with respondents, and to make any adjustments for systematic bias in survey response. Those other collections include: (1) landings reports or vessel logbook programs that provide individual vessel landing information, in both pounds landed and value of landings, by species, port, and gear, and often trip level effort data for all vessels in the survey population; (2) vessel monitoring systems (VMS) that provide additional operational characteristics; and (3) vessel permit systems and state and Coast Guard vessel registrations programs that provide information on the physical characteristics (e.g., gross tonnage, length, engine power, hull material, and year built) of individual fishing vessels. As a result, it is possible to compare respondents and non-respondents with regard to operational characteristics (e.g., seasonal patterns, species landed, and location of landings) and physical characteristics.

Adequacy of Accuracy and Reliability of Information for Intended Uses

NMFS needs to measure the biological and economic performance of Federally managed fisheries and to conduct effective observer programs in order to meet legal and regulatory requirements, support fisheries management decision making, and undertake biological and economic research. For many fisheries, observer programs provide the best source of some of the biological and economic information required for those purposes. The economic data are critical for constructing key economic performance measures such as profitability, capacity utilization, efficiency, productivity, and economic impacts. The data gathered and performance measures constructed will be used to address a wide range of issues. While the data will be used to comply with legal and regulatory requirements, these requirements do not specify a level of data accuracy. Minimum target response sizes for each population stratum are based on the objective of having a sample mean within 15% of the population mean at the 95% confidence level. It is believed that this provides a sufficient level of precision for inference of population means from sample means. As explained in the response to question 2, even greater precision is highly desirable for other anticipated applications of the data.

Due to the methods that have been used to maximize response rates and to address non-response bias, the collections have in the past and are expected to continue to yield "reliable" data that can be generalized to the universe studied.

4. Describe any tests of procedures or methods to be undertaken. Tests are encouraged as effective means to refine collections.

No pilot surveys will be necessary. These are not new collection programs and extensive efforts were undertaken both to develop this collection and to improve it over time.

5. Provide the name and telephone number of individuals consulted on the statistical aspects of the design, and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

The required information is provided below by Observer Program.

National Observer Program

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Alaska- North Pacific Groundfish Observer Program

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Director, Fisheries Monitoring and Analysis (FMA) Division,
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Observer Providers certified to provide groundfish observers in Alaska. These companies employ the observers who collect information for the Agency.

Alaskan Observers, Inc.
130 Nickerson, Suite 206
Seattle, WA 98109

MRAG Americas Inc.
1810 Shadetree Circle
Anchorage, AK 99502

NWO, Inc.
P.O. Box 624
Edmonds, WA 98020

Saltwater, Inc.
733 N. Street
Anchorage, AK 99501

TechSea International
2303 W. Commodore Way
Suite 306
Seattle, WA 98199

Further information on the Observer Providers is available at:
http://www.afsc.noaa.gov/FMA/observer_providers.htm

Alaska Marine Mammal Observer Program

Bridget Mansfield
Program coordinator
Alaska Regional Office
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Anchorage, AK 99501
907.276-3241
Kathy@saltwaterinc.com

West Coast Groundfish Observer Program

Janell Majewski
Program Coordinator
Northwest Fisheries Science Center
(206) 860-3293
Janell.Majewski@noaa.gov

Five Observer Providers are certified to provide groundfish observers in Alaska. These companies employ the observers who actually collect information for the Agency, they are:

Alaskan Observers, Inc.
130 Nickerson, Suite 206
Seattle, WA 98109

MRAG Americas Inc.
1810 Shadetree Circle
Anchorage, AK 99502

NWO, Inc.
P.O. Box 624
Edmonds, WA 98020

Saltwater, Inc.
733 N. Street
Anchorage, AK 99501

TechSea International
2303 W. Commodore Way
Suite 306
Seattle, WA 98199

Pacific Islands Observer Program

John Kelly
Program Manager
Pacific Islands Regional Office
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Observers are sub-contracted through a contractor that works with the Region. That contractor is:

Saltwater, Inc.
733 N. Street
Anchorage, AK 99501
(907) 276-3241

Southeast Pelagic Observer Program

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Miami Lab
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Provider Project Manager
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Southeast Shark Fishery Observer Program

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SE Gulf of Mexico Reef Fish and Shrimp Observer Program/Snapper Grouper

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Galveston Laboratory
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James Nance, SEFSC- Galveston Laboratory (PI)
Southeast Fisheries Science Center
Galveston Laboratory, Director
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Southwest Region Observer Program

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Southwest Regional Office
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562 980 4025
Lyle.Enriquez@noaa.gov

Frank Orth and Associates
Observer Contractor
4201 Long Beach Blvd, #315
Long Beach, CA 90807
Phone: 562 427 1822

Northeast Fisheries Observer Program

Amy Van Atten
Program Manager
Northeast Fisheries Science Center
166 Water Street
Woods Hole, MA 02543
508-495-2266

A.I.S., Inc (Obs. Provider)
Arv Poshkus
89 N. Water Street,
New Bedford, MA 02741
508-495-2261

East West Technical Services LLC (Obs. Provider)
34 Batterson Drive,
New Britain, CT 06053
860-223-5165

MRAG Americas
10051 5th St. N, Suite 105
St. Petersburg, FL 33702
727-563-9070

Fathom Research, LLC
1213 Purchase Street
Suite 315
New Bedford, MA 02740
508-990-0997

Referenced Excerpts from the Pacific Fishery Management Council Pacific Coast Groundfish Plan as amended through Amendment 19 [July 2008]

6.2.3 Non-biological Issues—The Socioeconomic Framework

From time to time, non-biological issues may arise that require the Council to recommend management actions to address certain social or economic issues in the fishery. Resource allocation, seasons, or landing limits based on market quality and timing, safety measures, and prevention of gear conflicts make up only a few examples of possible management issues with a social or economic basis. In general, there may be any number of situations where the Council determines that management measures are necessary to achieve the stated social and/or economic objectives of the FMP.

Either on its own initiative or by request, the Council may evaluate current information and issues to determine if social or economic factors warrant imposition of management measures to achieve the Council's established management objectives. Actions that are permitted under this framework include all of the categories of actions authorized under the points of concern framework with the addition of direct resource allocation. If the Council concludes that a management action is necessary to address a social or economic issue, it will prepare a report containing the rationale in support of its conclusion. The report will include the proposed management measure, a description of other viable alternatives considered, and an analysis that addresses the following criteria: (a) how the action is expected to promote achievement of the goals and objectives of the FMP; (b) likely impacts on other management measures, other fisheries, and bycatch; (c) biological impacts; (d) economic impacts, particularly the cost to the fishing industry; (e) impacts on fishing communities; and (f) how the action is expected to accomplish at least one of the following, or any other measurable benefit to the fishery:

1. Enable a quota, HG, or allocation to be achieved.
2. Avoid exceeding a quota, HG, or allocation.
3. Extend domestic fishing and marketing opportunities as long as practicable during the fishing year, for those sectors for which the Council has established this policy.
4. Maintain stability in the fishery by continuing management measures for species that previously were managed under the points of concern mechanism.
5. Maintain or improve product volume and flow to the consumer.
6. Increase economic yield.
7. Improve product quality.
8. Reduce anticipated bycatch and bycatch mortality.
9. Reduce gear conflicts, or conflicts between competing user groups.
10. Develop fisheries for underutilized species with minimal impacts on existing domestic fisheries.
11. Increase sustainable landings.
12. Reduce fishing capacity.
13. Maintain data collection and means for verification.
14. Maintain or improve the recreational fishery.

The Council, following review of the report, supporting data, public comment, and other relevant information, may recommend management measures to the NMFS Regional Administrator accompanied by relevant background data, information, and public comment. The recommendation will explain the urgency in implementing the measure(s), if any, and reasons therefore.

The NMFS Regional Administrator will review the Council's recommendation, supporting rationale, public comments, and other relevant information, and, if it is approved, will undertake the appropriate method of implementation. Rejection of the recommendation will be explained in writing.

The procedures specified in this chapter do not affect the authority of the Secretary to take emergency regulatory action as provided for in Section 305(c) of the Magnuson-Stevens Act if an emergency exists involving any groundfish resource, or to take such other regulatory action as may be necessary to discharge the Secretary's responsibilities under Section 305(d) of the Magnuson-Stevens Act.

If conditions warrant, the Council may designate a management measure developed and recommended to address social and economic issues as a routine management measure, provided that the criteria and procedures in Section 6.2.1 are followed.

Quotas, including allocations, implemented through this framework will be set for one-year periods and may be modified inseason only to reflect technical corrections to an ABC. (In contrast, quotas may be imposed at any time of year for resource conservation reasons under the points of concern mechanism).

Summary of Statistic Methods Used by Observer Programs

Program	Coverage, sample size, or precision target	Mandatory	Sampling Frame	Vessel Selection Method
<p>Alaska Fisheries Science Center, North Pacific Groundfish Observer Program (NPGOP). Catch and bycatch in all North Pacific Groundfish fisheries is monitored inseason to support quota management, but the fleet is divided into four sectors by vessel size and processing mode (Catcher Processors (CPs) or Catcher Vessels (CVs) delivering to processing plants), each with different requirements for observer coverage. Changes in strategies for deployment of observers cannot be accomplished without changes in statutory authority to support collection of fees from industry.</p>				
<p><u>NPGOP, 0%,,</u> Catcher Vessels <60 ft</p>	<p>0%</p>	<p>N</p>	<p>None Vessels < 60 ft not included in sampling frame for logistical reasons</p>	<p>No vessel selection No list of vessels or permits but information about landings from tickets</p>
<p><u>NPGOP, 30% Sector</u> Fleet: Catcher Vessels and C/P Vessels, LOA 60-124 ft: 46 bottom trawl vessels 58 pelagic trawl vessels 32 longline Vessels, LOA 70-176 ft: 75 pot vessels Vessels < 60 ft: No record</p>	<p>30% per quarter</p>	<p>Y</p>	<p>NPGOP vessels listed in the sector</p>	<p>Ad-hoc; fleet is responsible for obtaining observer coverage.</p>
<p><u>NPGOP, 100% Sector</u> Fleet: Vessels LOA ≥ 125 ft; 79 bottom trawl catcher vessels; 55 longline vessels; variable trip length</p>	<p>100% 1 observer per trip</p>	<p>Y</p>	<p>NPGOP vessels in the sector listed</p>	<p>Census</p>

Alaska Fisheries Science Center, North Pacific Groundfish Observer Program (NPGOP), continued.

Program	Coverage, sample size, or precision target	Mandatory	Sampling Frame	Vessel Selection Method
<u>NPGOP, 200% Sector</u> Fleet: Vessels LOA \geq 125 ft; 26-32 C/P bottom trawl and longline vessels; ~12 C/P vessels in the Atka mackerel fishery; 2 week + trip length	100%, 2 observers per trip	Y	NPGOP vessels in the sector listed	Census
Alaska Regional Office, Alaska Marine Mammal Observer Program (AMMOP)				
<u>AMMOP</u>	5%	Y	Permit holders by stratified area	Randomly generated list

Program	Coverage, sample size, or precision target	Mandatory	Sampling Frame	Vessel Selection method
Northwest Fisheries Science Center (NWFSC)				
<u>Shore-based Hake</u> Fleet: 28 active vessels; mid-water trawl; EFP	100% , observer coverage	Y	Experimental fishing permit list	Census
<u>At-Sea Hake Observer Program</u> , 200% Sector limited-entry non-endorsed fleet	100%, 2 observers per trip	Y	All active catcher-processors and motherships	Census Fleet is responsible for obtaining coverage
<u>Oregon Near-shore Rockfish</u> Fleet: 125 permits; 87 deemed active; Longline, pots, hook & line, pole	All vessels sampled once per year. This fishery occurs throughout the year with no defined seasons. For each year, a list of permits is generated, the permits are assigned to port groups, and then selected for coverage. The cycles occur back-to-back, so observing is an ongoing process.	Y	87 active state permits of 125 state permits issued	Stratified random sampling without replacement; Port-groups form strata State permit list
<u>Limited-Entry Sablefish-Endorsed Fixed-Gear</u> ¹ Fleet: 164 active permits; vessels can have > 1 permit; longline and fish pots	All vessels sampled once per cycle (currently 3 year cycle) The selection cycle is defined by the amount of time it will take to observe the entire fleet, currently 3 fishing seasons. For each cycle, a list of permits is generated, the permits are assigned to port groups, and then selected for coverage. The cycles occur back-to-back, so observing is an ongoing process.	Y	164 active federal permits, vessels can have more than one permit	Stratified random sampling without replacement; Port-groups form strata Federal permit list

¹ For the limited-entry fixed gear fishery, permits are either endorsed for sablefish or not. Thus an endorsed vessel cannot be a subset of the non-endorsed vessels. Both endorsed and non-endorsed vessel are distinct subsets of the limited-entry fixed-gear fishery (John Carlson, personal communication)

Program	Coverage, sample size, or precision target	Mandatory	Sampling Frame	Vessel Selection method
Northwest Fisheries Science Center (NWFSC), continued				
<u>Limited-Entry Non-Sablefish-Endorsed Fixed-Gear</u> ¹ Fleet: 62 permits; 50 deemed active; multiple fixed gears	All vessels sampled once per year. This fishery occurs throughout the year with no defined seasons. For each year, a list of permits is generated, the permits are assigned to port groups, and then selected for coverage. The cycles occur back-to-back, so observing is an ongoing process.	Y	50 active federal permits of 62 issued.	Stratified random sampling without replacement; Port-groups form strata Federal permit list
<u>California Nearshore Rockfish</u> Fleet: 319 permits (fishermen); 101 deemed active; daytrips; multiple fixed gears	All vessels sampled once per year. This fishery occurs throughout the year with no defined seasons. For each year, a list of permits is generated, the permits are assigned to port groups, and then selected for coverage. The cycles occur back-to-back, so observing is an ongoing process.	Y	101 active permits of 319 permits issued.	Stratified random sampling without replacement; Port-groups form strata State permit list
<u>Limited-Entry Trawl</u> Fleet: 178 permits; 116 deemed active; Groundfish trawls; flatfish net	All vessels sampled once per cycle (currently 8-month cycles) This fishery occurs throughout the year with no defined seasons, so WCGOP has defined 'cycles' a sampling event that has a distinct beginning and end in lieu of a fishing season or year. Currently, the length of the selection cycles have been defined by the amount of time it will take to observe the entire fleet, typically 4-6 2-month periods. For each cycle, a list of permits is generated, the permits are assigned to port groups, and then selected for coverage. The cycles occur back-to-back, so observing is an ongoing process.	Y	116 vessels with active federal permits of 178 issued.	Stratified random sampling without replacement; Port-groups form strata Federal permit list

Program	Coverage, sample size, or precision target	Mandatory	Sampling Frame	Vessel Selection method
NOAA Pacific Islands Regional Office				
<u>American Samoa Longline</u>	7-10% (tuna)	Y	Fleet listed; Based on federal permits	Systematic, Random start
<u>Hawaii Longline</u> Fleet: 123 tuna, 32 sword; 28 tuna and swordfish; pelagic line; 15-25 day trips (tuna); 25-35 day trips (swordfish)	100% (swordfish)	Y	Fleet listed; based on federal permits	Census
	~20% (tuna)	Y	Fleet listed; based on federal permits	Systematic, Random start
Southwest Regional Office (SWRO)				
<u>California/Oregon Drift Gillnet Fishery</u> Fleet: 40 active vessels; 7-10 day trips;	~20% of sets	Y	Fleet listed; based on federal permits	Ad-hoc; ~ 20% trips per vessel
<u>California Pelagic Longline Fishery</u> Fleet: 1 active vessel	100% of trips	Y	One active vessel	Census

Program	Coverage, sample size, or precision target	Mandatory	Sampling Frame	Vessel Selection method
Northeast Fisheries Science Center (NEFSC)				
<u>Northeast Multispecies Groundfish</u> Fleet: >1589 vessels; multiple gears: gillnets (anchored, drift, float, sink), trawl (mid-water, bottom, purse seine), longline; 1-7 day trips typically; Federal and state permits	Target 30% CV for bycatch estimates of protected species; 5% A-Days 20% B-Day Programs, Special Access Areas SBRM Omnibus Amendment allocation	Y	Fleet lists determined by Vessel Trip Reports from the previous year and opportunistic selection	Quarterly stratified random sample; SBRM fleet sectors form strata
<u>Northeast Sector Managed Grounfish</u> Fleet: >1589 vessels; multiple gears: gillnets (anchored, drift, float, sink), trawl (mid-water, bottom, purse seine), longline; 1-7 day trips typically; Federal and state permits	Target 30% CV for bycatch estimates of protected species; Coverage 38% of trips	Y	Fleet lists determined by Vessel Trip Reports from the previous year and opportunistic selection	Quarterly stratified random sample; SBRM fleet sectors form strata
<u>Mid Atlantic Fisheries</u> Fleet: >2450 vessels; multiple gears: gillnets (anchored, drift, float, sink), trawl (mid-water, bottom, purse seine); 1-4 day trips typically; Federal and state permits	Coverage typically < 5% SBRM Omnibus Amendment allocation	Y	Fleet lists determined by Vessel Trip Reports from the previous year and opportunistic selection	Quarterly stratified random sample for a portion of the fleet; SBRM fleet sectors form strata
<u>Atlantic Sea Scallop Dredge Fishery</u> Fleet:	Target 10 % of trips Industry Funded Program	Y	Pre-trip notification required and	Stratified random sample

>1433 vessels with GC and LA permits; multiple gears: primarily scallop dredge, some trawl; 1-12 day trips typically; VMS requirement; Federal permit			opportunistic selection	
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Program	Coverage, sample size, or precision target	Mandatory	Sampling Frame	Vessel Selection method
Southeast Fisheries Science Center (SEFSC)				
<u>Shrimp Trawl</u> Fleet: ~2,700 federally permitted vessels; LOA ~ 75 ft; ~ 18 day trips GOM target 80% of total sea days; year-around; ~3 day trips on the east coast target 20% of total sea days.	<1% coverage, Target sample of 1,500 sea-days variable depending on funding;	Y	Federally-Permitted Vessels	Stratified random sample by effort, area, season, depth strata
<u>Reef Fish</u> Fleet: ~877 federally permitted vessels; gear types include bottom longline, electric reel (bandit) and handlines	~1% coverage, sea days variable depending on funding	Y	Federally-Permitted Vessels	Stratified random sample by region gear, and season based on previous year's effort from logbooks
<u>Southeast Shark Gillnet</u> Fleet:6-30 vessels; multiple gill net types	100% coverage (Nov 15 - Apr 1) for drift and strike boats; Otherwise target of 30% RSE for turtle or mammal interaction estimates	Y	Fleet	Census; stratified random sample
<u>Atlantic and Gulf of Mexico Shark Bottom Longline Fishery</u> Fleet:250 vessels, approximately 100 active; LOA < 50 ft; 500-1,500 hooks per line;	100 % of all sandbar shark directed sets 4-6% for non-sandbar shark directed sets	Y	Fleet listed as determined by federal permits from the previous year	Stratified random sample by area and season based on previous years activity
<u>Pelagic Longline</u> Fleet: 80-100 active vessel w/ swordfish, tuna,	8% of sets target, ~6% mean actual coverage	Y	Fleet listed as determined by	Stratified random sample by statistical area and quarter based on previous years

and shark permits; 3-14 day trips 150-200 mi off-shore typical; some 20-40 day trips 200-1000 mi from port			federal permits from the previous year	activity
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**CRUSTACEAN SAMPLE LOG
 NMFS FISHERIES OBSERVER PROGRAM
 OBCRU 01/01/10**

OBS/TRIP ID	
DATE LANDED mm/yy	/
PAGE #	<input type="text"/> OF <input type="text"/>
HAUL #	<input type="text"/>

SPECIES							ANIMALS CAUGHT							SHELL DISEASE
NAME				CODE	NUMBER				A / E	PERCENTAGE				
				LOBSTER ONLY							LOBSTER ONLY			
CARAPACE (mm)	C D I S P	S E X	E G G	V - N O T C H	M O L T	#	CARAPACE (mm)	C D I S P	S E X	E G G	V - N O T C H	M O L T	#	
LENGTH- LOBSTER WIDTH- CRAB	(K / D)					C L A W	LENGTH- LOBSTER WIDTH- CRAB	(K / D)					C L A W	
1							26							
2							27							
3							28							
4							29							
5							30							
6							31							
7							32							SEX CODES:
8							33							0= Unknown
9							34							1=Male
10							35							2=Female
11							36							EGG CODES:
12							37							0=Unknown
13							38							1=No
14							39							2=Yes
15							40							V-NOTCH CODES:
16							41							0=Unknown
17							42							1=No
18							43							2=Yes, old
19							44							3=Yes, new
20							45							MOLT CODES:
21							46							0=Unknown
22							47							1=Soft
23							48							2=Paper
24							49							3=Hard
25							50							4=Splitter

COMMENTS

OBS/TRIP ID	
DATE LANDED mm/yy	/
PAGE #	<input type="text"/> OF <input type="text"/>
HAUL #	<input type="text"/> <input type="text"/> <input type="text"/>

		LOBSTER ONLY								LOBSTER ONLY					
CARAPACE (mm)		C D I S P (K/D)	S E X	E G G	V - N O T C H	M O L T	#	CARAPACE (mm)		C D I S P (K/D)	S E X	E G G	V - N O T C H	M O L T	#
LENGTH- LOBSTER	WIDTH- CRAB							LENGTH- LOBSTER	WIDTH- CRAB						
51								76							
52								77							
53								78							
54								79							
55								80							
56								81							
57								82							
58								83							
59								84							
60								85							
61								86							
62								87							
63								88							
64								89							
65								90							
66								91							
67								92							
68								93							
69								94							
70								95							
71								96							
72								97							
73								98							
74								99							
75								100							

SEX CODES:
0= Unknown
1=Male
2=Female

EGG CODES:
0=Unknown
1=No
2=Yes

V-NOTCH CODES:
0=Unknown
1=No
2=Yes, old
3=Yes, new

MOLT CODES:
0=Unknown
1=Soft
2=Paper
3=Hard
4=Splitter

COMMENTS

CLAM/QUAHOG DREDGE OFF-WATCH HAUL LOG
NMFS FISHERIES OBSERVER PROGRAM
OBCDO OBHAU 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	of

HAUL # <input type="text"/>	HAUL INFO	DATE mm/dd/yy	TIME 24 hours	LATITUDE / LONGITUDE (DD MM.M) - LORAN (XXXXX)				CLAM/QUAHOG # OF BUSHELS KEPT
				Station 1	Latitude / Bearing	Station 2	Longitude / Bearing	
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		

CLAM/QUAHOG DREDGE GEAR CHARACTERISTICS LOG
NMFS FISHERIES OBSERVER PROGRAM
OBCDG 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

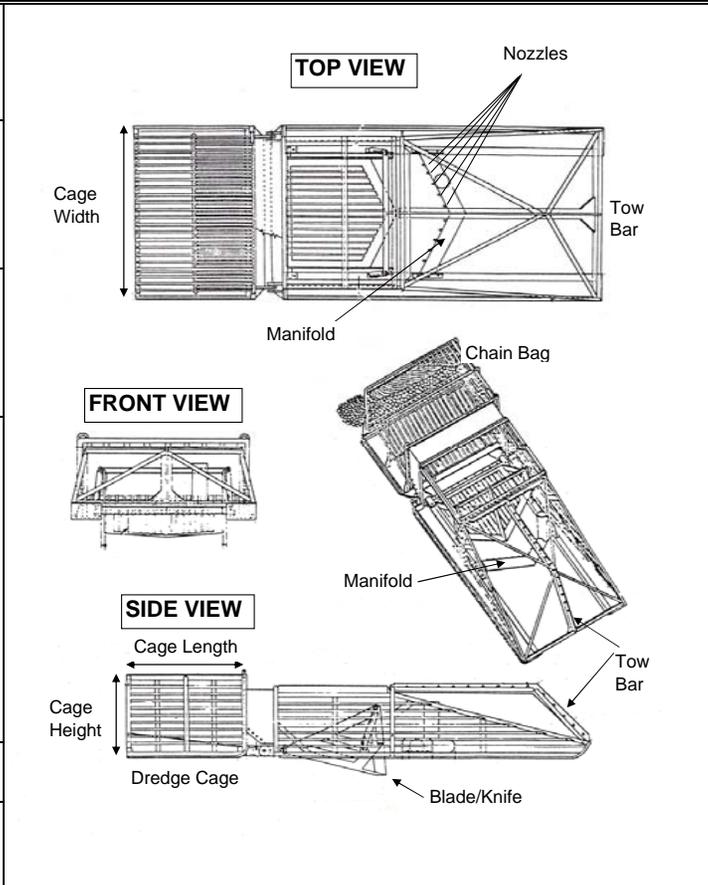
GEAR CODE	GEAR NUMBER(S)
<input type="text"/>	<input type="text"/>

DREDGE CAGE			SORTER USED?
HEIGHT	WIDTH	LENGTH	NO 0 ___
_____ in	_____ in	_____ in	YES 1 ___

CAGE BOTTOM BAR DIAMETER	BAR SPACING	NUMBER OF NOZZLES
_____ in	_____ in	_____

CHAIN BAG	
USED?	NO 0 ___ YES 1 ___
AVG # OF LINKS BTW 2 RINGS	_____
LINK STOCK SIZE	_____ / _____
INSIDE RING SIZE (mm)	_____
(5 random measurements)	
TOP OF BAG	_____
BOTTOM OF BAG	_____
OUTSIDE RING SIZE	_____ mm

TOWLINE			
TOWLINE TYPE:		TOWLINE POSITION:	
Unknown	0 ___	Unknown	0 ___
Single	1 ___	Forward	1 ___
Bridle	2 ___	Over Top of the Knife	2 ___
Other	9 ___	Other	9 ___
_____		_____	



COMMENTS

CATCH COMPOSITION LOG
NMFS FISHERIES OBSERVER PROGRAM
OBCMP 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>
HAUL #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

ESTIMATED PUMPING TIME _____ minutes

BASKET # _____ TIME _____ :

SPECIES	CODE	POUNDS (R/A)
		. _____
		. _____
		. _____
		. _____
		. _____
		. _____
SUBTOTAL		. _____

BASKET # _____ TIME _____ :

SPECIES	CODE	POUNDS (R/A)
		. _____
		. _____
		. _____
		. _____
		. _____
		. _____
SUBTOTAL		. _____

BASKET # _____ TIME _____ :

SPECIES	CODE	POUNDS (R/A)
		. _____
		. _____
		. _____
		. _____
		. _____
		. _____
SUBTOTAL		. _____

BASKET # _____ TIME _____ :

SPECIES	CODE	POUNDS (R/A)
		. _____
		. _____
		. _____
		. _____
		. _____
		. _____
SUBTOTAL		. _____

BASKET # _____ TIME _____ :

SPECIES	CODE	POUNDS (R/A)
		. _____
		. _____
		. _____
		. _____
		. _____
		. _____
SUBTOTAL		. _____

BASKET # _____ TIME _____ :

SPECIES	CODE	POUNDS (R/A)
		. _____
		. _____
		. _____
		. _____
		. _____
		. _____
SUBTOTAL		. _____

COMMENTS

BEACH SEINE / BEACH ANCHORED GILLNET HAUL LOG
NMFS FISHERIES OBSERVER PROGRAM
OBBSH OBHAU OBSPP 01/01/10

OBS/ TRIP ID	
DATE LAND (mm/yy)	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE [][][]	GEAR # [][]	HAUL # [][][]	HAUL OBS? NO 0 _____ YES 1 _____	MM WATCH? NO 0 _____ YES 1 _____	CATCH? NO 0 _____ YES 1 _____	INC TAKE? NO 0 _____ YES 1 _____	WEATHER CODE	WIND SPEED _____ kn DIRECTION _____ °		WAVE HEIGHT _____ ft	GEAR COND CODE	
HAUL INFO	DATE (mm/dd/yy)	TIME (24 hrs)	LATITUDE/LONGITUDE (DD MM.M) - LORAN (XXXXX)				EST SOAK DUR	WATER TEMP	TARGET SPECIES	CODE(S)		
BEGIN	/ /	:	Station 1	Latitude/Bearing	Station 2	Longitude/Bearing		°				
END	/ /	:	9960-		9960-		hrs	F				

COMMENTS	NUMBER OF NETS	IF MM DETERRENTS USED	
	SET _____	ACTIVE	PASSIVE
	HAULED _____	HAULED _____	_____
	LOST _____	LOST _____	_____

SPECIES		CATCH DISP (K/D)	POUNDS	DISP CODE	WEIGHT		SPECIES		CATCH DISP (K/D)	POUNDS	DISP CODE	WEIGHT	
NAME	CODE				D/R	ESTIMATION METHOD CODE	NAME	CODE				D/R	ESTIMATION METHOD CODE

BEACH SEINE GEAR / BEACH ANCHORED GILLNET GEAR CHARACTERISTICS LOG
NMFS FISHERIES OBSERVER PROGRAM
OBBSG OBBSW 01/01/10

OBS/ TRIP ID	
DATE LAND (mm/yy)	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE <input type="text"/>	GEAR NUMBER(S)	NUMBER OF NETS
BUNT CHARACTERISTICS: USED? No (0) ___ Yes(1) ___ LENGTH _____ ft HEIGHT _____ ft MESH SIZE _____ (circle one) in A / E MESH COUNT, VERTICAL _____ HANGING RATIO _____ / _____ TWINE SIZE _____ (circle one) A / E # STRANDS _____ COLOR CODE _____ NET MATERIAL Unknown 0 ___ Nylon 1 ___ Other 9 ___	GEAR CHARACTERISTICS: USED? NO YES MEASUREMENTS WASH NET 0 ___ 1 ___ Length _____ ft FLOATS 0 ___ 1 ___ Dist Between _____ ft ANCHOR (S) 0 ___ 1 ___ Number _____ Type Unknown 0 ___ Weight (total) _____ lb Danforth-style 1 ___ Actual 1 ___ Dead Weight 2 ___ Estimated 2 ___ Combination 8 ___ Other 9 ___ LEADLINE WEIGHT _____ lbs / net MM DETERRENT DEVICES USED? ACTIVE 0 ___ 1 ___ Brand(s) Number _____ Unknown 0 ___ Frequency _____ kHz Dukane 1 ___ Fumunda 3 ___ Combinator 8 ___ Other 9 ___ PASSIVE 0 ___ 1 ___ Number _____	WING CHARACTERISTICS: LENGTH (ft) Net # _____ Net # _____ Net # _____ Net # _____ Net # _____ HEIGHT (ft) MESH SIZE (in) A / E (circle) A / E A / E A / E A / E MESH COUNT, VERTICAL HANGING RATIO / / / / / TWINE SIZE A / E (circle) A / E A / E A / E A / E # STRANDS COLOR CODE NET MATERIAL Unknown 0 ___ 0 ___ 0 ___ 0 ___ 0 ___ Nylon 1 ___ 1 ___ 1 ___ 1 ___ 1 ___ Other 9 ___ 9 ___ 9 ___ 9 ___ 9 ___
FLOATLINE MATERIAL Unknown 0 ___ Floating (foam core) 1 ___ Twisted polypropylene 2 ___ Other 9 ___	COLOR CODES Unknown 00 Multi-color 07 Clear 01 Red 08 White 02 Orange 09 Pink 03 Purple 10 Black 04 Combinator 98 Green 05 Other 99 Blue 06	COMMENTS

American Samoa Placement Checklist

Trip number: _____ **Observer:** _____

Vessel: _____ **Permit:** _____

Placement meeting	Meeting Participants
Date/Time: contact numbers	Coordinator:
CPT:	Observer:
Owner/Agent:	CPT:
Other:	Other:

Vesel Specifications

Communications gear: SSB _____ VHF _____ Sat # _____ **VMS**

Call sign: _____ Present Y / N

Observer Sat # 8816 _____ Notify Terry Boo 808.23.2503 office

Water supply: Bottles / Tank / H2O maker _____ 808.351.5776 cell

Tank size: _____ gallons

Head: Y / N _____ Dehooking gear present: Y / N

Shower: Y / _____ PSW Card: Y / N

of Bunks: _____ # of crew: _____ (If N is checked, the observer still gets placed,

Reasonable privacy: Y / N _____ but contact OLE 633-7628 / 7629

Trip Information

Tranship: Y / N Length of trip (days): _____ # of Sets: _____

Vessel safety Checklist

(any deficiency in the following information prohibits palcement of the observer unless corrected)

Signals _____ expiration dates _____

6 @ hand flares _____

3 @ parachute flares _____

3 @ Smoke _____

Number of charged fire extinguisher: _____

Number of life rings: _____ Good installation: Y/ N (free floating, 1 with heaving line and light)

First aid kit with sufficient supplies: Y / N

of First aid / CPR certifications _____

Station bill posted: _____

Drills Conducted: _____

Survival Craft _____ **EPIRB** _____

of Persons: _____ Maker: _____ Registered: Y / N

Manufacture date: _____ SN _____ Battery date: _____ Test: Pass / Fail

Service expiration date: _____ Hydrostatic exp date: _____ Hydrostatic exp date: _____

Installation check: Pass / Fail _____ UIN: _____

Installation check: Pass / Fail _____

Installation check: Pass / Fail _____

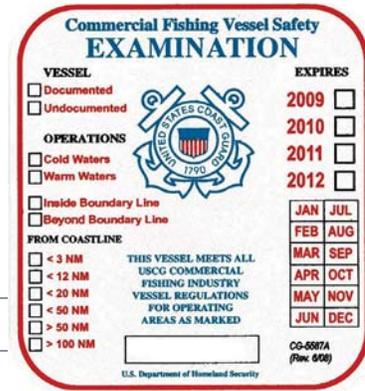
USCG CFVSE decal number: _____ **Date inspected:** _____

Comments: _____

Vessel Safety Checklist

Vessel name: _____

USCG/State registration #: _____



Decal Verification

Complete the above sticker as it appears on the vessel. Be sure the following fields are checked:

1. Documented Is the decal valid? Yes No
2. Location
3. Expiration year
4. Expiration month

Life Rafts

Inflatables Buoyant apparatus None N/A

Total Capacity: _____ Total # people on board: _____

Life rafts able to float free? Yes No

Service sticker expiration date*: _____

Hydrostatic release expiration **: _____

Life raft equipment? SOLAS A SOLAS B Coastal

Immersion Suits

On board? Yes No N/A One for each person? Yes No

Location: _____

PFD for each person: Yes No Location: _____

Fire Extinguishers

Present: Yes No How many? _____

Serviceable? Yes No

Location(s): _____

Flares

Location(s): _____

Handheld: how many: _____ Exp. date: _____

Parachute: how many: _____ Exp. date: _____

Smoke: how many: _____ Exp. date: _____

Meteor: how many: _____ Exp. date: _____

Type IV Throwable PDF's

Ring Cushion Lifesling

Easily accessible? Yes No

Number: _____ Location(s): _____

EPIRBs

Present? Yes No N/A In float-free location? Yes No Registered to this vessel? Yes No Signal tested? Yes No

Decal's alphanumeric code matches EPIRB code? Yes No Location(s): _____

Battery exp. date*: _____ Hydrostatic release exp. date*: _____

NOAA registration sticker: _____ Exp. date: _____

Additional Checks

First aide materials present? Yes No Location: _____

Who besides you is CPR Certified? (Name & position): _____

Working radios: how many? _____ Type: _____

Watertight doors/hatches working properly? Yes No Is there an anchor present? Yes No

Did you see the bilge pumps? Yes No Is there a Station Bill posted? Yes No

Hatches/passageways unobstructed? Yes No Was a wheel watch arranged? Yes No

Did you hear the general/high water alarms? Yes No Charts & compass present? Yes No

Is there adequate means of escape? Yes No Were you given emergency directions? Yes No

What were the emergency instructions? _____

Observer signature: _____

Print: _____ Date: _____

* Expires the last day of the month displayed.

** Hydrostatic releases are valid for two years from installation date.

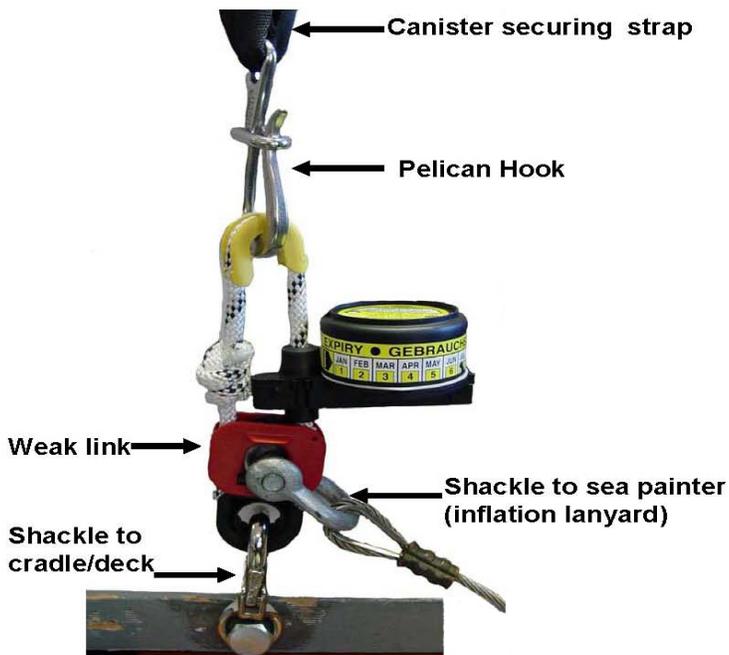
Vessel Safety Checklist

VESSEL NAME: _____ VESSEL PERMIT: _____

Ensure the USCG Commercial Fishing Vessel Safety decal is not expired based on the information noted on the face of the decal.



Is the decal valid? Y N



SURVIVAL CRAFT:
Number of: _____

Total capacity: _____

of crew & observer/s on board _____

Sufficient capacity? Y N

Survival craft(s) able to float free? (Note: some vessels have their rafts in a float free cradle - this is an approved cradling system, so long as the painter line is properly attached to a weak link.) Y N

Service Due decal exp. date: ____/____ (expires on date displayed)

Hydrostatic release exp. date: ____/____ (expires on date displayed)

Your raft assignment: _____

EPIRB: (Visual inspection only. Please leave all testing/handling to crew)

Location(s): _____

Battery exp. date: _____ (expires on date displayed)

Hydrostatic release expiration date: ____/____ (expires on date displayed)

Located in a float free location? Y N

NOAA Registration Decal:

Exp. date: _____ (expires on date displayed)

Registered to this vessel (name of vessel displayed): Y N

Alphanumeric code on decal matches code on EPIRB: Y N

Signal tested (or asked to see station log in wheelhouse for most recent test. Signal should be tested monthly): Y N

IMMERSION SUIT/PFDs:

Available for everyone on board? Y N

Location(s): _____

FIRE EXTINGUISHERS

Extinguisher(s) found in every main area/corridor? Y N

Extinguishers in "good and serviceable condition" (gauge in the green, low amounts of rust, canister in good condition, unobstructed, hoses attached, service tags available)? Y N

FLARES: (ask captain for assistance)

Location(s): _____

Expiration dates checked? Y N
(expires on date displayed)

If checked, number of flares: _____

THROWABLE FLOTATION DEVICES:

Number of flotation devices appropriate for vessel size? Y N

Easily accessible?: Y N

Name of vessel displayed on each? Y N

Location(s): _____

ADDITIONAL SAFETY CHECKS:		FIRST AID MATERIALS:	
Factory hydraulic shut-off(s) - know location?	Y N	Location(s): _____	
Watertight doors - do they close properly?	Y N	Is there an individual trained in CPR/First Aid on board?	Y N
Hatches/passageways - are they unobstructed?	Y N	Who?: _____	
Discussed safe places to work on deck and in factory with captain/crew?	Y N		
Discussed refrigerant leak procedures?	Y N	Radios:	
Type of refrigerant used _____		How many SSB and VHF radios?: _____ / _____	
Discussed reporting/identifying inoperative alarm/fire systems?	Y N	Are emergency call instructions posted?	Y N
Did you hear the general alarm?	Y N	Were procedures for making an emergency call discussed?	Y N
SAFETY ORIENTATION:		EMERGENCY DRILLS AND DATE(S) CONDUCTED:	
Where will you go during emergencies: _____		Fire _____	
If you did not complete drills upon embarking the vessel, did the captain use this safety checklist to complete the required vessel safety orientation?	Y N	Abandon Ship _____	
Did the vessel conduct a safety orientation?	Y N	Man Overboard _____	
Who gave the orientation? _____		Vessel Flooding/stabilization _____	
(Detail what was covered in the comment section below)		General alarm activation _____	
		Donning immersion suits _____	
		Radio/visual distress signals _____	
		Were the drills hands-on involving actual gear?	Y N
		Did you participate in the drills?	Y N
OBSERVER PERSONAL PROTECTIVE EQUIPMENT:		COMMENTS (ALL "N" RESPONSES REQUIRE A COMMENT):	
Personal Locator Beacon?	Y N	_____	
UIN: _____		_____	
NOAA Registration Decal Expiration Date: _____		_____	
Immersion Suit with Strobe Light and Battery?	Y N	_____	
Serial #: _____		_____	
Personal Flotation Device with Strobe Light and Battery?	Y N	_____	

Observer Name: _____ Cruise #: _____

Observer Signature: _____ Date: _____

Captain Name: _____

Captain Signature (optional): _____ Date: _____

*Did the vessel request a copy of the Checklist? Y N *If so, were you able to supply a copy? Y N

Blue indicates "no go" items!

Vessel Safety Checklist

VESSEL NAME: _____ VESSEL PERMIT: _____

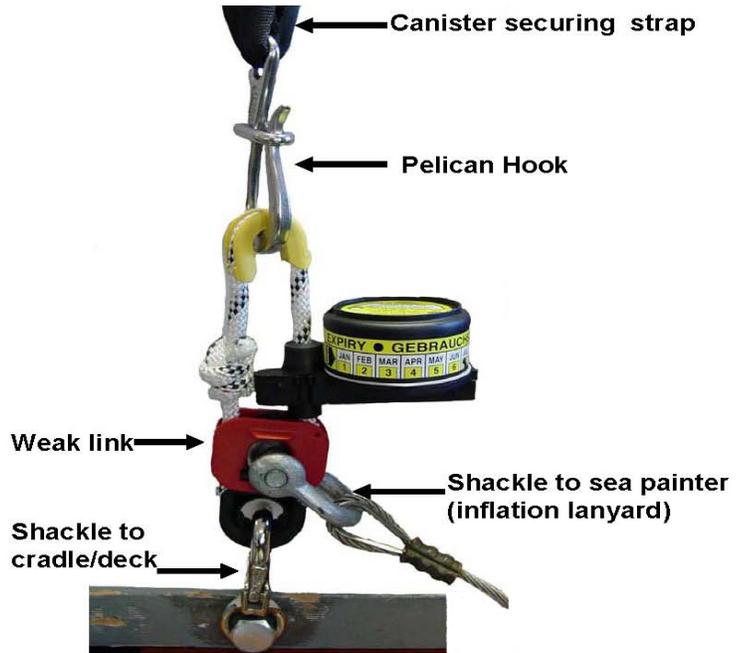
Ensure the USCG Commercial Fishing Vessel Safety decal is not expired based on the information noted on the face of the decal.

Commercial Fishing Vessel Safety EXAMINATION

VESSEL		EXPIRES	
<input type="checkbox"/> Documented		2011	<input type="checkbox"/>
<input type="checkbox"/> Undocumented		2012	<input type="checkbox"/>
OPERATIONS		2013	<input type="checkbox"/>
<input type="checkbox"/> Cold Waters		2014	<input type="checkbox"/>
<input type="checkbox"/> Warm Waters			
<input type="checkbox"/> Inside Boundary Line		JAN	JUL
<input type="checkbox"/> Beyond Boundary Line		FEB	AUG
FROM COASTLINE		MAR	SEP
<input type="checkbox"/> < 3 NM	THIS VESSEL MEETS ALL USCG COMMERCIAL FISHING INDUSTRY VESSEL REGULATIONS FOR OPERATING AREAS AS MARKED	APR	OCT
<input type="checkbox"/> < 12 NM		MAY	NOV
<input type="checkbox"/> < 20 NM		JUN	DEC
<input type="checkbox"/> < 50 NM			
<input type="checkbox"/> > 50 NM			
<input type="checkbox"/> > 100 NM			

NO. CG-5587A (Rev. 6/08)

U.S. Department of Homeland Security



Is the decal valid? Y N

SURVIVAL CRAFT:

Number of: _____
 Total capacity: _____
 # of crew & observer/s on board _____

Sufficient capacity? Y N

Survival craft(s) able to float free? (Note: some vessels have their rafts in a float free cradle - this is an approved cradling system, so long as the painter line is properly attached to a weak link.) Y N

Service Due decal exp. date: ___/___/___ (expires on date displayed)

Hydrostatic release exp. date: ___/___/___ (expires on date displayed)

Your raft assignment: _____

EPIRB: (Visual inspection only. Please leave all testing/handling to crew)

Location(s): _____

Battery exp. date: _____ (expires on date displayed)

Hydrostatic release expiration date: ___/___/___ (expires on date displayed)

Located in a float free location?: Y N

NOAA Registration Decal:

Exp. date: _____ (expires on date displayed)

Registered to this vessel (name of vessel displayed): Y N

Alphanumeric code on decal matches code on EPIRB: Y N

Signal tested (or asked to see station log in wheelhouse for most recent test. Signal should be tested monthly): Y N

IMMERSION SUIT/PFDs:

Available for everyone on board? Y N

Location(s): _____

FIRE EXTINGUISHERS

Extinguisher(s) found in every main area/corridor? Y N

Extinguishers in "good and serviceable condition" (gauge in the green, low amounts of rust, canister in good condition, unobstructed, hoses attached, service tags available)? Y N

FLARES: (ask captain for assistance)

Location(s): _____

Expiration dates checked? Y N

(expires on date displayed)

If checked, number of flares: _____

THROWABLE FLOTATION DEVICES:

Number of flotation devices appropriate for vessel size? Y N

Easily accessible?: Y N

Name of vessel displayed on each? Y N

Location(s): _____

ADDITIONAL SAFETY CHECKS:		FIRST AID MATERIALS:	
Factory hydraulic shut-off(s) - know location?	Y N	Location(s): _____	
Watertight doors - do they close properly?	Y N	Is there an individual trained in CPR/First Aid on board?	Y N
Hatches/passageways - are they unobstructed?	Y N	Who?: _____	
Discussed safe places to work on deck and in factory with captain/crew?	Y N		
Discussed refrigerant leak procedures?	Y N	Radios:	
Type of refrigerant used _____		How many SSB and VHF radios?: _____ / _____	
Discussed reporting/identifying inoperative alarm/fire systems?	Y N	Are emergency call instructions posted?	Y N
Did you hear the general alarm?	Y N	Were procedures for making an emergency call discussed?	Y N
SAFETY ORIENTATION:		EMERGENCY DRILLS AND DATE(S) CONDUCTED:	
Where will you go during emergencies: _____		Fire _____	
If you did not complete drills upon embarking the vessel, did the captain use this safety checklist to complete the required vessel safety orientation?	Y N	Abandon Ship _____	
Did the vessel conduct a safety orientation?	Y N	Man Overboard _____	
Who gave the orientation? _____		Vessel Flooding/stabilization _____	
(Detail what was covered in the comment section below)		General alarm activation _____	
		Donning immersion suits _____	
		Radio/visual distress signals _____	
		Were the drills hands-on involving actual gear?	Y N
		Did you participate in the drills?	Y N
OBSERVER PERSONAL PROTECTIVE EQUIPMENT:		COMMENTS (ALL "N" RESPONSES REQUIRE A COMMENT):	
Personal Locator Beacon?	Y N	_____	
UIN: _____		_____	
NOAA Registration Decal Expiration Date: _____		_____	
Immersion Suit with Strobe Light and Battery?	Y N	_____	
Serial #: _____		_____	
Personal Flotation Device with Strobe Light and Battery?	Y N	_____	

Observer Name: _____ Cruise #: _____

Observer Signature: _____ Date: _____

Captain Name: _____

Captain Signature (optional): _____ Date: _____

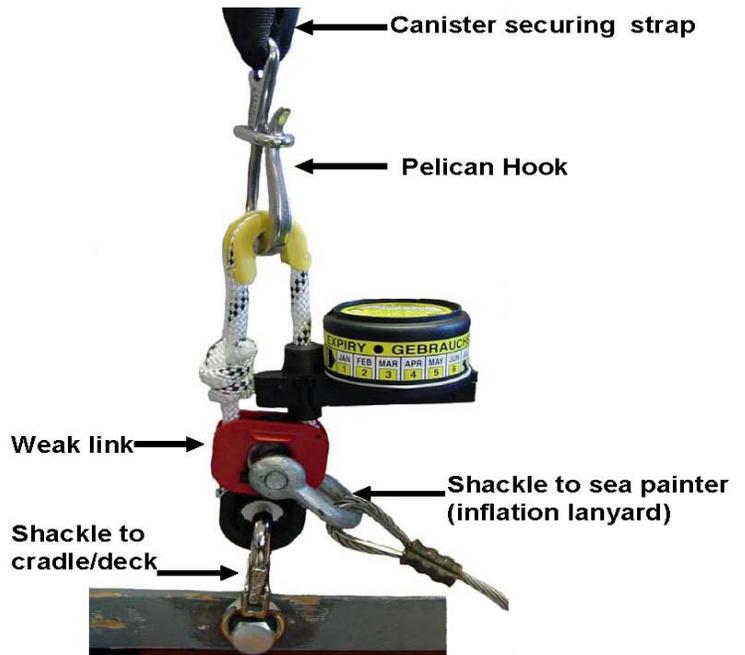
*Did the vessel request a copy of the Checklist? Y N *If so, were you able to supply a copy? Y N

Blue indicates "no go" items!

Vessel Safety Checklist

VESSEL NAME: _____ VESSEL PERMIT: _____

Ensure the USCG Commercial Fishing Vessel Safety decal is not expired based on the information noted on the face of the decal.



Is the decal valid? Y N

SURVIVAL CRAFT:

Number of: _____
 Total capacity: _____
 # of crew & observer/s on board _____

Sufficient capacity? Y N

Survival craft(s) able to float free? (Note: some vessels have their rafts in a float free cradle - this is an approved cradling system, so long as the painter line is properly attached to a weak link.) Y N

Service Due decal exp. date: ____/____ (expires on date displayed)

Hydrostatic release exp. date: ____/____ (expires on date displayed)

Your raft assignment: _____

EPIRB: (Visual inspection only. Please leave all testing/handling to crew)

Location(s): _____

Battery exp. date: _____ (expires on date displayed)

Hydrostatic release expiration date: ____/____ (expires on date displayed)

Located in a float free location?: Y N

NOAA Registration Decal:

Exp. date: _____ (expires on date displayed)

Registered to this vessel (name of vessel displayed): Y N

Alphanumeric code on decal matches code on EPIRB: Y N

Signal tested (or asked to see station log in wheelhouse for most recent test. Signal should be tested monthly): Y N

IMMERSION SUIT/PFDs:

Available for everyone on board? Y N

Location(s): _____

FIRE EXTINGUISHERS

Extinguisher(s) found in every main area/corridor? Y N

Extinguishers in "good and serviceable condition" (gauge in the green, low amounts of rust, canister in good condition, unobstructed, hoses attached, service tags available)? Y N

FLARES: (ask captain for assistance)

Location(s): _____

Expiration dates checked? Y N
 (expires on date displayed)

If checked, number of flares: _____

THROWABLE FLOTATION DEVICES:

Number of flotation devices appropriate for vessel size? Y N

Easily accessible?: Y N

Name of vessel displayed on each? Y N

Location(s): _____

ADDITIONAL SAFETY CHECKS:		FIRST AID MATERIALS:	
Factory hydraulic shut-off(s) - know location?	Y N	Location(s): _____	
Watertight doors - do they close properly?	Y N	Is there an individual trained in CPR/First Aid on board?	Y N
Hatches/passageways - are they unobstructed?	Y N	Who?: _____	
Discussed safe places to work on deck and in factory with captain/crew?	Y N		
Discussed refrigerant leak procedures?	Y N	Radios:	
Type of refrigerant used _____		How many SSB and VHF radios?: _____ / _____	
Discussed reporting/identifying inoperative alarm/fire systems?	Y N	Are emergency call instructions posted?	Y N
Did you hear the general alarm?	Y N	Were procedures for making an emergency call discussed?	Y N
SAFETY ORIENTATION:		EMERGENCY DRILLS AND DATE(S) CONDUCTED:	
Where will you go during emergencies: _____		Fire _____	
If you did not complete drills upon embarking the vessel, did the captain use this safety checklist to complete the required vessel safety orientation?	Y N	Abandon Ship _____	
Did the vessel conduct a safety orientation?	Y N	Man Overboard _____	
Who gave the orientation? _____		Vessel Flooding/stabilization _____	
(Detail what was covered in the comment section below)		General alarm activation _____	
		Donning immersion suits _____	
		Radio/visual distress signals _____	
		Were the drills hands-on involving actual gear?	Y N
		Did you participate in the drills?	Y N
OBSERVER PERSONAL PROTECTIVE EQUIPMENT:		COMMENTS (ALL "N" RESPONSES REQUIRE A COMMENT):	
Personal Locator Beacon?	Y N	_____	
UIN: _____		_____	
NOAA Registration Decal Expiration Date: _____		_____	
Immersion Suit with Strobe Light and Battery?	Y N	_____	
Serial #: _____		_____	
Personal Flotation Device with Strobe Light and Battery?	Y N	_____	

Observer Name: _____ Cruise #: _____

Observer Signature: _____ Date: _____

Captain Name: _____

Captain Signature (optional): _____ Date: _____

*Did the vessel request a copy of the Checklist? Y N *If so, were you able to supply a copy? Y N

Blue indicates "no go" items!

April 1 – June 30, 2012

Highly Migratory Species Observer Notification Form

This form is provided for your response. Please provide the information requested below and return by mail or e-mail (popobserver@noaa.gov) at least 5 days prior to your estimated departure. If the vessel is not fishing or is involved in another fishery during the selection period, please indicate this under Vessel Fishing Status.

Captain's Name: _____ Vessel Name: _____

Documentation/Vessel Number: _____ Overall Length: _____ (ft)

Crew Size: _____ (include skipper) Bunk Capacity: _____ Life Raft Capacity: _____

Contact Person/Telephone Number(s): _____

Communication Equipment (please check)	Commercial Fishing Vessel Safety Examination Decal
Cellular phone:	Serial Number:
VHF:	Date of Expiration: ____/____ Month/Year
Single Side Band:	
Call sign:	

Vessel Fishing Status:

Port of Departure:

Dock Facility: _____

Street: _____

City: _____ State: _____

Telephone Number: () _____

Departure Date: _____ Departure Time: _____ (AM or PM)

Dock Facility: _____

Expected Landing Port:

Street: _____

City: _____ State: _____

Telephone Number: () _____

Anticipated Landing Date: _____

I certify under penalty of perjury under the laws of the United States of America that the information given on this form is true and correct, and that I have full authority to execute this form.

Signature _____ Date _____

For the Pelagic Observer Program, please return by mail to SEFSC Pelagic Observer Program, 75 Virginia Beach Dr. Miami, FL 33149 or e-mail (popobserver@noaa.gov). For questions call 800-858-0624.

For the Shark Observer Program, please return by mail to SEFSC Shark Bottom Longline Observer Program, 3500 Delwood Beach Rd, Panama City, FL 32408-7403 or fax to (850) 235-3559. For questions call (850) 234-6541.

PAPERWORK REDUCTION ACT STATEMENT: Collection of information through the observer program provides data for stock assessments and estimates of bycatch. Public reporting burden for completing the vessel information form above is estimated at 2 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is mandatory for managing HMS fisheries under the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.) In accordance with NOAA Administrative Order 216-100, it is agency policy not to release confidential information, other than in aggregate form. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No.: 0648-0593 and expires September 30, 2012.

Paperwork Reduction Act Statement for the At-Sea Hake Observer Program

Information collected through the observer program is used to: (1) monitor catch and bycatch; (2) understand the population status and trends of fish stocks and protected species, as well as the interactions between them; (3) determine the quantity and distribution of net benefits derived from living marine resources; (4) predict the biological, ecological, and economic impacts of existing management actions and proposed management options; and (5) ensure that the observer programs can safely and efficiently collect the information required for the previous four uses. In particular, these biological and economic data collection programs contribute to legally mandated analyses required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law.

Most of the information collected by observers is obtained through "direct observation by an employee or agent of the sponsoring agency or through non-standardized oral communication in connection with such direct observations". Under the Paperwork Reduction Act (PRA) regulations at 5 C.F.R. 1320.3(h)(3), facts or opinions obtained through such observations and communications are not considered to be "information" subject to the PRA. The public reporting burden for responding to the questions that observers ask and that are subject to the PRA is estimated to average 20 minutes per trip, including the time for hearing and understanding the questions, 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 this collection of information, including suggestions for reducing this burden, to: At-sea Hake Observer Program, 2725 Montlake Blvd. East, Seattle, WA 98112.

Providing information related to observer and vessel safety is mandatory under regulations at 50 C.F.R. 600.746. However, all other requested information is voluntary. Although you are under no legal obligation to answer non-safety related observer questions, we would appreciate your support as it ensures observer data can be used for its intended purpose.

The information collected will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

OMB Control No. 0648-0593 Expires 09/30/2012



UNITED STATES DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
 NATIONAL MARINE FISHERIES SERVICE
 Northeast Fisheries Science Center
 166 Water Street
 Woods Hole, MA 02543-1026

OMB Control No.: 0648-0593
 Expiration Date: 09/30/2012

Data Waiver Form

I, _____, owner or authorized representative of the
 fishing vessel, _____, CG Documentation # _____,

submit this form under Section 402(b) (1) (F) of the Magnuson-Stevens Fishery Conservation and Management Act, 16 U.S.C. 1881a(b) (1) (F), to authorize the release of observer information collected for fishery conservation and management purposes aboard the aforementioned vessel to:

Observer Data Waiver Period: _____

Comments: _____

 Owner/Authorized Representative Signature

 Date Signed

Please return to:
 Amy Van Atten, Branch Chief
 Fisheries Sampling Branch
 NOAA Fisheries
 166 Water Street
 Woods Hole, MA 02543

Additional Basket Weights (For Trawl Weight Methods 1,3 &15)

For WM 3 (BWD) enter all full weighed baskets here. No partial basket weights should be entered here.

Catch #	WM	Catch Category									
	KP			KP			KP			KP	

Any basket weights above this line **must** be entered into the database

Pacific Halibut Actual Lengths & Viabilities (Trawl Only)

Length	Viability								

Total PHLB Count	PHLB TALLY								
------------------	------------	--	--	--	--	--	--	--	--

Notes, Biological data, etc.

Hook and Line Fleet Characterization

Vessel Name: _____

USCG #:

State Reg #: _____

Vessel Characteristics

1. Does the vessel have a mast or boom? (See Figure 4)

Mast Boom Both Neither

2. Is the vessel's propeller single or double screw?

Single Double

3. What direction does the propeller turn? As viewed from aft of stern

Clockwise Counter-Clockwise Opposite (If 2 props)

4. Where is the longline deployed (set from)?

Midline of Stern Port side of Stern Starboard side of Stern

Port side of Vessel Starboard side of Vessel

5. Measure the height of the setting point to the water (cm) _____ cm

6. Is the product delivered whole or head and gutted? Whole Head and Gutted Both

7. Does the vessel discharge offal? Offal is defined as any type of processing waste, including fish guts and bait.

Bait only Fish parts only Bait and fish parts No *If no, skip questions 8 and 9*

8. Is the offal discharged on the opposite or same side of the hauling area? If both, what percentage (best guess) on each side?

Same Opposite Both Same ____% Opposite ____%

9. Is offal discharged only during hauling, only during setting, or both?

Hauling Setting Both

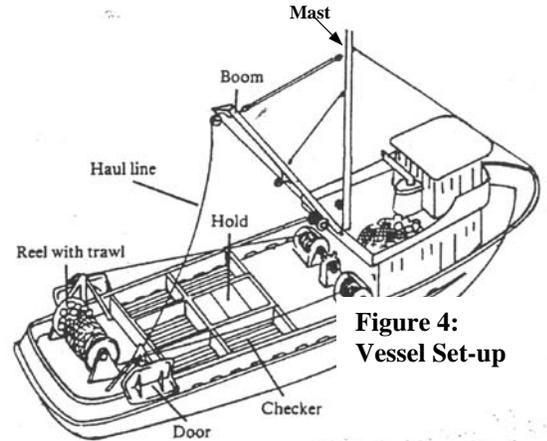


Figure 4:
Vessel Set-up

Gear Characteristics (Longline Gear ONLY)

1. Does the vessel hand bait the gear or use an auto-baiter? Hand Bait Autobaiter

2. Who is the manufacturer of the longline gear? _____

3. What type of longline gear does the vessel use?

4 strand silverline 3 strand nylon 3 strand poly Other _____

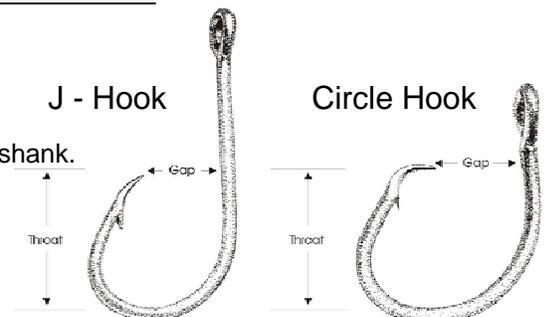
4. What is the diameter of the longline gear (mm)? _____ mm

5. Is the vessel using circle or J hooks? (circle one)

Circle J

Circle hook - A non-offset hook with the point turned perpendicularly back to the shank.

J Hook - Barbed point is almost parallel to the shank of the hook.



6. What size are the hooks? _____

7. What color are the gangions? _____



NPGOP VESSEL/PLANT OPERATOR COMMENT FORM

NORTH PACIFIC GROUND FISH OBSERVER PROGRAM

The information on this form will be used by the National Marine Fisheries Service to evaluate how well the observers are performing their duties and to serve as a line of communication between the fishermen and the Observer Program.

Public reporting burden for this collection of information is estimated to average 30 minute 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.

All identifying data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, 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 that collection of information displays a currently valid OMB Control Number.

INSTRUCTIONS

Anonymous responses have little value in this process, so please fill in the identifying information completely. If you don't remember the Observer's name, please fill in the rest of the identifying information and indicate whether the Observer was the Primary or Secondary observer (if known).

In addition to answering Yes or No to each question, please use the Comments section to provide additional information about your answer. If the answer is neither Yes nor No, please use the Comments section to record the appropriate answer (i.e. Sometimes or N/A [not applicable]).

Though this form's primary intent is to allow you to provide information regarding specific observers, the second page affords you an opportunity to provide feedback and ask questions about the Observer Program in general or to open up a line of communication between you and a member of our staff.

Please take the time to answer this Comment Form completely.

Thank you for your time!



Date Revised: May 6, 2009

OMB Control No. 0648-0593
 Expiration Date: 09/30/2012

NPGOP VESSEL/PLANT OPERATOR COMMENT FORM

Vessel/Plant Operator _____ Vessel/Plant Name _____ Today's Date _____

Observer _____ Observer Provider _____ Dates observer onboard _____

Questions about your observer	Yes	No	Comments
Did the observer interact with you and your crew in a professional manner?			
Did the observer discuss his/her work needs with you and your crew?			
Did the observer follow vessel/plant rules or policies? If not, please elaborate.			
Did the observer participate fully in safety drills? If not, why not?			
Did the observer inform you of any suspected violations of regulations when these were witnessed?			
Did the observer put himself/herself in any unsafe situations? If yes, please elaborate.			
Did you have any issues with the observer's duties and responsibilities? If yes, please elaborate.			
Did you discuss any issues regarding observer duties with the observer?			How were the issues resolved?
Did you discuss any issues regarding observer duties with anyone else? (please circle) Observer Program staff			Please identify the person you spoke with and whether the issues were resolved.
Observer provider My fishing company			



Did the observer do anything specific that you appreciated? Please elaborate.	Yes	No	Comments
Questions about the program			
Do you have questions about the work performed by observers? (sampling methods, work schedules, etc)			
Did you ask the observer?			
Would you like to ask a member of our staff?			
Would you like someone on our staff to contact you? (If yes, please provide contact information below)			
In general, are you satisfied with the observers you have had on your vessel or at your plant? Please use this space to provide any relevant comments or suggestions.			

If you would like us to contact you, please provide:

Phone _____ Email _____ Address _____



PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Martin Loefflad, Director, Fisheries Monitoring and Analysis Division, NOAA National Marine Fisheries Service, 7600 Sand Point Way NE, Seattle, WA 98115.

ADDITIONAL INFORMATION

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is voluntary and will be used to improve observer training under section 403(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) **All identifying data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.** Other information collected on this form may be subject to public release under various statutes.

VESSEL REIMBURSEMENT FORM

OBSERVER TRIP ID	OBSERVER NAME	VESSEL NAME
DATES OF TRIP	MEAL EXPENSES	TOTAL COST
	\$25/DAY X	
CORPORATION / OWNER NAME	EIN or SSN	MAILING ADDRESS AND PHONE #
DATE	SIGNATURE	
OFFICE USE ONLY	INVOICE CODE	TASK NUMBER

PLEASE FILL OUT ALL BLANKS (EXCLUDING INVOICE CODE AND TASK NUMBER) AND MAIL TO:

Loraine Hale
 NOAA Fisheries
 3500 Delwood Beach Road
 Panama City, FL 32408

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used to reimburse you for specific expenses during the observed trip identified on the form. That trip was observed in order to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 10 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, National Observer Program, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is required to have the Central Administrative Support Center (CASC) and United States Treasury process and pay the reimbursement. The information on this form will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

TWIN TRAWL HAUL LOG
NMFS FISHERIES OBSERVER PROGRAM
OBTH OBHAU OBSPP 01/01/10

OBS/ TRIP ID	
DATE LAND (mm/yy)	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE <input type="text"/>	GEAR # <input type="text"/>	HAUL # <input type="text"/>	HAUL OBS? NO 0 _____ YES 1 _____	ON-EFFORT? NO 0 _____ YES 1 _____	CATCH? NO 0 _____ YES 1 _____	INC TAKE? NO 0 _____ YES 1 _____	WEATHER CODE	WIND SPEED _____ kn DIRECTION _____ °		WAVE HEIGHT ft	DEPTH, HAUL BEGIN fm	GEAR COND CODE	
HAUL INFO	DATE mm/dd/yy	TIME 24 hours	LATITUDE / LONGITUDE (DD MM.M) - LORAN (XXXXX)				NUMBER OF TURNS	TOW SPEED _____ kn	WIRE OUT fm	WATER TEMP _____ °F			
BEGIN HAUL	/ /	:	Station 1 9960 -	Latitude / Bearing	Station 2 9960 -	Longitude / Bearing	TARGET SPECIES		CODE	NET OBSERVED Port 1 _____ Starboard 2 _____ Both 3 _____			
BEGIN FISHING	/ /	:											
END HAUL	/ /	:	9960 -		9960 -					VERTICAL OPENING ** ft			
GEAR ONBOARD	/ /	:								HORIZONTAL OPENING ** ft			
COMMENTS										DOOR SPREAD ** ft			

**Only fill in if gear mounted electronics are used

SPECIES		CATCH DISP (K/D)	POUNDS	DISP CODE	WEIGHT		SPECIES		CATCH DISP (K/D)	POUNDS	DISP CODE	WEIGHT	
NAME	CODE				D/R	ESTIMATION METHOD CODE	NAME	CODE				D/R	ESTIMATION METHOD CODE

TWIN TRAWL GEAR CHARACTERISTICS LOG
NMFS FISHERIES OBSERVER PROGRAM
OBTTG 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		GEAR NUMBER	NET NAME	NET TYPE	NET BUILDER	CODEND/LINER HUNG CODEND LINER		GEAR MOUNTED ELECTRONICS		EXCLUDER/SEPARATOR DEVICE						
NET LOCATION Port 1 _____ Starboard 2 _____ Other 9 _____		CONSTRUCTION MATERIAL TYPE NET BODY CODEND LINER			LENGTH MEASUREMENTS Headrope _____ ft Footrope/Sweep _____ ft Ground Cable _____ fm Bridle _____ fm			Unknown 0 _____ Diamond 1 _____ Square 2 _____ Square, wrapped 3 _____ Combination 8 _____		USED? NO 0 _____ YES 1 _____ Type Code _____						
DOORS USED? NO 0 _____ YES 1 _____		Poly 02 _____ Kevlar® 03 _____ Spectra® 04 _____ Tenex® 05 _____ Nomex® 06 _____ Combination 98 _____ Other 99 _____			STRENGTHENER USED? NO 0 _____ YES 1 _____ CHAFING GEAR USED? NO 0 _____ YES 1 _____			TWINE TYPE CODEND LINER Single 1 _____ Double 2 _____ Single on Top/ 3 _____ Double on Bottom 3 _____ Other 9 _____		NUMBER OF TRANSDUCERS _____ T.E.D. EXTENSION _____ Mesh Size _____ in (circle one) A / E						
WEIGHT OF ONE DOOR _____ kg		LINER USED? NO 0 _____ YES 1 _____		NETS CONNECTED? NO 0 _____ YES 1 _____		KITE PANEL KITE USED? NO 0 _____ Width _____ in YES 1 _____ Length _____ in		FISHING CIRCLE # MESHES _____ MESH SIZE _____ in		ESCAPE OUTLET USED? NO 0 _____ YES 1 _____						
COMMENTS		GROUND GEAR TYPE GROUND CABLE BRIDLE/ LEG SWEEP Unknown 00 _____ Chain 01 _____ Cable / Wire 02 _____ Wrapped Cable 03 _____ Rock Hopper 04 _____ Roller 05 _____ Rubber Cookie 06 _____ Bobbin 07 _____ Plate Gear 08 _____ None 98 _____ Other 99 _____			SWEEP GEAR Number _____ Diameter _____ in			FLOATS Number _____ Diameter _____ in			CODEND MESH SIZE _____ mm _____ mm _____ mm _____ mm		BRAND Unknown 0 _____ Furuno® 1 _____ Simrad® 2 _____ Northstar Tech 3 _____ Notus 4 _____ Marport 5 _____ Scanmar 6 _____ Combination 8 _____ Other 9 _____		TYPE Unknown 0 _____ Panel 1 _____ Opening 2 _____ Single Flap 3 _____ Double Flap 4 _____ Other 9 _____	
								LINER MESH SIZE _____ mm _____ mm _____ mm _____ mm _____ mm _____ mm _____ mm _____ mm _____ mm _____ mm		MESH SIZE _____ in LENGTH # MESHES _____ OR _____ in WIDTH # MESHES _____ OR _____ in SHAPE Type Code _____ LOCATION Type Code _____						
								LOCATION (check all that apply) Unknown 0 <input type="checkbox"/> Headrope 1 <input type="checkbox"/> Wings 2 <input type="checkbox"/> Footrope 3 <input type="checkbox"/> Door 5 <input type="checkbox"/> Codend 6 <input type="checkbox"/> Other 9 <input type="checkbox"/>								

ADDITIONAL COMMENTS	EXCLUDER/SEPARATOR DEVICE TYPE CODES:	ESCAPE OUTLET SHAPE CODES:	ESCAPE OUTLET LOCATION CODES:
	00 = Unknown 25 = Conch T.E.D. 01 = Nordmore Grate 26 = Flat Bottom T.E.D. 03 = Separator Panel 27 = Whelk T.E.D. 04 = Guiding Device 28 = Flexible T.E.D. 05 = Raised Footrope 29 = Parker Soft T.E.D. 20 = T.E.D., Unknown 30 = Experimental T.E.D. 21 = Standard T.E.D. 31 = Northeast Modified T.E.D. 22 = Weedless T.E.D. 32 = Large Flat Bar T.E.D. 23 = Flounder T.E.D. 98 = Combination (Comment) 24 = Bent Rod T.E.D. 99 = Other (Comment)	00 = Unknown 01 = Rectangular 05 = Trapezoid 06 = Square 07 = Diamond 08 = Triangular 09 = Semi-Circle 11 = Horizontal Cut 99 = Other (Comment)	0 = Unknown 1 = Net Top 2 = Net Bottom 3 = Net Side 4 = Codend Top 5 = Codend Bottom 8 = Combination (Comment) 9 = Other (Comment)

FOR OFFICE USE ONLY

TRIP AND MORE TRIP LOG

**NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMTRP ASMTRG**

DATE RECEIVED	/ /
EDITED BY	

ASM/TRIPID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PRIMARY GEAR (code & name) <input type="text"/> <input type="text"/> <input type="text"/>	
FLEET ID (code & name) <input type="text"/> <input type="text"/> <input type="text"/>	TARGET SPECIES 1 (For Overall Trip)	
VESSEL NAME	TARGET SPECIES 2 (For Overall Trip)	
VESSEL NUMBER	VENDOR ID	PROGRAM CODE <input type="text"/> <input type="text"/> <input type="text"/>
VESSEL PERMIT NUMBER	INCIDENTAL TAKE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
PORT SAILED (CITY, STATE)	PHOTOS? <input type="checkbox"/> NO <input type="checkbox"/> YES	
DATE SAILED (mm/dd/yy) / /	FIELD DIARY? <input type="checkbox"/> NO <input type="checkbox"/> YES	
TIME SAILED (24 hr) :		
COMMENTS		
FOR OFFICE USE ONLY		

COST AND END TRIP LOG

**NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMTRP**

ASM/TRIPID	
DATE LANDED mm/yy	/

COSTS		END TRIP									
ICE USED (ton) ____ . ____ <input type="checkbox"/> UNKNOWN	FUEL USED (gal) _____ <input type="checkbox"/> UNKNOWN	TRIP EXTENSION									
Price in DOLLARS and CENTS		ABORTED, NON-GILLNET (A) <input type="checkbox"/>									
		(LONGLINE, HANDLINE, TRAWL)									
ICE/TON	FUEL/GAL	GILLNET, COMPLETE (C) <input type="checkbox"/>									
\$ ____ . ____ <input type="checkbox"/> UNKNOWN	\$ ____ . ____ <input type="checkbox"/> UNKNOWN	ABORTED, GILLNET COMPLETE (D) <input type="checkbox"/>									
Costs in WHOLE DOLLARS		SET ONLY, COMPLETE (E) <input type="checkbox"/>									
DAMAGE	SUPPLIES	NON-GILLNET TRIP (-) <input type="checkbox"/>									
\$ ____ . 00 <input type="checkbox"/> UNKNOWN	\$ ____ . 00 <input type="checkbox"/> UNKNOWN	(LONGLINE, HANDLINE, TRAWL)									
FOOD	WATER	PORT LANDED (CITY, STATE)									
\$ ____ . 00 <input type="checkbox"/> UNKNOWN	\$ ____ . 00 <input type="checkbox"/> UNKNOWN	DATE LANDED (mm/dd/yy)									
OIL	BAIT	<table border="1"> <tr> <td>□</td><td>□</td> <td>/</td> <td>□</td><td>□</td> <td>/</td> <td>□</td><td>□</td> </tr> </table>		□	□	/	□	□	/	□	□
□	□	/	□	□	/	□	□				
\$ ____ . 00 <input type="checkbox"/> UNKNOWN	\$ ____ . 00 <input type="checkbox"/> UNKNOWN	TIME LANDED (24 hr)									
COST COMMENTS		:									
		VTR SERIAL #									
		e VTR TRIPID									
		DEALER'S NAME									
		END TRIP COMMENTS									

HAWAII OBSERVER PROGRAM LONGLINE TRIP EXPENDITURE FORM page 1 of 2

(Ask information on the way home)

1. TRIP INFORMATION

TRIP NUMBER	DATE OF DEPARTURE	DATE OF RETURN
L L	2 0	2 0
	DAY MONTH YEAR	DAY MONTH YEAR

VESSEL NAME:

TRIP TYPE (Check one):
 SWORDFISH TUNA

2. FUEL

PRICE PER GALLON	GALLONS USED	TOTAL COST OF FUEL
\$		\$

3. ENGINE OIL

UNIT (Check one)	PRICE PER UNIT	QUANTITY USED	TOTAL COST OF OIL
<input type="checkbox"/> Gallon		Per gal	\$
<input type="checkbox"/> Bag/Bucket (5 gallons)		Per bag	
<input type="checkbox"/> Drum (55 Gallons)		Per drum	

4. BAIT

TYPE 1 (Check one):		PRICE PER BOX	BOXES USED	TOTAL COST
<input type="checkbox"/> Squid	<input type="checkbox"/> Mackerel	\$		\$
<input type="checkbox"/> Sardine	<input type="checkbox"/> Anchovy			
<input type="checkbox"/> Sanma				
TYPE 2 (Check one):		PRICE PER BOX	BOXES USED	TOTAL COST
<input type="checkbox"/> Squid	<input type="checkbox"/> Mackerel	\$		\$
<input type="checkbox"/> Sardine	<input type="checkbox"/> Anchovy			
<input type="checkbox"/> Sanma				

5. ICE (Check one):

ICE MAKER NO ICE MAKER

UNIT (Check one)	PRICE PER UNIT	UNITS USED	TOTAL COST OF ICE
<input type="checkbox"/> Blocks	\$		\$
<input type="checkbox"/> Tons			
<input type="checkbox"/> Lbs			

6. FISHING GEAR COSTS (amount spent to re-supply vessel for this trip [e.g. hooks, line, floats, raingear])

\$

7. PROVISIONS COSTS (amount spent to re-supply vessel for this trip [e.g. groceries, bottled water, cigarettes])

\$

DON'T FORGET TO FILL OUT THE BACKSIDE!

HAWAII OBSERVER PROGRAM LONGLINE TRIP EXPENDITURE FORM page 2 of 2

(Ask information on the way home)

8. TRIP COMMUNICATIONS COST (amount spent for this trip [e.g., satellite phone and/or data calls, email])

\$

--	--	--	--	--	--	--	--

9. COST OF LIGHTSTICKS (for swordfish trips only)

PRICE PER CASE (500 LIGHTSTICKS)	CASES USED	TOTAL STICK COST																								
\$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									\$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

10. TOTAL ESTIMATED TRIP COSTS (Ask, Don't Add!)

\$

--	--	--	--	--	--	--	--

11. CAPTAIN OF THIS TRIP (Check one)

Owner Operated Hired Captain

12. CREW INFORMATION

Number of crew (DO NOT Include captain)	Number of foreign crew				
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		

13. STATUS OF ECONOMIC DATA COLLECTION (For observer / debriefer only)

A. Observer Section

Observer number: _____

Captain or trip operator phone number: (_____) _____

B. Debriefer Section

Check only one box:

- Data from Captain
- Observed data at sea
- In office

Debriefer initials: _____

If no data from Captain, please provide REASON:

--

TRIP DATA RELEASE FORM

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used to ensure that the data for a specific trip is not provided to a person who does not have authority to obtain that data under the confidentiality requirements of the Magnuson-Stevens Fishery Conservation and Management Act (MSA) and the Marine Mammal Protection Act (MMPA). Meeting those confidentiality requirements are critical for collecting information that is used in analyses that support the conservation and management of living marine resources and that are required under the MSA, the Endangered Species Act (ESA), the MMPA, the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable laws. The public reporting burden for this form is estimated to average 2 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Amy Van Atten, National Marine Fisheries Service, Northeast Fisheries Science Center, Northeast Fisheries Observer Program, 166 Water Street, Woods Hole, MA 02543-2266. Providing the requested information is required to deliver the copy of the trip to the requested location and to release the trip data. The information on this form will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

POLICY FOR DATA REQUESTS OF NMFS OBSERVER-OBTAINED INFORMATION

- 1) The only individuals who may request and receive data include: the owner(s), or the captain acting as an authorized representative for the owner(s), or a vessel participating in the National Marine Fisheries Service (NMFS) Observer Program. No other individuals may be issued any data under this policy.
- 2) Any data request must be submitted in writing on a form letter which may be obtained from a NMFS Observer, or the address below. Two signatures are required on this letter: that of the individual requesting the data, and that of the individual releasing the data. All letters must then be returned to the following address:

Chief, Fisheries Sampling Branch
National Marine Fisheries Service
Northeast Fisheries Science Center
166 Water Street
Woods Hole, MA 02543-1097

Any questions or other requests relating to data release should also be directed to the above address.

- 3) It should be understood that upon release of the requested data, the recipient then becomes responsible for it.
- 4) The individual signing the letter as the “releasor” must issue the information in compliance with this policy.

- 5) Data may not be released upon an oral request, or without first completing and signing the authorized release letter mentioned above.
- 6) Field diaries do not meet the specifications of releasable data under the policy. No field diaries may be copied for, or reviewed by, vessel owners or captains.
- 7) Release of data for trips in which more than one vessel participated (i.e. pair trawl trips) may only occur if both vessel owners or captains complete and sign data release letters.
- 8) Any requests for historical data (i.e. data that an observer has already mailed in) should be forwarded to the address above.
- 9) All letters should be completed in pen, not pencil.

**NMFS FISHERIES OBSERVER PROGRAM
TRIP DATA RELEASE FORM**

Request Date _____/_____/_____

Observer Trip ID # _____

Vessel Name _____

USCG Doc # _____

Date Landed _____/_____/_____

PRINT Name

Signature

PRINT Mailing Address:

Captain
 Owner

Copies Released By: _____ Date _____ Edited? Yes ___ No ___
(For NMFS Office Use)

▼ TEAR AT PERFORATION AND RETAIN BELOW SECTION FOR YOUR RECORDS ▼

The data you receive may be preliminary and not yet completely reviewed.

Observer Trip ID # _____

Date Requested _____

Mail Request To:

Chief, Fisheries Sampling Branch
National Marine Fisheries Service
Northeast Fisheries Science Center
166 Water Street
Woods Hole, MA 02543-1097

Questions or Comments:

Patricia Yoos
508-495-2338

TRAWL HAUL LOG
NMFS FISHERIES OBSERVER PROGRAM
OBOOTH OBHAU OBSPP 01/01/10

OBS/ TRIP ID	
DATE LAND (mm/yy)	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE <input type="text"/>	GEAR # <input type="text"/>	HAUL # <input type="text"/>	HAUL OBS? NO 0 _____ YES 1 _____	ON-EFFORT? NO 0 _____ YES 1 _____	CATCH? NO 0 _____ YES 1 _____	INC TAKE? NO 0 _____ YES 1 _____	WEATHER CODE	WIND SPEED _____ kn DIRECTION _____ °		WAVE HEIGHT _____ ft	DEPTH, HAUL BEGIN _____ fm	GEAR COND CODE
HAUL INFO	DATE mm/dd/yy	TIME 24 hours	LATITUDE / LONGITUDE (DD MM.M) - LORAN (XXXXX)				NUMBER OF TURNS	TOW SPEED	WIRE OUT			
BEGIN HAUL	/ /	:	Station 1 9960 -	Latitude / Bearing	Station 2 9960 -	Longitude / Bearing						
BEGIN FISHING	/ /	:					WATER TEMP _____ ° F	TARGET SPECIES		CODE		
END HAUL	/ /	:	9960 -		9960 -							
GEAR ONBOARD	/ /	:	COMMENTS							VERTICAL OPENING **		
FISH PUMPING												ft
BEGIN	/ /	:								HORIZONTAL OPENING **		ft
END	/ /	:								DOOR SPREAD **		ft

** Only fill in if gear mounted electronics are used

SPECIES		CATCH DISP (K/D)	POUNDS	DISP CODE	WEIGHT		SPECIES		CATCH DISP (K/D)	POUNDS	DISP CODE	WEIGHT	
NAME	CODE				D/R	ESTIMATION METHOD CODE	NAME	CODE				D/R	ESTIMATION METHOD CODE

TRAWL GEAR CHARACTERISTICS LOG
NMFS FISHERIES OBSERVER PROGRAM
OBOTG 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE <input type="text"/>	GEAR NUMBER	NET NAME	NET TYPE	NET BUILDER	CODEND/LINER HUNG CODEND LINER	GEAR MOUNTED ELECTRONICS	EXCLUDER/SEPARATOR DEVICE
LINER USED? NO 0 _____ YES 1 _____	CONSTRUCTION MATERIAL TYPE NET BODY CODEND LINER			LENGTH MEASUREMENTS		USED? NO 0 _____ YES 1 _____	USED? NO 0 _____ YES 1 _____
DOORS USED? NO 0 _____ YES 1 _____	Unknown 00 _____			Headrope _____ ft	Diamond 1 _____	NUMBER OF TRANSDUCERS	Type Code _____
WEIGHT OF ONE DOOR _____ kg	Nylon 01 _____			Footrope/Sweep _____ ft	Square 2 _____		T.E.D. EXTENSION
	Poly 02 _____			Ground Cable _____ fm	Square, wrapped 3 _____		Mesh Size _____ in
	Kevlar® 03 _____			Bridle _____ fm	Combination 8 _____		(circle one) A / E
	Spectra® 04 _____			STRENGTHENER USED?	TWINE TYPE CODEND LINER		ESCAPE OUTLET
	Tenex® 05 _____			NO 0 _____ YES 1 _____	Single 1 _____	Unknown 0 _____	USED? NO 0 _____ YES 1 _____
	Nomex® 06 _____				Double 2 _____	Wired 1 _____	
	Combination 98 _____			CHAFING GEAR USED?	Single on Top/ _____	Wireless 2 _____	
	Other 99 _____			NO 0 _____ YES 1 _____	Double on Bottom 3 _____	Both 3 _____	
KITE PANEL	FISHING CIRCLE				CODEND MESH SIZE	BRAND	TYPE
KITE USED?	Number _____	# MESHES _____			_____ mm _____ mm	Unknown 0 _____	Unknown 0 _____
NO 0 _____	Width _____ in				_____ mm _____ mm	Furuno® 1 _____	Panel 1 _____
YES 1 _____	Length _____ in	MESH SIZE _____ in			_____ mm _____ mm	Simrad® 2 _____	Opening 2 _____
COMMENTS	GROUND GEAR					Northstar Tech 3 _____	Single Flap 3 _____
	TYPE GROUND CABLE BRIDLE/ LEG SWEEP					Notus 4 _____	Double Flap 4 _____
	Unknown 00 _____					Marport 5 _____	Other 9 _____
	Chain 01 _____					Scanmar 6 _____	
	Cable / Wire 02 _____					Combination 8 _____	
	Wrapped Cable 03 _____					Other 9 _____	
	Rock Hopper 04 _____						
	Roller 05 _____						
	Rubber Cookie 06 _____						
	Bobbin 07 _____						
	Plate Gear 08 _____						
	None 98 _____						
	Other 99 _____						
	SWEEP GEAR		FLOATS		LINER MESH SIZE	LOCATION	LENGTH
	Number _____					(check all that apply)	# MESHES _____ OR _____ in
	Diameter _____ in					Unknown 0 <input type="checkbox"/>	WIDTH
						Headrope 1 <input type="checkbox"/>	# MESHES _____ OR _____ in
						Wings 2 <input type="checkbox"/>	
						Footrope 3 <input type="checkbox"/>	SHAPE Type Code _____
						Door 5 <input type="checkbox"/>	LOCATION Type Code _____
						Codend 6 <input type="checkbox"/>	
						Other 9 <input type="checkbox"/>	

OBS/TRIP ID	
DATE LANDED mm/yy	/
PAGE #	<input type="text"/> OF <input type="text"/>

ADDITIONAL COMMENTS	EXCLUDER/SEPARATOR DEVICE TYPE CODES:	ESCAPE OUTLET SHAPE CODES:	ESCAPE OUTLET LOCATION CODES:
	00 = Unknown 25 = Conch T.E.D. 01 = Nordmore Grate 26 = Flat Bottom T.E.D. 03 = Separator Panel 27 = Whelk T.E.D. 04 = Guiding Device 28 = Flexible T.E.D. 05 = Raised Footrope 29 = Parker Soft T.E.D. 20 = T.E.D., Unknown 30 = Experimental T.E.D. 21 = Standard T.E.D. 31 = Northeast Modified T.E.D. 22 = Weedless T.E.D. 32 = Large Flat Bar T.E.D. 23 = Flounder T.E.D. 98 = Combination (Comment) 24 = Bent Rod T.E.D. 99 = Other (Comment)	00 = Unknown 01 = Rectangular 05 = Trapezoid 06 = Square 07 = Diamond 08 = Triangular 09 = Semi-Circle 11 = Horizontal Cut 99 = Other (Comment)	0 = Unknown 1 = Net Top 2 = Net Bottom 3 = Net Side 4 = Codend Top 5 = Codend Bottom 8 = Combination (Comment) 9 = Other (Comment)

FOR OFFICE USE ONLY

TRAWL HAUL LOG
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMOTH ASMHAU ASMSP

ASM/TRIPID	
DATE LANDED mm/yy	/ /
PAGE #	of

HAUL BEGIN		HAUL END	
GEAR CODE	HAUL #	GEAR NUMBER	HAUL DATE (mm/dd/yy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
HAUL OBSERVED? YES <input type="checkbox"/> NO <input type="checkbox"/>		INC? YES <input type="checkbox"/> NO <input type="checkbox"/>	BEGIN HAUL TIME
			:
WEATHER CONDITION		WAVE HEIGHT (ft)	LATITUDE/LONGITUDE (DD MM.M)
GEAR CONDITION CODE			BEGIN LATITUDE
TARGET SPECIES 1 (This Haul)			END LATITUDE
TARGET SPECIES 2 (This Haul)			BEGIN LONGITUDE
			END LONGITUDE
			(STAT AREA)*
			(STAT AREA)*

COMMENTS * Enter only if latitude/longitude coordinates are not available

SPECIES NAME	POUNDS	D/R	DISP CODE	EST. METH.	SPECIES NAME	POUNDS	D/R	DISP CODE	EST. METH.

TRAWL GEAR LOG (FRONT)
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMOTG

ASM/TRIPID	
DATE LANDED mm/yy	/
PAGE #	__ of __

GEAR CODE □ □ □	GEAR # □ □	NET NAME	NET TYPE
ESCAPE OUTLET? Y <input type="checkbox"/> N <input type="checkbox"/>		EXCLUDER/ SEPARATOR? Y <input type="checkbox"/> N <input type="checkbox"/>	CODEND LINER ? Y <input type="checkbox"/> N <input type="checkbox"/>
CODEND		LINER	
CODEND HUNG COMBINATION <input type="checkbox"/> DIAMOND <input type="checkbox"/> SQUARE <input type="checkbox"/> SQUARE WRAPPED <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		CODEND MESH MEASUREMENTS _____mm _____mm _____mm _____mm _____mm	LINER HUNG COMBINATION <input type="checkbox"/> DIAMOND <input type="checkbox"/> SQUARE <input type="checkbox"/> SQUARE WRAPPED <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
CODEND TWINE DOUBLE <input type="checkbox"/> OTHER (COMMENT) <input type="checkbox"/> SINGLE <input type="checkbox"/> TOP SINGLE/ BOTTOM DOUBLE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		_____mm _____mm _____mm _____mm _____mm	LINER TWINE DOUBLE <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE <input type="checkbox"/> TOP SINGLE/ BOTTOM DOUBLE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
		_____mm _____mm _____mm _____mm _____mm	_____mm _____mm _____mm _____mm _____mm

COMMENTS

GEAR CODE □ □ □	GEAR # □ □	NET NAME	NET TYPE
ESCAPE OUTLET? Y <input type="checkbox"/> N <input type="checkbox"/>		EXCLUDER/ SEPARATOR? Y <input type="checkbox"/> N <input type="checkbox"/>	CODEND LINER ? Y <input type="checkbox"/> N <input type="checkbox"/>
CODEND		LINER	
CODEND HUNG COMBINATION <input type="checkbox"/> DIAMOND <input type="checkbox"/> SQUARE <input type="checkbox"/> SQUARE WRAPPED <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		CODEND MESH MEASUREMENTS _____mm _____mm _____mm _____mm _____mm	LINER HUNG COMBINATION <input type="checkbox"/> DIAMOND <input type="checkbox"/> SQUARE <input type="checkbox"/> SQUARE WRAPPED <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
CODEND TWINE DOUBLE <input type="checkbox"/> OTHER (COMMENT) <input type="checkbox"/> SINGLE <input type="checkbox"/> TOP SINGLE/ BOTTOM DOUBLE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		_____mm _____mm _____mm _____mm _____mm	LINER TWINE DOUBLE <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE <input type="checkbox"/> TOP SINGLE/ BOTTOM DOUBLE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
		_____mm _____mm _____mm _____mm _____mm	_____mm _____mm _____mm _____mm _____mm

COMMENTS

TRAWL GEAR LOG (BACK)
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMOTG

ASM/TRIPID	
DATE LANDED mm/yy	/ /
PAGE #	__ of __

GEAR CODE □ □ □	GEAR # □ □	NET NAME	NET TYPE
ESCAPE OUTLET? Y <input type="checkbox"/> N <input type="checkbox"/>		EXCLUDER/ SEPARATOR? Y <input type="checkbox"/> N <input type="checkbox"/>	CODEND LINER? Y <input type="checkbox"/> N <input type="checkbox"/>
CODEND		LINER	
CODEND HUNG COMBINATION <input type="checkbox"/> DIAMOND <input type="checkbox"/> SQUARE <input type="checkbox"/> SQUARE WRAPPED <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		CODEND MESH MEASUREMENTS _____mm _____mm _____mm _____mm _____mm	LINER HUNG COMBINATION <input type="checkbox"/> DIAMOND <input type="checkbox"/> SQUARE <input type="checkbox"/> SQUARE WRAPPED <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
CODEND TWINE DOUBLE <input type="checkbox"/> OTHER (COMMENT) <input type="checkbox"/> SINGLE <input type="checkbox"/> TOP SINGLE/ BOTTOM DOUBLE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		_____mm _____mm _____mm _____mm _____mm	LINER TWINE DOUBLE <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE <input type="checkbox"/> TOP SINGLE/ BOTTOM DOUBLE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
		_____mm _____mm _____mm _____mm	_____mm _____mm _____mm _____mm

GEAR CODE □ □ □	GEAR # □ □	NET NAME	NET TYPE
ESCAPE OUTLET? Y <input type="checkbox"/> N <input type="checkbox"/>		EXCLUDER/ SEPARATOR? Y <input type="checkbox"/> N <input type="checkbox"/>	CODEND LINER ? Y <input type="checkbox"/> N <input type="checkbox"/>
CODEND		LINER	
CODEND HUNG COMBINATION <input type="checkbox"/> DIAMOND <input type="checkbox"/> SQUARE <input type="checkbox"/> SQUARE WRAPPED <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		CODEND MESH MEASUREMENTS _____mm _____mm _____mm _____mm _____mm	LINER HUNG COMBINATION <input type="checkbox"/> DIAMOND <input type="checkbox"/> SQUARE <input type="checkbox"/> SQUARE WRAPPED <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
CODEND TWINE DOUBLE <input type="checkbox"/> OTHER (COMMENT) <input type="checkbox"/> SINGLE <input type="checkbox"/> TOP SINGLE/ BOTTOM DOUBLE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		_____mm _____mm _____mm _____mm _____mm	LINER TWINE DOUBLE <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE <input type="checkbox"/> TOP SINGLE/ BOTTOM DOUBLE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
		_____mm _____mm _____mm _____mm	_____mm _____mm _____mm _____mm

COMMENTS	FOR OFFICE USE ONLY

VESSEL SAFETY EXAMINATION CHECKLIST

Fisheries Observer Program
NMFS, Southwest Region

Observers must verify the condition of each item on the list when embarking a vessel. Please advise the Logistics Coordinator or Project Manager if a vessel does not provide these safety items. **DO NOT LEAVE ON A VESSEL YOU FEEL IS UNSAFE**

Trip Number: _____
Observer Name: _____
Signature: _____
Date: _____

Vessel Name: _____
USCG Commercial Fishing Vessel Safety
Examination Decal
Issued Date: _____

	Safe	Unsafe	Comments
PFD/Immersion Suit	()	()	_____
Ring Life Buoys	()	()	_____
Life Raft	()	()	_____
Packing Date: _____			
Hydrostatic Release Date: _____			
Stowage of Life Raft	()	()	_____
Distress Signals	()	()	_____
EPIRBS	()	()	_____
Fire Extinguishers	()	()	_____
First Aid Equipment	()	()	_____
Guards for Exposed Hazards	()	()	_____
Nautical Charts for fishing area	()	()	_____
Compass	()	()	_____
Anchor and Radar reflectors	()	()	_____
General alarm System	()	()	_____
Communication Equipment			
w/emergency power source	()	()	_____
High Water Alarm	()	()	_____
Bilge Pump	()	()	_____
Electronic Position Fixing Devices	()	()	_____
Emergency Instructions	()	()	_____

Any additional comments/concerns:

National Marine Fisheries Service
Southwest Region Observer Program
Pre-Trip Notification Form

Vessel Name _____

Contact Name _____

Contact Phone Number _____

Gear Type _____

Port of Departure _____

Date of Departure _____

Time of Departure _____

Shrimp Bycatch Reduction Device Data Form Instruction

Trip #: Document the Trip number generated by the WCGOP database.

Fish Ticket #: Document the Fish Ticket number(s) for the Trip.

1. Double vs Single Rigged: Check the single rigged box if the vessel was fishing with one net and the double rigged box if the vessel was fishing with two nets.

Double Rigged – Ask the skipper if the BRD's are of equal size. If yes, measure one BRD. If no, measure both BRD's.

2. Style of Grate Observed and Measurements: Check the box that best describes the BRD being used by the vessel. Below are photo representations of the hard-paneled BRD's. **If the BRD being used is not rigid with bars, it is a soft-paneled BRD.**



Single-Ringed BRD

Single circular ring to which bars are attached



Double-Ringed BRD

Outer circular ring with inner concentric ring to which bars are attached.

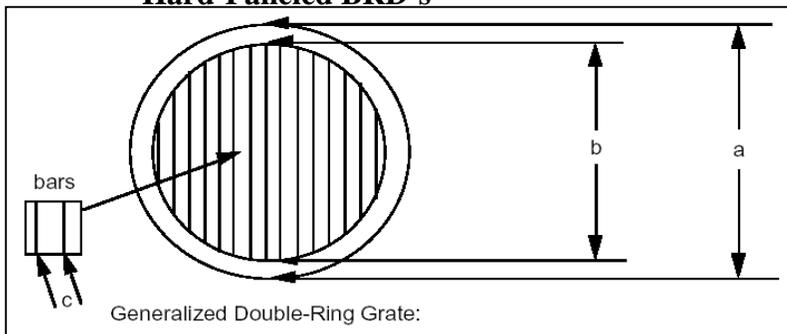


Folding BRD

Folds via hinges into hemispheres; usually single ringed

Make the appropriate measurements, based on the BRD type. Measurements are to the **whole millimeter (mm)**.

Hard-Paneled BRD's



Hard Grating Measurements

Single-Ringed BRD

1. Measure the diameter of the outside ring (a)
2. Measure the distance between the bars at the widest point. (c)

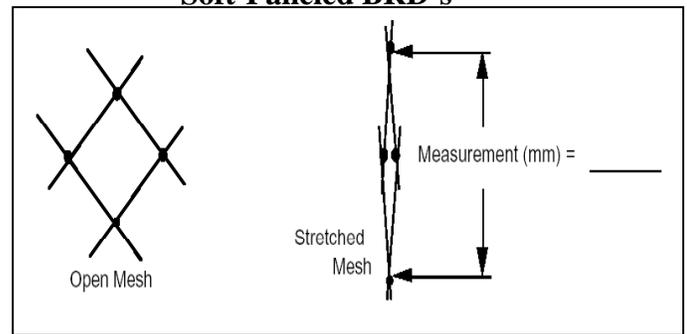
Double-Ringed BRD

1. Measure the diameter of the outside ring (a)
2. Measure the diameter of inside ring (b)
3. Measure the distance between the bars at the widest point. (c)

Folding BRD

1. Measure the diameter of the outside ring (a)
2. Measure the diameter of inside ring (b) (if double-ringed)
3. Measure the distance between the bars at the widest point. (c)

Soft-Paneled BRD's



Soft Grating Measurements

1. Stretch the mesh in the BRD by pulling two knots away from each other.
2. Measure the distance between the knots, in centimeters.

BRD Shrimp Vessel Data Form

Trip #

Fish Ticket #

1. Is the vessel single or double rigged?

Single (go to question 2)

Double

Are the BRD's the same size on both nets?

YES – Measure one BRD

NO – Measure both BRD's

2. What type of BRD is vessel using? Make the appropriate measurements.*

Single-Ringed

BRD A

Outside Diameter of Grate: _____ mm

Maximum distance between bars: _____ mm

BRD B

Outside Diameter of Grate: _____ mm

Maximum distance between bars: _____ mm

Double-Ringed

BRD A

Outside Diameter of Grate: _____ mm

Outside Diameter of Inner ring: _____ mm

Maximum distance between bars: _____ mm

BRD B

Outside Diameter of Grate: _____ mm

Outside Diameter of Inner ring: _____ mm

Maximum distance between bars: _____ mm

Folding

BRD A

Outside Diameter of Grate: _____ mm

Outside Diameter of Inner ring: _____ mm

Maximum distance between bars: _____ mm

BRD B

Outside Diameter of Grate: _____ mm

Outside Diameter of Inner ring: _____ mm

Maximum distance between bars: _____ mm

Soft-paneled (Mesh)

BRD A

Distance between knots: _____ mm

BRD B

Distance between knots: _____ mm

*Measure to the nearest millimeter.

Observer ID

**DOC/NOAA Fisheries
Pacific Islands Region
Longline Observer Program**

Logbook Page No.

1 2 3 4 5 6 7 8 9 10

Trip No.

Set No.

Set and Haul Information

Begin Set

End No. **1**

Date/Time: Day Month Year 2 0 Hour Minute

Latitude: Deg. Deg. Decimal Min. N/S

Longitude: Deg. Deg. Decimal Min. E/W

Weather Code

Beaufort Scale

Sea Surface Temperature Degrees F.

End Set

End No. **2**

Date/Time: Day Month Year 2 0 Hour Minute

Latitude: Deg. Deg. Decimal Min. N/S

Longitude: Deg. Deg. Decimal Min. E/W

Weather Code

Beaufort Scale

Sea Surface Temperature Degrees F.

Begin Haul

Date/Time: Day Month Year 2 0 Hour Minute

Latitude: Deg. Deg. Decimal Min. N/S

Longitude: Deg. Deg. Decimal Min. E/W

Weather Code

Beaufort Scale

Sea Surface Temperature Degrees F.

End Haul

Date/Time: Day Month Year 2 0 Hour Minute

Latitude: Deg. Deg. Decimal Min. N/S

Longitude: Deg. Deg. Decimal Min. E/W

Weather Code

Beaufort Scale

Sea Surface Temperature Degrees F.

Set/Haul Events

Haul Back Dir. Code

Line Parted?

No. Sections Retrieved

Protected Species Interactions

During Set?

During Haul?

Comments _____

- Weather Codes**
- 01 Clear
 - 02 Partly cloudy
 - 03 Layers of clouds
 - 04 Dizzle
 - 05 Showers
 - 06 Rain
 - 07 Thunderstorms
 - 08 Rain and fog
 - 09 Fog/thick haze
 - 10 Snow, rain/snow mix
 - 99 Other

- Beaufort Scale**
- 00 Surface like a mirror
 - 01 Ripples like scales, no foam
 - 02 Sm. wavelets, glassy crests
 - 03 Lg wavelets, some whitecaps
 - 04 Sm. waves, numerous whitecaps
 - 05 Mod. waves, some spray
 - 06 Lg. waves, more spray
 - 07 Sea heaps up, spray & foam
 - 08 Mod. waves, foam in streaks
 - 09 High waves, rolling, reduced vis.
 - 10 Very high waves, hanging crests, heavy rolling

- 01 Begin Set**
- 02 End Set**
- 03 Other**

SEA TURTLE BIOLOGICAL SAMPLE LOG
NMFS FISHERIES OBSERVER PROGRAM
OBBTU 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

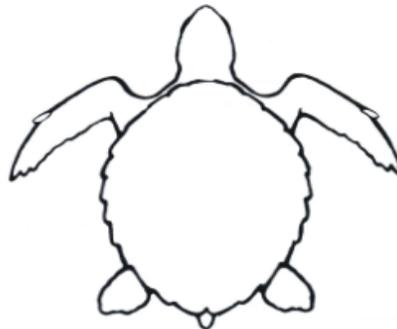
PSID #	SPECIES NAME	TAGS		MEASUREMENTS (Curv)			IDENTIFICATION CRITERIA					NUMBER OF SAMPLES			
		Scan? 0=N 1=Y	Pit Tag Number	Notch-to- Tip Length cm	Notch-to- Notch Length cm	Width cm	Vertebral Scute Count	Lateral (Costal) Scute Count	Infra- marginal Scute Count	1 Pair Pre- frontals? 0=N,1=Y	Overlap Scutes? 0=N,1=Y	Dorsal Color Code	Whole? 0=N,1=Y	Biopsy/ Skin	Other list in comments
				.	.	.									
				.	.	.									
				.	.	.									
				.	.	.									
				.	.	.									

General Comments

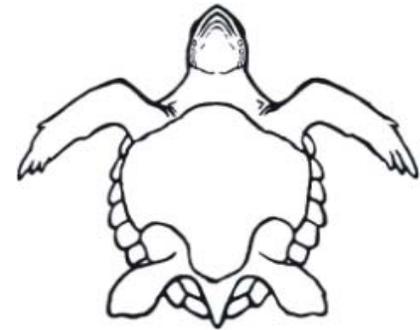
DORSAL COLOR CODES:
01 = Black
02 = Gray-Green
03 = Orange/Red-Brown
04 = Brown
99 = Other
00 = Unknown

Sketch and describe ID characteristics, overall condition of carapace, plastron and soft tissues, note any scavenger damage and/or decomposition, new and/or healed wounds, tag and biopsy location, any gear on the animal, etc.

PSID# _____



Dorsal View

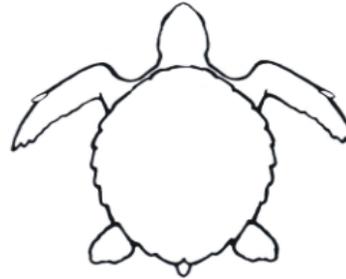


Ventral View

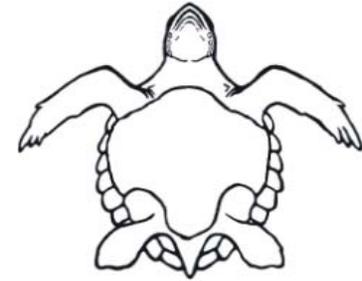
OBS/TRIP ID	
DATE LANDED mm/yy	/
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

Sketch and describe ID characteristics, overall condition of carapace, plastron and soft tissues, note any scavenger damage and/or decomposition, new and/or healed wounds, tag and biopsy location, any gear on the animal, etc.

PSID# _____



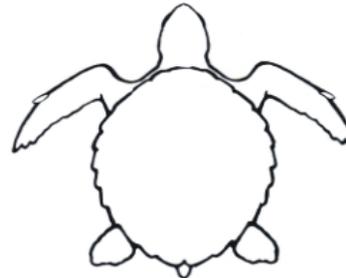
Dorsal View



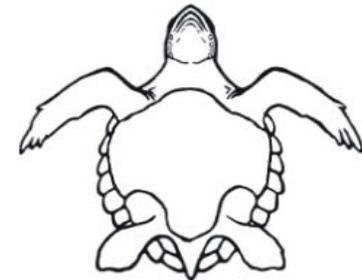
Ventral View

Sketch and describe ID characteristics, overall condition of carapace, plastron and soft tissues, note any scavenger damage and/or decomposition, new and/or healed wounds, tag and biopsy location, any gear on the animal, etc.

PSID# _____



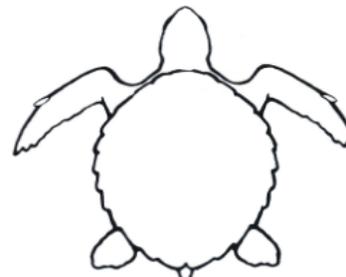
Dorsal View



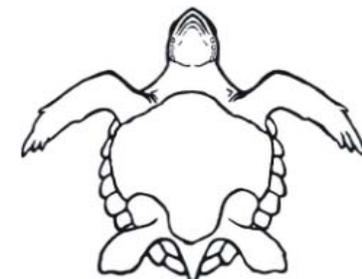
Ventral View

Sketch and describe ID characteristics, overall condition of carapace, plastron and soft tissues, note any scavenger damage and/or decomposition, new and/or healed wounds, tag and biopsy location, any gear on the animal, etc.

PSID# _____



Dorsal View



Ventral View

SCALLOP TRAWL OFF-WATCH HAUL LOG
NMFS FISHERIES OBSERVER PROGRAM
OBSTO OBHAU 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	of

HAUL # <input type="text"/>	HAUL INFO	DATE mm/dd/yy	TIME 24 hours	LATITUDE / LONGITUDE (DD MM.M) - LORAN (XXXXX)				SEA SCALLOPS # OF BUSHELS KEPT
				Station 1	Latitude / Bearing	Station 2	Longitude / Bearing	
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		

SCALLOP TRAWL GEAR CHARACTERISTICS LOG
NMFS FISHERIES OBSERVER PROGRAM
OBSTG 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		GEAR #(s)	NET NAME	NET TYPE	NET BUILDER	CODEND/LINER HUNG CODEND LINER		GEAR MOUNTED ELECTRONICS		EXCLUDER/SEPARATOR DEVICE			
NET LOCATION Port 1 ___ Starboard 2 ___ Aft 3 ___ Other 9 ___		CONSTRUCTION MATERIAL TYPE NET BODY CODEND LINER			LENGTH MEASUREMENTS Headrope _____ ft Footrope/Sweep _____ ft Ground Cable _____ fm Bridle _____ fm			Unknown 0 ___ Diamond 1 ___ Square 2 ___ Square, wrapped 3 ___ Combination 8 ___		USED ? NO 0 ___ YES 1 ___		USED? NO 0 ___ YES 1 ___ Type Code _____	
DOORS USED? NO 0 ___ YES 1 ___		Kevlar® 03 ___ Spectra® 04 ___ Tenex® 05 ___ Nomex® 06 ___			STRENGTHENER USED? NO 0 ___ YES 1 ___			TWINE TYPE CODEND LINER		NUMBER OF TRANSDUCERS		T.E.D. EXTENSION	
WEIGHT OF ONE DOOR _____ kg		Combination 98 ___ Other 99 ___			CHAFING GEAR USED? NO 0 ___ YES 1 ___			Single 1 ___ Double 2 ___ Single on Top/ 3 ___ Double on Bottom 3 ___ Other 9 ___		TYPE Unknown 0 ___ Wired 1 ___ Wireless 2 ___ Both 3 ___		Mesh Size _____ in (circle one) A / E	
LINER USED?		NETS CONNECTED?		KITE PANEL KITE USED? Number _____ NO 0 ___ Width _____ in YES 1 ___ Length _____ in		FISHING CIRCLE # MESHES _____ MESH SIZE _____ in		CODEND MESH SIZE _____ mm _____ mm		BRAND Unknown 0 ___ Furuno® 1 ___ Simrad® 2 ___ Northstar Tech 3 ___ Notus 4 ___ Marport 5 ___ Scanmar 6 ___ Combination 8 ___ Other 9 ___		TYPE Unknown 0 ___ Panel 1 ___ Opening 2 ___ Single Flap 3 ___ Double Flap 4 ___ Other 9 ___	
COMMENTS		GROUND GEAR TYPE GROUND CABLE BRIDLE/ LEG SWEEP				LINER MESH SIZE _____ mm _____ mm		LOCATION (check all that apply) Unknown 0 <input type="checkbox"/> Headrope 1 <input type="checkbox"/> Wings 2 <input type="checkbox"/> Footrope 3 <input type="checkbox"/> Door 5 <input type="checkbox"/> Codend 6 <input type="checkbox"/> Other 9 <input type="checkbox"/>		MESH SIZE _____ in LENGTH # MESHES _____ OR _____ in WIDTH # MESHES _____ OR _____ in SHAPE Type Code _____ LOCATION Type Code _____			
		SWEEP GEAR Number _____ Diameter _____ in		FLOATS Number _____ Diameter _____ in									

ADDITIONAL COMMENTS

EXCLUDER/SEPARATOR DEVICE TYPE CODES:

- | | |
|----------------------|--------------------------------|
| 00 = Unknown | 25 = Conch T.E.D. |
| 01 = Nordmore Grate | 26 = Flat Bottom T.E.D. |
| 03 = Separator Panel | 27 = Whelk T.E.D. |
| 04 = Guiding Device | 28 = Flexible T.E.D. |
| 05 = Raised Footrope | 29 = Parker Soft T.E.D. |
| 20 = T.E.D., Unknown | 30 = Experimental T.E.D. |
| 21 = Standard T.E.D. | 31 = Northeast Modified T.E.D. |
| 22 = Weedless T.E.D. | 32 = Large Flat Bar T.E.D. |
| 23 = Flounder T.E.D. | 98 = Combination (Comment) |
| 24 = Bent Rod T.E.D. | 99 = Other (Comment) |

ESCAPE OUTLET SHAPE CODES:

- | |
|----------------------|
| 00 = Unknown |
| 01 = Rectangular |
| 05 = Trapezoid |
| 06 = Square |
| 07 = Diamond |
| 08 = Triangular |
| 09 = Semi-Circle |
| 11 = Horizontal Cut |
| 99 = Other (Comment) |

ESCAPE OUTLET LOCATION CODES:

- | |
|---------------------------|
| 0 = Unknown |
| 1 = Net Top |
| 2 = Net Bottom |
| 3 = Net Side |
| 4 = Codend Top |
| 5 = Codend Bottom |
| 8 = Combination (Comment) |
| 9 = Other (Comment) |

FOR OFFICE USE ONLY

SCALLOP DREDGE OFF-WATCH HAUL LOG
NMFS FISHERIES OBSERVER PROGRAM
OBSDO OBHAU 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	of

HAUL # <input type="text"/>	HAUL INFO	DATE mm/dd/yy	TIME 24 hours	LATITUDE / LONGITUDE (DD MM.M) - LORAN (XXXXX)				SEA SCALLOPS # OF BUSHELS KEPT
				Station 1	Latitude / Bearing	Station 2	Longitude / Bearing	
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		
ON-EFFORT? NO 0 _____ YES 1 _____	BEGIN	/ /	:	9960-		9960-		
	END	/ /	:	9960-		9960-		

SCALLOP DREDGE HAUL LOG
NMFS FISHERIES OBSERVER PROGRAM
OBSDH OBHAU OBSPP 01/01/10

OBS/ TRIP ID	
DATE LAND (mm/yy)	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE 1 3 2	GEAR # [] []	HAUL # [] [] []	HAUL OBS? NO 0 YES 1	ON-EFFORT? NO 0 YES 1	CATCH? NO 0 YES 1	INC TAKE? NO 0 YES 1	WEATHER CODE	WIND SPEED DIRECTION	WAVE HEIGHT	DEPTH, HAUL BEGIN	GEAR COND CODE
HAUL INFO	DATE mm/dd/yy	TIME 24 hours	LATITUDE / LONGITUDE (DD MM.M) - LORAN (XXXXX)				DREDGE OBSERVED	TOW SPEED	WIRE OUT	WATER TEMP	
BEGIN HAUL	/ /	:	Station 1 9960 -	Latitude / Bearing	Station 2 9960 -	Longitude / Bearing	Port 1 Starboard 2 Both 3 Aft 4	kn	ft	fm	o F
BEGIN FISHING	/ /	:					TARGET SPECIES		CODE		
END HAUL	/ /	:	9960 -		9960 -		Sea Scallops		8009		
GEAR ONBOARD	/ /	:					SEA SCALLOP CLAPPERS OBS?	SEA SCALLOP BUSHELS (optional) KEPT DISCARDED			
COMMENTS							NO 0 YES 1	# OF BUSHELS			
							AVG LB/BUSHEL				

SPECIES		CATCH DISP (K/D)	POUNDS	DISP CODE	WEIGHT		SPECIES		CATCH DISP (K/D)	POUNDS	DISP CODE	WEIGHT	
NAME	CODE				D/R	ESTIMATION METHOD CODE	NAME	CODE				D/R	ESTIMATION METHOD CODE

OBS/TRIP ID	
DATE LANDED mm/yy	/
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

ADDITIONAL COMMENTS, PORT DREDGE

ADDITIONAL COMMENTS, STARBOARD DREDGE

FOR OFFICE USE ONLY

PAPERWORK REDUCTION ACT STATEMENT:

Information collected through the observer program will be used to: (1) monitor catch and bycatch; (2) understand the population status and trends of fish stocks and protected species, as well as the interactions between them; (3) determine the quantity and distribution of net benefits derived from living marine resources; (4) predict the biological, ecological, and economic impacts of existing management actions and proposed management options; and (5) ensure that the observer programs can safely and efficiently collect the information required for the previous four uses. In particular, the observer program provides information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. Most of the information collected by observers is obtained through “direct observation by an employee or agent of the sponsoring agency or through non-standardized oral communication in connection with such direct observations.” Under the Paperwork Reduction Act (PRA) regulations at 5 C.F.R. 1320.3(h)(3), facts or opinions obtained through such observations and communications are not considered to be “information” subject to the PRA. The public reporting burden for responding to the questions that observers ask and that are subject to the PRA is estimated to average 60 minutes per trip, including the time for hearing and understanding the questions, 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 this collection of information, including suggestions for reducing this burden, to: National Marine Fisheries Service, Alaska Fisheries Science Center, Fisheries Monitoring and Analysis Division, 7600 Sand Point Way NE, Seattle, WA 98115. Providing the requested safety information is mandatory under regulations at 50 C.F.R. 600.746; however, providing the other requested information is voluntary. All information collected by observers will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593, expires 9-30-2012.

Vessel Safety Checklist

VESSEL NAME: _____ VESSEL PERMIT: _____

Ensure the USCG Commercial Fishing Vessel Safety decal is not expired based on the information noted on the face of the decal.

Commercial Fishing Vessel Safety EXAMINATION

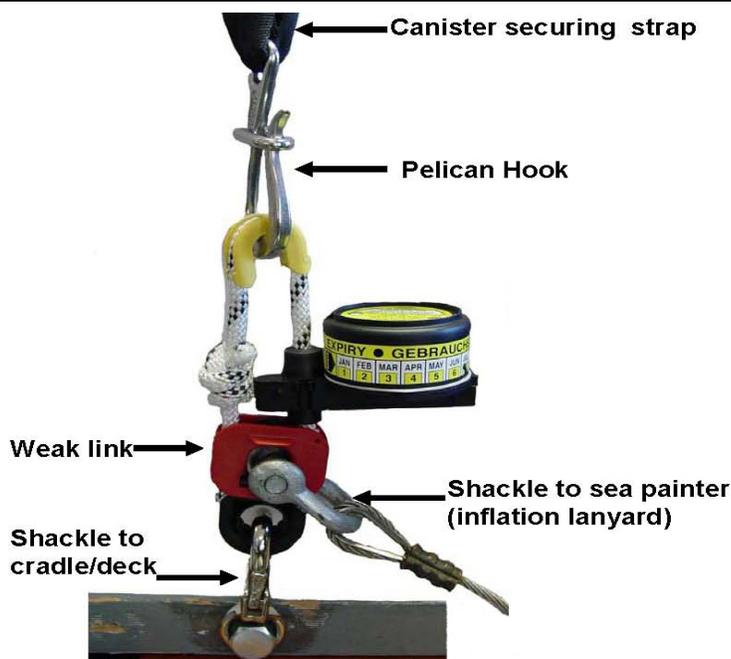
VESEL		EXPIRES
<input type="checkbox"/> Documented		2011 <input type="checkbox"/>
<input type="checkbox"/> Undocumented		2012 <input type="checkbox"/>
OPERATIONS		2013 <input type="checkbox"/>
<input type="checkbox"/> Cold Waters		2014 <input type="checkbox"/>
<input type="checkbox"/> Warm Waters		
<input type="checkbox"/> Inside Boundary Line		
<input type="checkbox"/> Beyond Boundary Line		
FROM COASTLINE		
<input type="checkbox"/> < 3 NM		JAN JUL
<input type="checkbox"/> < 12 NM		FEB AUG
<input type="checkbox"/> < 20 NM		MAR SEP
<input type="checkbox"/> < 50 NM		APR OCT
<input type="checkbox"/> > 50 NM		MAY NOV
<input type="checkbox"/> > 100 NM		JUN DEC

**THIS VESSEL MEETS ALL
USCG COMMERCIAL
FISHING INDUSTRY
VESSEL REGULATIONS
FOR OPERATING
AREAS AS MARKED**

NO.

U.S. Department of Homeland Security

**CG-5587A
(Rev. 6/08)**



Is the decal valid? Y N

SURVIVAL CRAFT:
 Number of: _____
 Total capacity: _____
 # of crew & observer/s on board _____

Sufficient capacity? Y N

Survival craft(s) able to float free? (Note: some vessels have their rafts in a float free cradle - this is an approved cradling system, so long as the painter line is properly attached to a weak link.) Y N

Service Due decal exp. date: ____/____ (expires on date displayed)

Hydrostatic release exp. date: ____/____ (expires on date displayed)

Your raft assignment: _____

EPIRB: (Visual inspection only. Please leave all testing/handling to crew)
 Location(s): _____

Battery exp. date: _____ (expires on date displayed)

Hydrostatic release expiration date: ____/____ (expires on date displayed)

Located in a float free location?: Y N

NOAA Registration Decal:
 Exp. date: _____ (expires on date displayed)
 Registered to this vessel (name of vessel displayed): Y N
 Alphanumeric code on decal matches code on EPIRB: Y N

Signal tested (or asked to see station log in wheelhouse for most recent test. Signal should be tested monthly): Y N

IMMERSION SUIT/PFDs:

Available for everyone on board? Y N

Location(s): _____

FIRE EXTINGUISHERS:

Extinguisher(s) found in every main area/corridor? Y N

Extinguishers in "good and serviceable condition" (gauge in the green, low amounts of rust, canister in good condition, unobstructed, hoses attached, service tags available)? Y N

FLARES: (ask captain for assistance)

Location(s): _____

Expiration dates checked? Y N
 (expires on date displayed)

If checked, number of flares: _____

THROWABLE FLOTATION DEVICES:

Number of flotation devices appropriate for vessel size? Y N

Easily accessible?: Y N

Name of vessel displayed on each? Y N

Location(s): _____

<p>ADDITIONAL SAFETY CHECKS:</p> <p>Watertight doors - do they close properly? Y N</p> <p>Hatches/passageways - are they unobstructed? Y N</p> <p>Discussed safe places to work on deck and in factory with captain/crew? Y N</p> <p>Discussed refrigerant leak procedures? Y N</p> <p>Type of refrigerant used _____</p> <p>Discussed reporting/identifying inoperative alarm/fire systems? Y N</p> <p>Did you hear the general alarm? Y N</p> <p>Where will you go during emergencies: _____</p>	<p>FIRST AID MATERIALS:</p> <p>Location(s): _____</p> <p>Is there an individual trained in CPR/First Aid on board? Y N</p> <p>Who?: _____</p> <hr/> <p>Radios:</p> <p>How many SSB and VHF radios?: _____ / _____</p> <p>Are emergency call instructions posted? Y N</p> <p>Were procedures for making an emergency call discussed? Y N</p>
<p>SAFETY ORIENTATION:</p> <p>If you did not complete drills upon embarking the vessel, did the captain use this safety checklist to complete the required vessel safety orientation? Y N</p> <p>Did the vessel conduct a safety orientation? Y N</p> <p>Who gave the orientation? _____</p> <p>(Detail what was covered in the comment section below)</p>	<p>EMERGENCY DRILLS AND DATE(S) CONDUCTED:</p> <p>Fire _____</p> <p>Abandon Ship _____</p> <p>Man Overboard _____</p> <p>Vessel Flooding/stabilization _____</p> <p>General alarm activation _____</p> <p>Donning immersion suits _____</p> <p>Radio/visual distress signals _____</p> <p>Were the drills hands-on involving actual gear? Y N</p> <p>Did you participate in the drills? Y N</p>
<p>OBSERVER PERSONAL PROTECTIVE EQUIPMENT:</p> <p>Personal Locator Beacon? Y N</p> <p>UIN: _____</p> <p>NOAA Registration Decal Expiration Date: _____</p> <p>Immersion Suit with Strobe Light and Battery? Y N</p> <p>Serial #: _____</p> <p>Personal Flotation Device with Strobe Light and Battery? Y N</p>	<p>COMMENTS (ALL "N" RESPONSES REQUIRE A COMMENT):</p> <p>_____</p>

Observer Name: _____ Cruise #: _____

Observer Signature: _____ Date: _____

Captain Name: _____

Captain Signature (optional): _____ Date: _____

*Did the vessel request a copy of the Checklist? Y N *If so, were you able to supply a copy? Y N

Blue indicates "no go" items!

SABLEFISH TAGGED FISH FORM

Trip No: _____ Vessel ID No: _____ Observer Name: _____

Vessel Name: _____

Base Permit No: _____

Captain (or reward recipient's name): _____

Address: _____

Species: _____

Tag Prefix (often a two letter code and Serial No): _____

Tagging Agency (circle one): Seattle Auke Bay Nanaimo Shimizu IPHC Other _____

Time and Date of Capture: _____

Capture Location (Lat and Long): _____

Sex and Maturity of Gonads (immature, mature, spawning): _____

Length (fork length in cm): _____

Weight (total wt. In lbs): _____

Capture Depth (fathoms): _____

Vessel/Gear Type: _____

General Appearance (poor body condition, good body condition):

Condition of Tagging Wound (healthy healed tissue, open wound):

Other Comments:

Attach Tag or vial here (with tape):

Commercial Sablefish Specimen Data

Fields in Yellow should be completed by the Port Sampler

WCGOP collected Specimen Data

Vessel Name _____

Landing Date _____

Sample # (State) _____

USCG #

INPFC: VAN COL Other _____

Sample # (NMFS) _____

Fish Ticket #

Departure Date: _____ Gear: Trawl Pot Line Other _____

Depth (fm) Max Min

Landing Weight of Whole Fish (lbs)

Landing Weight of Processed fish (lbs)

Haul #: State Area Code

Haul #: State Area Code

Haul #: State Area Code

Cluster Wt (lbs)

Cluster Wt (lbs)

Cluster Wt (lbs)

#	Sex	Length (cm)	3-digit barcode
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

#	Sex	Length (cm)	3-digit barcode
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

#	Sex	Length (cm)	3-digit barcode
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Cluster Wt (lbs)

Cluster Wt (lbs)

Cluster Wt (lbs)

#	Sex	Length (cm)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

#	Sex	Length (cm)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

#	Sex	Length (cm)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

Commercial Sablefish Specimen Data**

WCGOP collected Specimen Data

****Be sure to start data collection for a trip on a Commercial Sablefish Specimen Dataform that includes the four header rows**

Haul #: State Area Code

Cluster Wt (lbs)

#	Sex	Length (cm)	3-digit barcode
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Cluster Wt (lbs)

#	Sex	Length (cm)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

Haul #: State Area Code

Cluster Wt (lbs)

#	Sex	Length (cm)	3-digit barcode
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Cluster Wt (lbs)

#	Sex	Length (cm)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

Haul #: State Area Code

Cluster Wt (lbs)

#	Sex	Length (cm)	3-digit barcode
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Cluster Wt (lbs)

#	Sex	Length (cm)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

PURSE SEINE SET LOG
NMFS FISHERIES OBSERVER PROGRAM
OBPSH OBHAU OBSPP 01/01/10

OBS/ TRIP ID	
DATE LAND (mm/yy)	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE <input type="text"/>	GEAR # <input type="text"/>	HAUL # <input type="text"/>	HAUL OBS? NO 0 _____ YES 1 _____	ON-EFFORT? NO 0 _____ YES 1 _____	CATCH? NO 0 _____ YES 1 _____	INC TAKE? NO 0 _____ YES 1 _____	WEATHER CODE	WIND SPEED _____ kn DIRECTION _____ °		WAVE HEIGHT _____ ft	DEPTH, HAUL BEGIN _____ fm	GEAR COND CODE
SET INFO	DATE mm/dd/yy	TIME 24 hours	LATITUDE / LONGITUDE (DD MM.M) - LORAN (XXXXX)				SET SPEED	TARGET SPECIES		CODE(S)		
BEGIN	/ /	:	Station 1 9960 -	Latitude / Bearing		Station 2 9960 -	Longitude / Bearing		_____ kn			
END	/ /	:	PLANE USED? NO 0 _____ YES 1 _____	TIME UP _____ :	TIME DOWN _____ :	WATER TEMP (Fahrenheit) _____ . _____ F	NO 0 _____	YES 1 _____	NO 0 _____	YES 1 _____		
FISH PUMPING						SET BY PLANE? _____	SUCCESSFUL SET? _____					
BEGIN	/ /	:				SET ON DEBRIS? _____	FISH LOST? _____					
END	/ /	:										

COMMENTS

SPECIES		CATCH DISP (K/D)	POUNDS	DISP CODE	WEIGHT		SPECIES		CATCH DISP (K/D)	POUNDS	DISP CODE	WEIGHT	
NAME	CODE				D/R	ESTIMATION METHOD CODE	NAME	CODE				D/R	ESTIMATION METHOD CODE

PURSE SEINE GEAR CHARACTERISTICS LOG
NMFS FISHERIES OBSERVER PROGRAM
OBPSG 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE	GEAR NUMBER(S)
<input type="text"/>	<input type="text"/>

SEINE CHARACTERISTICS:

	NET	SACK / BUNT
LENGTH	_____ fm	_____ fm
DEPTH	_____ fm	_____ fm
MESH SIZE	_____ in	_____ in
TWINE SIZE	_____ mm	_____ mm

CONSTRUCTION MATERIAL

Unknown	00	_____	_____
Nylon	01	_____	_____
Poly	02	_____	_____
Kevlar®	03	_____	_____
Spectra®	04	_____	_____
Combination	98	_____	_____
Other	99	_____	_____

GEAR CHARACTERISTICS:

	LENGTH	DIAMETER
FLOATLINE	_____ fm	_____ in
LEADLINE	_____ fm	_____ in
PURSE LINE	_____ fm	_____ in
LEADLINE WEIGHT		_____ lbs
ADDITIONAL WEIGHTS	No 0 ___ Yes 1 ___	_____ lbs

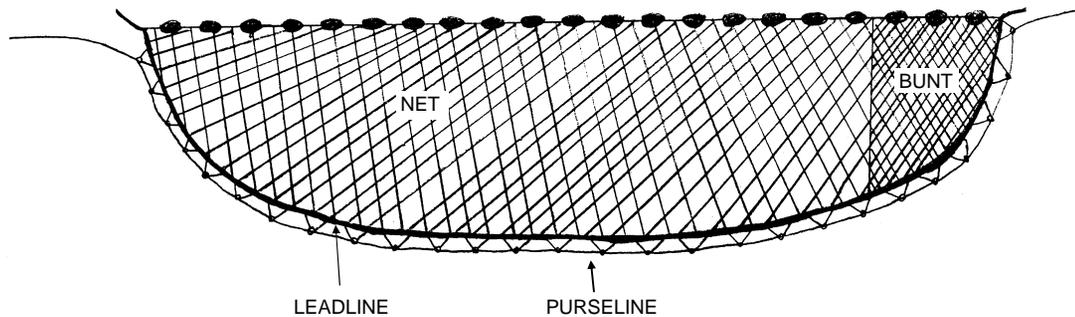
HAULING DEVICE

Unknown	0 ___	Drum	3 ___
Power Block	1 ___	Other	9 ___
Triplex	2 ___		

PURSE RINGS:

TYPE		MATERIAL	
Unknown	0 ___	Unknown	0 ___
Round	1 ___	Steel	1 ___
Snap	2 ___	Iron	2 ___
Combo	3 ___	Alloy	3 ___
Other	9 ___	Other	9 ___

(diagram for reference only)



COMMENTS

**PROTECTED SPECIES SIGHTING LOG
NMFS FISHERIES OBSERVER PROGRAM
OBSIG 01/01/10**

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>
TODAY'S DATE mm/dd/yyyy	/ /

EVENT #	EVENT TIME 24 hours	EVENT TYPE CODE	POSN CODE	HAUL NUM	LATITUDE/LONGITUDE (DD MM.M) - LORAN (XXXXX)			WEA-THER CODE	WAVE HGT ft	COMM-ENTS? 0=N, 1=Y	SPECIES		#ANIM	SIGHT CUE CODE	ANIM COND CODE	ANIM BEHVR CODE
					Station 1	Latitude/ Bearing	Station 2				Longitude/ Bearing	NAME				
1					9960-		9960-									
2					9960-		9960-									
3					9960-		9960-									
4	:				9960-		9960-									
5	:				9960-		9960-									
6	:				9960-		9960-									
7	:				9960-		9960-									
8	:				9960-		9960-									
9	:				9960-		9960-									
10	:				9960-		9960-									
11	:				9960-		9960-									
12	:				9960-		9960-									

<p>EVENT TYPE CODES:</p> <p>WATCH ONLY</p> <p>03 = Begin set watch 04 = End set watch 05 = Begin haul watch 06 = End haul watch</p> <p>GENERAL</p> <p>00 = Unknown 99 = Other</p>	<p>SIGHTING ONLY</p> <p>08 = On-effort, during dedicated watch 10 = Off-effort, vessel activity unknown 11 = Off-effort, Vessel stop/anchor/drift 12 = Off-effort, sitting on gear 13 = Off-effort, transiting or searching 14 = Off-effort, towing gear 15 = Off-effort, hauling in gear 16 = Off-effort, setting out gear 17 = Off-effort, waiting for J/V transfer 18 = Off-effort, taking J/V transfer</p>	<p>POSITION CODES:</p> <p>00 = Unknown 01 = Bow, facing wind 02 = Wheelhouse, facing forward 03 = Wheelhouse, facing backward 04 = Work deck, facing backward 05 = Work deck, facing sideways 06 = Starboard side, facing net 07 = Port side, facing net 99 = Other</p>	<p>SIGHT CUE CODES:</p> <p>0 = Unknown 1 = Sighted with naked eye 2 = Sighted with binoculars 3 = First sighted by capt/crew then by observer 4 = Sighted by capt/crew ONLY 9 = Other</p>	<p>ANIMAL CONDITION CODES:</p> <p>00 = Unknown 01 = Alive, see comments 04 = Alive, hook/gear in/around mouth 05 = Alive, hook/gear in/around flipper 06 = Alive, hook/gear in/around other body part 07 = Alive, hook/gear in/around several body parts 08 = Alive, seen by capt/crew ONLY 10 = Dead, condition unknown 11 = Dead, fresh 12 = Dead, moderately decomposed 13 = Dead, severely decomposed 14 = Dead, seen by capt/crew ONLY</p> <p>NOTE: If more than one code applies, choose the one that describes the most specific cond. of the animal</p>	<p>ANIMAL BEHAVIOR CODES:</p> <p>00 = Unknown 01 = Near gear, physical contact 02 = Near gear, within 50 meters 03 = Near gear, 51-150 meters 04 = Feeding on catch 05 = Porpoising 06 = Bow riding 07 = Breaching 08 = Swimming at surface 09 = Milling 10 = Motionless at surface 11 = Vessel avoidance 12 = Vessel attraction 99 = Other</p>
--	---	--	--	--	--

OBS/TRIP ID *	
DATE LANDED mm/yy *	/
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>
TODAY'S DATE mm/dd/yyyy	/ /

EVENT #	COMMENTS	EVENT #	COMMENTS

Pre-Trip Safety Check

OBS TRIP ID _____

DATE _____

VESSEL NAME _____

VESSEL # _____

Life Saving Equipment (circle Y for yes or N for no)

CGVSE



Safety Examination Decal? Y / N

Decal # _____

Date of Issuance: ___/___/___

Date of Expiration: ___/___/___
(after 2008 CGVSE good for 1 year)

Vessel Distance Rating: ___ NM

EPIRB

EPIRB present? Y / N

EPIRB Registration Date: ___/___/___

Registered To: _____

Battery Exp. Date: ___/___/___

Hydrostatic Release Exp. Date: ___/___/___

Stowed in a float-free location? Y / N

FLARES

Distress flares present? Y / N

3 Parachute Flares? Y / N

6 Hand Flares? Y / N

3 Smoke Flares? Y / N

Type Required:

Area	Parachute Flares	Hand Flares	Smoke Flares
<u>Coastal waters</u>			
Day	3	or 3	or 3 or 1 Distress Flag ¹
Night	3	or 3	or An Electric Distress Light ¹
<u>Oceans</u>			
3-50 miles ²	3	and 6	and 3
More than 50 miles ³	3	and 6	and 3

PFDs AND IMMERSION SUITS

Personal Floatation Device for each POB? Y / N

of PFDs _____

Immersion suit for each POB*? Y / N

of Immersion Suits _____

*required above 32 N latitude

FIRE FIGHTING EQUIPMENT

3 B Type Fire Extinguishers charged and mounted? Y / N

Location 1 _____

Location 2 _____

Location 3 _____

STATION BILLS posted? Y / N

ONBOARD DRILLS logged? Y / N

LIFE RAFT

Orange ring buoy with line attached? Y / N

Inflatable life raft? Y / N

Capacity for all POB? Y / N

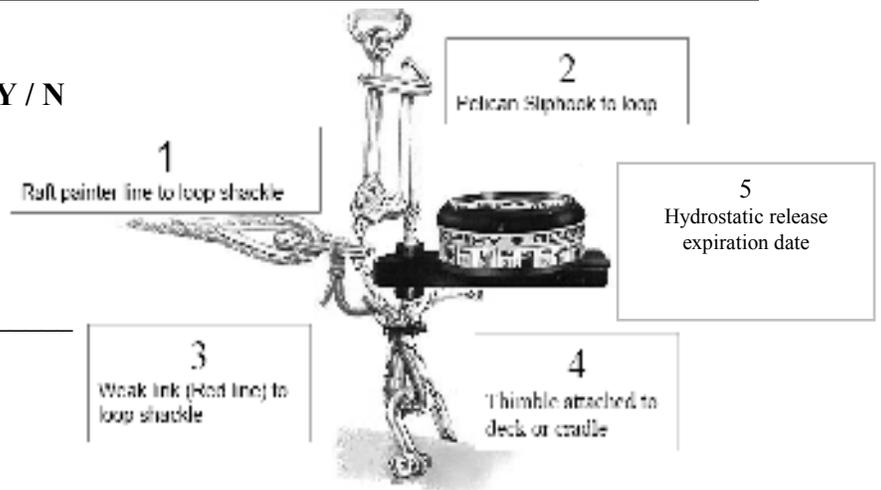
Life raft Capacity _____

Raft Repack Date ____ / ____ / ____

Hydrostatic Release Exp. Date: ____ / ____ / ____

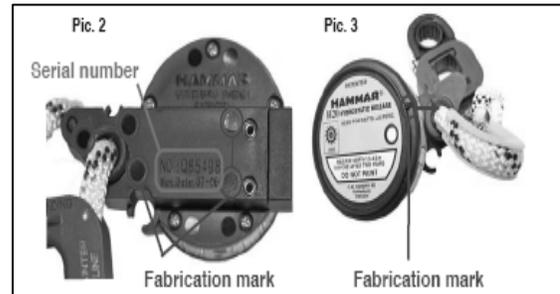
Life raft configured correctly? Y / N

*Please take picture of configuration



5 Fabrication Marks Present? Y / N

Upper Fabrication mark towards rope? Y / N



Please provide signatures to verify that a safety check was conducted and that the information above is accurate.

Observer: _____ Date: ____ / ____ / ____

Owner/Operator: _____ Date: ____ / ____ / ____

*The following is a list of examples that you should/could check while doing a vessel walk through. They are listed here to assist you in determining the relative safety of a particular vessel. The list is not comprehensive, but one that is intended to start you thinking.

- Does the vessel seem well maintained? Is it neat, clean and being maintained by a careful and prepared crew?
- Any visible hydraulic leaks?
- Is the vessel being used for the purpose it was originally designed? Have significant changes been made?
- Do obvious hazards exist? Note potentially hazardous areas/conditions. ALWAYS USE CAUTION AROUND WINCHES.
- Identify water tight doors. Can they be secured in case of severe weather or emergencies?
- Are the hatches or passageways blocked or difficult to get to?
- Does the deck gear appear to be in good working condition? Identify unsafe areas. Note overhead wires or rusted/worn shackles or blocks.
- Is the vessel long overdue for a haul out (excessive growth at waterline or hull paint in poor condition)?
- How often is the bilge pump going on?
- How is the fish hold covered? Is hatch readily available and in good condition? Are there other openings in the deck and are good hatches in place or readily available?
- Would anything prevent you from abandoning ship from the living quarters?
- What are the escape routes from every part of the vessel you might find yourself?
- Visualize egress for all possible scenarios (fire, flooding, capsized, dark, etc.) and mentally note landmarks.
- What are the most combustible items on board and where are they stored?
- Are there any exposed exhaust pipes/manifolds that might pose burn hazards?
- Is there heavy equipment on deck that is not latched down?
- Are there any exposed drive chains, pulleys or belts?
- Would you be able to access the life raft if conditions were icy or the wheelhouse was on fire?
- Wood hulls: Rust stains between planks?(may indicate weak fasteners). Protruding planks or inconsistencies in the hull? (may indicate broken frame/fasteners). Wood rot present? (if yes, likely to be worse in unseen areas).
- Are there safety issues involved with boarding?
- Is the number and size of the scuppers sufficient to be effective? Do they become plugged during fishing practices?
- Is there a station bill posted and is your role clear during all shipboard emergencies?
- Are there emergency instructions, or did the captain (or designee) give safety orientation, explaining the following: survival craft embarkation stations; survival craft assignments; fire/emergency/ abandon ship signals; procedures for rough weather; procedures for recovering man overboard; procedures for fighting fire; essential actions required of each person in an emergency?

***Required to conduct at least 1 of the following: 1) orientation, 2) safety instructions or 3) safety drills.**

*The following are examples of things to consider related to the vessel design or fishing practices in determining general concerns with vessel stability.

- Note the roll period of the vessel. Generally a boat with a quick, snappy roll is more stable than a boat that has a slow or sluggish roll period. A boat that seems to hesitate on its side, before righting, could be unstable.
- Does the vessel list excessively?
- Do the fishing practices involve a pattern of towing heavy bags or dumping the catch to one side of the vessel?

Comments

Stability

WHEN WAS THE LAST TIME YOU CHECKED YOUR PERSONAL SAFETY EQUIPMENT?

Please check the method you used to verify the EPIRB hydrostatic release and battery expiration dates:

- Visual inspection; record card number and date issued below
- EPIRB Visual Inspection Card (EVIC); record card number and date issued below
- Approved USCG documentation (comments required)

EVIC card number Date issued (MM/YY)

Observer signature _____ Date _____

Vessel Name: _____

Date of interview: _____

Captain Name: _____

Observer: _____

- Conduct this interview away from the observer.
- Give the completed interview forms to the Training Coordinator.

Questions for captains and crew:

1. Where was observer positioned during the haul back?
2. How did the observer get the fishing positions?
3. Did the observer tell you how to fish or dictate fishing procedures?
4. Did the observer help with house keeping? If no, was the observer asked?
5. Did the observer maintain reasonable hygiene?
6. Would you have this observer again?
7. Did the observer unnecessarily interfere with fishing operations? If so, how often?
Please describe.
8. Was the observer courteous and polite?
9. Was the observer respectful towards the crew?
10. Did the observer monitor all the sets for the first hour, and all the haul backs?
11. Please list any additional comments you have about this observer or the observer



SEFSC Pelagic Observer Program

Vessel Safety Checklist

Trip Number:

Vessel Name:

Vessel Number:

Persons on Board for trip:

USCG CFVS Decal Number:

Date of Issuance/Expiration:
*Circle one of the above.

Is Decal Current: **YES** **NO**

*Is it marked correctly for pelagic fishing? Mark the sticker below to resemble the one on the vessel.

Epirb Cat 1 Present: **YES** **NO**

*Visually inspect, only captain or crew are to handle epirb or housing.

Location:

Battery Expiration:

Expires on date displayed. .

Hydrostatic Release Expiration:

Expires on date displayed.

NOAA Registration Expiration:

Expires on date displayed. See middle diagram on right.

Commercial Fishing Vessel Safety EXAMINATION

<p>VESEL</p> <p><input type="checkbox"/> Documented</p> <p><input type="checkbox"/> Undocumented</p> <p>OPERATIONS</p> <p><input type="checkbox"/> Cold Waters</p> <p><input type="checkbox"/> Warm Waters</p> <p><input type="checkbox"/> Inside Boundary Line</p> <p><input type="checkbox"/> Beyond Boundary Line</p> <p>FROM COASTLINE</p> <p><input type="checkbox"/> < 3 NM</p> <p><input type="checkbox"/> < 12 NM</p> <p><input type="checkbox"/> < 20 NM</p> <p><input type="checkbox"/> < 50 NM</p> <p><input type="checkbox"/> > 50 NM</p> <p><input type="checkbox"/> > 100 NM</p>		<p>EXPIRES</p> <p>2011 <input type="checkbox"/></p> <p>2012 <input type="checkbox"/></p> <p>2013 <input type="checkbox"/></p> <p>2014 <input type="checkbox"/></p> <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td>JAN</td><td>JUL</td></tr> <tr><td>FEB</td><td>AUG</td></tr> <tr><td>MAR</td><td>SEP</td></tr> <tr><td>APR</td><td>OCT</td></tr> <tr><td>MAY</td><td>NOV</td></tr> <tr><td>JUN</td><td>DEC</td></tr> </table>	JAN	JUL	FEB	AUG	MAR	SEP	APR	OCT	MAY	NOV	JUN	DEC
JAN	JUL													
FEB	AUG													
MAR	SEP													
APR	OCT													
MAY	NOV													
JUN	DEC													

THIS VESSEL MEETS ALL USCG COMMERCIAL FISHING INDUSTRY VESSEL REGULATIONS FOR OPERATING AREAS AS MARKED

NO.

CG-5587A (Rev. 6/08)
U.S. Department of Homeland Security

Life Raft Manufacturer:

Capacity:

Location:

SOLAS A Rated: **YES** **NO**

Hydrostatic Release Expiration:

Expires on date displayed.

Service Date:

Expires on date displayed.

Is release properly set up? **YES** **NO**

See diagram to the right.



Number of Type I PFD's:

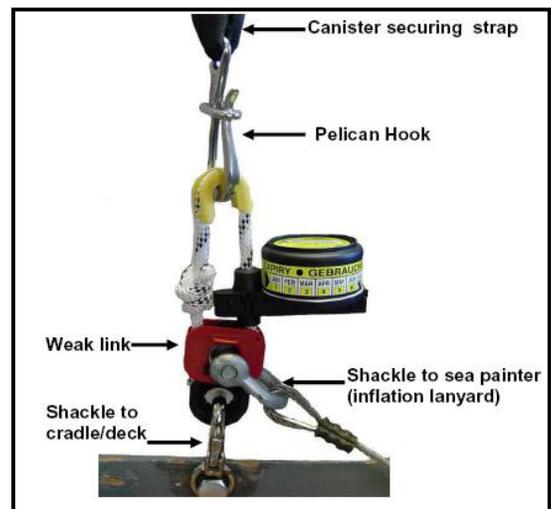
Include POP issued PFD.

Number of Throwable PFD's:

*24 inch ring bouy or Lifesling. 1 with 60 ft of line for vessels 26-65 ft in length. 3 devices for vessels >65ft, with at least one of them with 90 ft of line.

Number of Immersion Suits:

Include POP issued Immersion Suit. Only above 32' 00 N Latitude.



Turn Over

Number of Fire Extinguishers: #	
Location 1:	
Charged:	
Expiration:	
Location 2:	
Charged:	
Expiration:	
Location 3:	
Charged:	
Expiration:	

Flares: **CHECK EXPIRATION	
Number of Parachute flares: (3)	
Number of Hand Flares: (6)	
Number of Smoke Flares: (3)	
Location:	

First Aid Kit Location:

CPR/First Aid Trained Capt/Crew (name):
--

**** After completing this form, complete a thorough vessel check to your personal standards. Record any concerns below. Contact the POP office with concerns prior to deployment.**

NOTES:

PAPERWORK REDUCTION ACT STATEMENT: Information collected through the observer program will be used to: (1) monitor catch and bycatch in commercial and resection with such direct observations". Under the Paperwork Reduction Act (PRA) regulations at 5 C.F.R. 1320.3(h)(3), facts or opinions obtained through such observations and communications are not considered to be "information" subject to the PRA. The public reporting burden for responding to the questions that observers ask and that are subject to the PRA is estimated to average 50 minutes per trip, including the time for hearing and understanding the questions, 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 this collection of information, including suggestions for reducing this burden, to: National Marine Fisheries Service, F/SF1, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is mandatory under regulations at 50 C.F.R. 600.746 for the safety questions and at 50 C.F.R. Part 622.8, 50 CFR 229.7, and 50 CFR 222.401 for the other questions. All information collected by observers will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

Observer Signature: _____ Date: _____

Captain/Owner Signature: _____ Date: _____

REIMBURSEMENT INVOICE FOR CONTRACT OBSERVERS			TRIP NUMBER
VESSEL NAME	ORGANIZATION CODE	TASK NUMBER	DATES OF TRIP
			TO
MEAL EXPENSES	RATE	DAYS AT SEA	SUBTOTAL
	\$25 / DAY	X	
LIABILITY INSURANCE *ATTACH ENDORSEMENT AND BILLING STATEMENT	RATE	DAYS AT SEA	
COMPANY NAME			
AGENT NAME			
PHONE			
CORPORATION / OWNER NAME	TIN (Taxpayer Identification Number)		TOTAL
MAILING ADDRESS		PHONE	
DATE	SIGNATURE		

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used to reimburse you for specific expenses during the observed trip identified on the form. That trip was observed in order to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 10 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, National Observer Program, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is required to have the Central Administrative Support Center (CASC) and United States Treasury process and pay the reimbursement. The information on this form will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a (b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

REIMBURSEMENT INVOICE FOR CONTRACT OBSERVERS			TRIP NUMBER
VESSEL NAME	ORGANIZATION CODE	TASK NUMBER	DATES OF TRIP
			TO
MEAL EXPENSES	RATE	DAYS AT SEA	SUBTOTAL
	\$25 / DAY X		
EQUIPMENT EXPENSES	RATE	Days At Sea	
Company Name			
Agent Name			
Phone			
CORPORATION / OWNER NAME		TIN (Taxpayer Identification Number)	TOTAL
MAILING ADDRESS		PHONE	
DATE		SIGNATURE	

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used to reimburse you for specific expenses during the observed trip identified on the form. That trip was observed in order to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 10 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, National Observer Program, 1315 East West Highway, Silver Spring, MD20910. Providing the requested information is required to have the Central Administrative Support Center (CASC) and United States Treasury process and pay the reimbursement. The information on this form will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-xxxx through xx/xx/2012.

REIMBURSEMENT INVOICE FOR CONTRACT OBSERVERS			TRIP NUMBER
VESSEL NAME	ORGANIZATION CODE	TASK NUMBER	DATES OF TRIP
			TO
MEAL EXPENSES	RATE	DAYS AT SEA	SUBTOTAL
	\$25 / DAY	X	
Crew Sampling Assistance	RATE	# BLUEFIN TUNA	
	\$200 / BLUEFIN TUNA	X	
CORPORATION / OWNER NAME		TIN (Taxpayer Identification Number)	TOTAL
MAILING ADDRESS		PHONE	
DATE	SIGNATURE		

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used to reimburse you for specific expenses during the observed trip identified on the form. That trip was observed in order to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 10 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, National Observer Program, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is required to have the Central Administrative Support Center (CASC) and United States Treasury process and pay the reimbursement. The information on this form will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

TRIP ID:

ID # : (PSID or Seq. #)

DATE:

SPECIES:

Collect the following information for all Incidental Takes and IALs

INCIDENTAL TAKE:

PSID	
HAUL #	
MARINE MAMMAL TAG (Yellow Tag)	
INCONEL (Sea Turtle Tag)	
BAND # (Sea Birds)	
SPECIES	
ANIMAL CONDITION	
ENTANGLEMENT	
# OF PHOTOS TAKEN	

IAL (Including Tagged Fish):

HAUL #	
SEQ. #	
SPECIES	
WEIGHT (lbs)	
EST. METHOD	
DISPOSITION	
LENGTH (cm)	
END STATUS	
TAG # (if present)	
# OF PHOTOS TAKEN	

PAIR and SINGLE MID-WATER TRAWL HAUL LOG

NMFS FISHERIES OBSERVER PROGRAM

OBPRH OBHAU OBSPP 01/01/10

OBS/ TRIP ID	
DATE LAND (mm/yy)	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE	GEAR #	HAUL #	HAUL OBS? NO 0 _____ YES 1 _____	ON-EFFORT? NO 0 _____ YES 1 _____	CATCH? NO 0 _____ YES 1 _____	INC TAKE? NO 0 _____ YES 1 _____	WEATHER CODE	WIND SPEED _____ kn DIRECTION _____ °	WAVE HEIGHT _____ ft	DEPTH, HAUL BEGIN _____ fm	GEAR COND CODE	
HAUL INFO	DATE mm/dd/yy	TIME 24 hours	LATITUDE / LONGITUDE (DD MM.M) - LORAN (XXXXX)				NUMBER OF TURNS	TOW SPEED _____ kn	WIRE OUT _____ fm	WATER TEMP _____ ° F		
BEGIN HAUL	/ /	:	Station 1 9960 -	Latitude / Bearing		Station 2 9960 -	Longitude / Bearing					
BEGIN FISHING	/ /	:	TARGET SPECIES									CODE
END HAUL	/ /	:	DEPTH RANGE, HEADROPE									_____ fm
GEAR ONBOARD	/ /	:	9960 -	Latitude / Bearing		9960 -	Longitude / Bearing					
FISH PUMPING			VERTICAL OPENING	**	HORIZONTAL OPENING	**	DOOR SPREAD					**
BEGIN	/ /	:	_____ ft		_____ ft		_____ ft					
END	/ /	:	DISTANCE BETWEEN BOATS *									_____ ft

COMMENTS

*Only fill in for pair trawl trips

**Only fill in if gear mounted electronics are used

SPECIES		CATCH DISP (K/D)	POUNDS	DISP CODE	WEIGHT		SPECIES		CATCH DISP (K/D)	POUNDS	DISP CODE	WEIGHT	
NAME	CODE				D/R	ESTIMATION METHOD CODE	NAME	CODE				D/R	ESTIMATION METHOD CODE

PAIR and SINGLE MID-WATER TRAWL GEAR CHARACTERISTICS LOG
NMFS FISHERIES OBSERVER PROGRAM
OBPRG 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		GEAR NUMBER	NET NAME	NET TYPE	NET BUILDER	YEAR NET MADE	CODEND/LINER HUNG CODEND LINER	GEAR MOUNTED ELECTRONICS	EXCLUDER/SEPARATOR DEVICE	
Unknown 0 _____		CONSTRUCTION MATERIAL		LENGTH MEASUREMENTS			Unknown 0 _____	USED ?	USED? NO 0 _____ YES 1 _____	
Pelagic 1 _____		TYPE	NET BODY	CODEND	LINER	Headrope	_____ ft	NO 0 _____	Type Code _____	
Semi-Pelagic 2 _____		Unknown 00 _____	_____	_____	_____	Footrope/Sweep	_____ ft	YES 1 _____	NUMBER OF TRANSDUCERS	
Bottom 3 _____		Nylon 01 _____	_____	_____	_____	Top Bridle	_____ fm	_____	T.E.D. EXTENSION	
Other 9 _____		Poly 02 _____	_____	_____	_____	Wing Bridle	_____ fm	_____	Mesh Size _____ . _____ in	
_____		Kevlar® 03 _____	_____	_____	_____	Bottom Bridle	_____ fm	_____	(circle one) A / E	
NET		Spectra® 04 _____	_____	_____	_____	BRIDLES NUMBER		ESCAPE OUTLET		
CONSTRUCTION		Tenex® 05 _____	_____	_____	_____	BRIDLES/WARP		USED? NO 0 _____ YES 1 _____		
Unknown 0 _____		Nomex® 06 _____	_____	_____	_____	BRIDLES/SIDE		TYPE		
Rope/Large Mesh 1 _____		Combination 98 _____	_____	_____	_____	WARPS/BOAT*		Unknown 0 _____		
Parallel Rope Trawl 2 _____		Other 99 _____	_____	_____	_____	FISHING CIRCLE		Wired 1 _____		
Other 9 _____		BUOYANCY/RELEASE DEVICES			# MESHES		CODEND MESH SIZE		Wireless 2 _____	
DESIGN		USED? NO YES			MESH SIZE		_____ mm _____ mm		Both 3 _____	
Unknown 0 _____		FLOATS	0 _____	1 _____	STRENGTHENER USED?		_____ mm _____ mm		BRAND	
2 Seam 1 _____		BLOWOUT	0 _____	1 _____	NO 0 _____ YES 1 _____		_____ mm _____ mm		Unknown 0 _____	
4 Seam, Equal Panels 2 _____		KITE	0 _____	1 _____	CHAFING GEAR USED?		_____ mm _____ mm		Furuno® 1 _____	
4 Seam, Unequal Panels 3 _____		KITE PANEL	Number _____		NO 0 _____ YES 1 _____		_____ mm _____ mm		Simrad® 2 _____	
Other 9 _____		Length	_____ in		MESH SIZE		_____ mm _____ mm		Northstar Tech 3 _____	
_____		Width	_____ in		LINER MESH SIZE		_____ mm _____ mm		Notus 4 _____	
MESH SIZE		COMMENTS			LINER MESH SIZE		_____ mm _____ mm		Marport 5 _____	
Minimum _____ in					LINER MESH SIZE		_____ mm _____ mm		Scanmar 6 _____	
Maximum _____ in					FLOATS		LINER MESH SIZE		_____ mm _____ mm	
LINER USED?		Number _____		Diameter _____ in		_____ mm _____ mm		Other 9 _____		
NO 0 _____		Number _____		Diameter _____ in		_____ mm _____ mm		MESH SIZE _____ in		
YES 1 _____		Diameter _____ in				_____ mm _____ mm		LENGTH		
DOORS						_____ mm _____ mm		# MESHES _____ OR _____ in		
USED? NO 0 _____ YES 1 _____						_____ mm _____ mm		# MESHES _____ OR _____ in		
WEIGHT _____ kg						_____ mm _____ mm		Unknown 0 <input type="checkbox"/>		
WEIGHTS						_____ mm _____ mm		Headrope 1 <input type="checkbox"/>		
USED? NO 0 _____ YES 1 _____						_____ mm _____ mm		Wings 2 <input type="checkbox"/>		
WEIGHT _____ kg						_____ mm _____ mm		Footrope 3 <input type="checkbox"/>		
Actual 1 _____						_____ mm _____ mm		Door 5 <input type="checkbox"/>		
Estimated 2 _____						_____ mm _____ mm		Codend 6 <input type="checkbox"/>		
								Other 9 <input type="checkbox"/>		
								SHAPE Type Code _____		
								LOCATION Type Code _____		

* Fill in only on pair trawl trips.

OBS/TRIP ID	
DATE LANDED mm/yy	/
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

ADDITIONAL COMMENTS	EXCLUDER/SEPARATOR DEVICE TYPE CODES:	ESCAPE OUTLET SHAPE CODES:	ESCAPE OUTLET LOCATION CODES:
	00 = Unknown 25 = Conch T.E.D. 01 = Nordmore Grate 26 = Flat Bottom T.E.D. 03 = Separator Panel 27 = Whelk T.E.D. 04 = Guiding Device 28 = Flexible T.E.D. 05 = Raised Footrope 29 = Parker Soft T.E.D. 20 = T.E.D., Unknown 30 = Experimental T.E.D. 21 = Standard T.E.D. 31 = Northeast Modified T.E.D. 22 = Weedless T.E.D. 32 = Large Flat Bar T.E.D. 23 = Flounder T.E.D. 98 = Combination (Comment) 24 = Bent Rod T.E.D. 99 = Other (Comment)	00 = Unknown 01 = Rectangular 05 = Trapezoid 06 = Square 07 = Diamond 08 = Triangular 09 = Semi-Circle 11 = Horizontal Cut 99 = Other (Comment)	0 = Unknown 1 = Net Top 2 = Net Bottom 3 = Net Side 4 = Codend Top 5 = Codend Bottom 8 = Combination (Comment) 9 = Other (Comment)

FOR OFFICE USE ONLY

Commercial Sablefish Specimen Data

Fields in Yellow should be completed by the Port Sampler

WCGOP collected Specimen Data

Vessel Name _____

Landing Date _____

Sample # (State) _____

USCG #

INPFC: VAN COL Other _____

Sample # (NMFS) _____

Fish Ticket #

Departure Date: _____ Gear: Trawl Pot Line Other _____

Depth (fm) Max Min

Landing Weight of Whole Fish (lbs)

Landing Weight of Processed fish (lbs)

Haul #: State Area Code

Haul #: State Area Code

Haul #: State Area Code

Cluster Wt (lbs)

Cluster Wt (lbs)

Cluster Wt (lbs)

#	Sex	Length (cm)	Weight (lbs)	3-digit barcode
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

#	Sex	Length (cm)	Weight (lbs)	3-digit barcode
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

#	Sex	Length (cm)	Weight (lbs)	3-digit barcode
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Haul #: State Area Code

Haul #: State Area Code

Haul #: State Area Code

Cluster Wt (lbs)

Cluster Wt (lbs)

Cluster Wt (lbs)

#	Sex	Length (cm)	Weight (lbs)	3-digit barcode
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

#	Sex	Length (cm)	Weight (lbs)	3-digit barcode
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

#	Sex	Length (cm)	Weight (lbs)	3-digit barcode
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Commercial Sablefish Specimen Data**

Sheet _____ of _____

WCGOP collected Specimen Data

****Be sure to start data collection for a trip on a Commercial Sablefish Specimen Data form that includes the four header rows**

Haul #: State Area Code

Cluster Wt (lbs)

#	Sex	Length (cm)	Weight (lbs)	3-digit barcode
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Haul #: State Area Code

Cluster Wt (lbs)

#	Sex	Length (cm)	Weight (lbs)	3-digit barcode
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Haul #: State Area Code

Cluster Wt (lbs)

#	Sex	Length (cm)	Weight (lbs)	3-digit barcode
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Haul #: State Area Code

Cluster Wt (lbs)

#	Sex	Length (cm)	Weight (lbs)	3-digit barcode
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Haul #: State Area Code

Cluster Wt (lbs)

#	Sex	Length (cm)	Weight (lbs)	3-digit barcode
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Haul #: State Area Code

Cluster Wt (lbs)

#	Sex	Length (cm)	Weight (lbs)	3-digit barcode
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____



United States Department of Commerce
National Oceanic and Atmospheric Administration
 National Marine Fisheries Service
 Southeast Fisheries Science Center
 75 Virginia Beach Drive
 Miami, FL 33149

Date: DATE XX, 2012

Vessel Owner
 Street Address
 City, State Zip

Dear Permit Holder:

This letter is to inform you that your vessel, **Vessel Name, Doc#**, has been selected to carry an observer for the MONTH through MONTH YEAR, Commercial Shrimp season. Once you have completed a minimum of 18 sea days you are no longer required to carry an observer during the MONTH through MONTH selection period.

NOAA's authority to require observer coverage is found in the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.), the Endangered Species Act (16 U.S.C. 1531 et seq.), and the Marine Mammal Protection Act (16 U.S.C. 1361 et seq.) and their respective implementing regulations.

Upon receipt of this letter, you are required to contact the observer coordinator within 24 hours to make arrangements to carry an observer. **Even if you are not planning to shrimp this season, or have sold your vessel, you are still required to contact the observer coordinator.**

Primary Contacts:

Mike Harrelson, Observer Coordinator
 Pat Cryer, Observer Coordinator
 Jeff Pulver, Observer Coordinator
 Matt Duffy, Assistant Observer Coordinator
Voice: (409) 766-3525
 National Marine Fisheries Service
 Galveston Laboratory
 4700 Avenue U
 Galveston, TX 77551
 FAX: (409) 766-3489

Secondary Contact:

Elizabeth Scott-Denton, Program Manager
 National Marine Fisheries Service
 Southeast Fisheries Science Center
 Galveston Laboratory
 4700 Avenue U
 Galveston, TX 77551
Voice: (409) 766-3571
 FAX: (409) 766-3508

After the initial contact with an observer coordinator, as the owner or operator of a vessel that is selected for observer coverage, under MSFCMA § 303(b) (8), you must notify the National Marine Fisheries Service (NMFS) **before commencing any fishing trip that may result in the harvest of any shrimp species.** You are required to notify the observer coordinator by fax (attached form) or phone at least **48** hours prior to **each** fishing trip.

Vessels are selected randomly from a pool of vessels that (1) have a current federal shrimp permit, and (2) historically reported shrimp catch in a particular area, depth and season.

Please note that vessels that have, or will be, participating in bycatch reduction device (BRD) development and research are not exempted from mandatory shrimp coverage. **All selected vessels must contact the observer coordinator.**

Once a NMFS-certified observer is placed aboard your vessel, you are required to:

1. Provide the observer with accommodations and food equivalent to that provided to the crew (you will be reimbursed for reasonable food costs);
2. Allow the observer access to and use of the vessel's communication equipment and personnel for transmitting and receiving messages related to the observer's duties;
3. Allow the observer access to and use of the vessel's navigation equipment, charts, and crew to determine the vessel's position;
4. As provided by 50 C.F.R. 229.7(b), allow the observer free and unobstructed access to all fish, marine mammals, and sea turtles aboard the vessel for purposes of collecting measurements, weights, and biological samples. This will also include access to the vessel's bridge, working decks, holding bins, weight scales, holds, and any other space used to hold, process, weigh, or store fish;
5. Allow the observer to inspect and copy the vessel's log, communications logs, and any records associated with the catch and distribution of fish for that trip; and
6. Have or obtain a Commercial Fishing Vessel Safety Examination decal prior to the selection period. **Failure to obtain a safety decal is not justification for fishing without an observer, and may result in enforcement action.** A list of phone numbers for approved Commercial Fishing Vessel Examiners is included at the end of this letter. The safety decal must clearly state the number of people that will be onboard, including the observer and the areas and waters in which the vessel will be fishing. All safety equipment must be up to date including the EPIRB battery, life raft, and flares. Life raft capacity must be large enough for all persons on board, including all crew plus the observer.

Your cooperation with the above requirements is appreciated. We will make every effort to minimize any disruption of the normal activities of your vessel and crew. The observer is onboard to collect data only; for safety and liability reasons, the observer will not take part in any fishing operations.

Thank you for your cooperation, without which collection of this critical information would not be possible.

Sincerely,

Bonnie Ponwith, Ph.D.
Director, Southeast Fisheries Science Center

Enclosures

PAPERWORK REDUCTION ACT STATEMENT: Information collected through the observer program will be used to: (1) monitor catch and bycatch; (2) understand the population status and trends of fish stocks and protected species, as well as the interactions between them; (3) determine the quantity and distribution of net benefits derived from living marine resources; (4) predict the biological, ecological, and economic impacts of existing management actions and proposed management options; and (5) ensure that the observer programs can safely and efficiently collect the information required for the previous four uses. In particular, the observer program provides information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. Most of the information collected by observers is obtained through "direct observation by an employee or agent of the sponsoring agency or through non-standardized oral communication in connection with such direct observations". Under the Paperwork Reduction Act (PRA) regulations at 5 C.F.R. 1320.3(h) (3), facts or opinions obtained through such observations and communications are not considered to be "information" subject to the PRA. The public reporting burden for responding to the questions that observers ask and that are subject to the PRA is estimated to average 65 minutes per trip, including the time for hearing and understanding the questions, 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 this collection of information, including suggestions for reducing this burden, to: National Marine Fisheries Service, Shrimp and Reef Fish Observer Programs, 4700 Avenue U, Galveston, Texas 77551. Providing the requested information is mandatory under regulations at 50 C.F.R. 600.746 for the safety questions and at 50 C.F.R. 222.401, 50 C.F.R. 229.7, and 50 C.F.R. 622.8 for all other questions. All information collected by observers will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a (b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.



United States Department of Commerce
National Oceanic and Atmospheric Administration
 National Marine Fisheries Service
 Southeast Fisheries Science Center
 75 Virginia Beach Drive
 Miami, FL 33149

Date: DATE XX, 2011

Vessel Owner
 Street Address
 City, State Zip

Dear Permit Holder:

This letter is to inform you that your vessel, **Vessel Name, Doc#**, has been selected to carry an observer for the MONTH through MONTH YEAR, Commercial brown, pink, or white shrimp (penaeid shrimp) season. Once you have completed a minimum of 6 sea days you are no longer required to carry an observer during the MONTH through MONTH selection period.

NOAA's authority to require observer coverage is found in the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.), the Endangered Species Act (16 U.S.C. 1531 et seq.), and the Marine Mammal Protection Act (16 U.S.C. 1361 et seq.) and their respective implementing regulations.

Upon receipt of this letter, you are required to contact the observer coordinator within 24 hours to make arrangements to carry an observer. **Even if you are not planning to shrimp this season, or have sold your vessel, you are still required to contact the observer coordinator.**

Primary Contacts:

Mike Harrelson, Observer Coordinator
 Pat Cryer, Observer Coordinator
 Jeff Pulver, Observer Coordinator
 Matt Duffy, Assistant Observer Coordinator
Voice: (409) 766-3525
 National Marine Fisheries Service
 Galveston Laboratory
 4700 Avenue U
 Galveston, TX 77551
 FAX: (409) 766-3489

Secondary Contact:

Elizabeth Scott-Denton, Program Manager
 National Marine Fisheries Service
 Southeast Fisheries Science Center
 Galveston Laboratory
 4700 Avenue U
 Galveston, TX 77551
Voice: (409) 766-3571
 FAX: (409) 766-3508

After the initial contact with an observer coordinator, as the owner or operator of a vessel that is selected for observer coverage, under MSFCMA § 303 (b) (8), you must notify the National Marine Fisheries Service (NMFS) **before commencing any fishing trip that may result in the harvest of any shrimp species.** You are required to notify the observer coordinator by fax (attached form) or phone at least **48** hours prior to **each** fishing trip.

Vessels are selected randomly from a pool of vessels that have a current South Atlantic federal shrimp permit. Please note that vessels that have, or will be, participating in bycatch reduction device (BRD) development and research are not exempted from mandatory shrimp coverage. **All selected vessels must contact the observer coordinator.**

Once a NMFS-certified observer is placed aboard your vessel, you are required to:

1. Provide the observer with accommodations and food equivalent to that provided to the crew (you will be reimbursed for reasonable food costs);
2. Allow the observer access to and use of the vessel's communication equipment and personnel for transmitting and receiving messages related to the observer's duties;
3. Allow the observer access to and use of the vessel's navigation equipment, charts, and crew to determine the vessel's position;
4. As provided by 50 CFR 229.7 (b), allow the observer free and unobstructed access to all fish, marine mammals, and sea turtles aboard the vessel for purposes of collecting measurements, weights, and biological samples. This will also include access to the vessel's bridge, working decks, holding bins, weight scales, holds, and any other space used to hold, process, weigh, or store fish;
5. Allow the observer to inspect and copy the vessel's log, communications logs, and any records associated with the catch and distribution of fish for that trip; and,
6. Have or obtain a Commercial Fishing Vessel Safety Examination decal prior to the selection period. **Failure to obtain a safety decal is not justification for fishing without an observer, and may result in enforcement action.** A list of phone numbers for approved Commercial Fishing Vessel Examiners is included at the end of this letter. The safety decal must clearly state the number of people that will be onboard, including the observer and the areas and waters in which the vessel will be fishing. All safety equipment must be up to date including the EPIRB battery, life raft, and flares. Life raft capacity must be large enough for all persons on board, including all crew plus the observer.

Your cooperation with the above requirements is appreciated. We will make every effort to minimize any disruption of the normal activities of your vessel and crew. The observer is onboard to collect data only; for safety and liability reasons, the observer will not take part in any fishing operations.

Thank you for your cooperation, without which collection of this critical information would not be possible.

Sincerely,

Bonnie Ponwith, Ph.D.
Director, Southeast Fisheries Science Center

Enclosures

PAPERWORK REDUCTION ACT STATEMENT: Information collected through the observer program will be used to: (1) monitor catch and bycatch; (2) understand the population status and trends of fish stocks and protected species, as well as the interactions between them; (3) determine the quantity and distribution of net benefits derived from living marine resources; (4) predict the biological, ecological, and economic impacts of existing management actions and proposed management options; and (5) ensure that the observer programs can safely and efficiently collect the information required for the previous four uses. In particular, the observer program provides information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. Most of the information collected by observers is obtained through "direct observation by an employee or agent of the sponsoring agency or through non-standardized oral communication in connection with such direct observations". Under the Paperwork Reduction Act (PRA) regulations at 5 C.F.R. 1320.3(h) (3), facts or opinions obtained through such observations and communications are not considered to be "information" subject to the PRA. The public reporting burden for responding to the questions that observers ask and that are subject to the PRA is estimated to average 65 minutes per trip, including the time for hearing and understanding the questions, 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 this collection of information, including suggestions for reducing this burden, to: National Marine Fisheries Service, Shrimp and Reef Fish Observer Programs, 4700 Avenue U, Galveston, Texas 77551. Providing the requested information is mandatory under regulations at 50 C.F.R. 600.746 for the safety questions and at 50 C.F.R. 222.401, 50 C.F.R. 229.7, and 50 C.F.R. 622.8 for all other questions. All information collected by observers will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a (b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.



United States Department of Commerce
National Oceanic and Atmospheric Administration
National Marine Fisheries Service
Southeast Fisheries Science Center
75 Virginia Beach Drive
Miami, FL 33149

Date: DATE XX, 2012

Vessel Owner
Street Address
City, State Zip

Dear Permit Holder:

This letter is to inform you that your vessel, Vessel Name, Doc#, has been selected to carry an observer for the MONTH through MONTH YEAR, Commercial Rock Shrimp season pursuant to MSFCMA § 303 (b) (8). Once you have completed a minimum of 11 sea days you are no longer required to carry an observer during the MONTH through MONTH selection period.

Upon receipt of this letter, you are required to contact the observer coordinator within 24 hours to make arrangements to carry an observer. **Even if you are not planning to shrimp this season, or have sold your vessel, you are still required to contact the observer coordinator.**

Primary Contacts:

Mike Harrelson, Observer Coordinator
Pat Cryer, Observer Coordinator
Jeff Pulver, Observer Coordinator
Matt Duffy, Assistant Observer Coordinator
Voice: (409) 766-3525
National Marine Fisheries Service
Galveston Laboratory
4700 Avenue U
Galveston, TX 77551
FAX: (409) 766-3489

Secondary Contact:

Elizabeth Scott-Denton, Program Manager
National Marine Fisheries Service
Southeast Fisheries Science Center
Galveston Laboratory
4700 Avenue U
Galveston, TX 77551
Voice: (409) 766-3571
FAX: (409) 766-3508

After the initial contact with an observer coordinator, as the owner or operator of a vessel that is selected for observer coverage, under MSFCMA § 303 (b) (8), you must notify the National Marine Fisheries Service (NMFS) **before commencing any fishing trip that may result in the harvest of any shrimp species.** You are required to notify the observer coordinator by fax (attached form) or phone at least **48** hours prior to **each** fishing trip.

Vessels are selected randomly from a pool of vessels that have a current South Atlantic federal shrimp permit. Please note that vessels that have, or will be, participating in bycatch reduction device (BRD) development and research are not exempted from mandatory shrimp coverage. **All selected vessels must contact the observer coordinator.**

Once a NMFS-certified observer is placed aboard your vessel, you are required to:

1. Provide the observer with accommodations and food equivalent to that provided to the crew (you will be reimbursed for reasonable food costs);
2. Allow the observer access to and use of the vessel's communication equipment and personnel for transmitting and receiving messages related to the observer's duties;
3. Allow the observer access to and use of the vessel's navigation equipment, charts, and crew to determine the vessel's position;
4. As provided by 50 C.F.R. 229.7(b), allow the observer free and unobstructed access to all fish, marine mammals, and sea turtles aboard the vessel for purposes of collecting measurements, weights, and biological samples. This will also include access to the vessel's bridge, working decks, holding bins, weight scales, holds, and any other space used to hold, process, weigh, or store fish;
5. Allow the observer to inspect and copy the vessel's log, communications logs, and any records associated with the catch and distribution of fish for that trip; and
6. Have or obtain a Commercial Fishing Vessel Safety Examination decal prior to the selection period. **Failure to obtain a safety decal is not justification for fishing without an observer, and may result in enforcement action.** A list of phone numbers for approved Commercial Fishing Vessel Examiners is included at the end of this letter. The safety decal must clearly state the number of people that will be onboard, including the observer and the areas and waters in which the vessel will be fishing. All safety equipment must be up to date including the EPIRB battery, life raft, and flares. Life raft capacity must be large enough for all persons on board, including all crew plus the observer.

Your cooperation with the above requirements is appreciated. We will make every effort to minimize any disruption of the normal activities of your vessel and crew. The observer is onboard to collect data only; for safety and liability reasons, the observer will not take part in any fishing operations.

Thank you for your cooperation, without which collection of this critical information would not be possible.

Sincerely,

Bonnie Ponwith, Ph.D.
Director, Southeast Fisheries Science Center

Enclosures

PAPERWORK REDUCTION ACT STATEMENT: Information collected through the observer program will be used to: (1) monitor catch and bycatch; (2) understand the population status and trends of fish stocks and protected species, as well as the interactions between them; (3) determine the quantity and distribution of net benefits derived from living marine resources; (4) predict the biological, ecological, and economic impacts of existing management actions and proposed management options; and (5) ensure that the observer programs can safely and efficiently collect the information required for the previous four uses. In particular, the observer program provides information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. Most of the information collected by observers is obtained through "direct observation by an employee or agent of the sponsoring agency or through non-standardized oral communication in connection with such direct observations". Under the Paperwork Reduction Act (PRA) regulations at 5 C.F.R. 1320.3(h) (3), facts or opinions obtained through such observations and communications are not considered to be "information" subject to the PRA. The public reporting burden for responding to the questions that observers ask and that are subject to the PRA is estimated to average 65 minutes per trip, including the time for hearing and understanding the questions, 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 this collection of information, including suggestions for reducing this burden, to: National Marine Fisheries Service, Shrimp and Reef Fish Observer Programs, 4700 Avenue U, Galveston, Texas 77551. Providing the requested information is mandatory under regulations at 50 C.F.R. 600.746 for the safety questions and at 50 C.F.R. 222.401, 50 C.F.R. 229.7, and 50 C.F.R. 622.8 for all other questions. All information collected by observers will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a (b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

Shrimp - Observer FAX Notification Form

This form is provided for your response. Please complete and return this form at least 48 hours prior to your estimated departure. The information can be **mailed to: NOAA/NMFS, Galveston Laboratory, 4700 Avenue U, Galveston, TX 77551 or Faxed to (409-766-3489); ATTN: MIKE HARRELSON, PAT CRYER, JEFF PULVER and/or MATT DUFFY.** If the vessel is not fishing or is involved in another fishery during the selection period, please state in the comment section of this form which fishery and gear used (include contact number).

Captain's Name: _____ Vessel Name: _____

Documentation/Vessel Number: _____ Overall Length: _____ (ft)

Crew Size: _____ (include skipper) Bunk Capacity: _____ Life Raft Capacity: _____

Contact Person/Telephone Number(s): _____

Communication Equipment (please list)	Commercial Fishing Vessel Safety Examination Decal
Cellular / SAT phone:	Serial Number:
VHF:	Date of issuance
Single Side Band:	_____/_____ Month Year
Call sign:	

Vessel Fishing Status:

Port of Departure:

Dock Facility: _____

Street: _____

City: _____ State: _____ Phone Number: () _____ - _____

Departure Date: __/__/__ Time: __:__ (AM or PM) Anticipated Landing Date: __/__/__

Expected Landing Port: (if different from port of departure)

Dock Facility: _____

Street: _____

City: _____ State: _____ Phone Number: () _____ - _____

Primary Language: (if other than English) _____

Comments: _____

PAPERWORK REDUCTION ACT STATEMENT: Collection of information through the observer program provides data for stock assessments and estimates of bycatch. Public reporting burden for completing the vessel information form above is estimated at 2 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is mandatory fisheries under the Magnuson-Stevens Fishery Conservation and Management Act (16U.S.C. 1801 et seq.) In accordance with NOAA Administrative Order 216-100, it is agency policy not to release confidential information, other than in aggregate form. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB#0648-0374 and expires Sept 30, 2008.

Observer Evaluation

The SEFSC Galveston Laboratory will be placing an observer aboard your vessel for observer coverage. In an attempt to monitor the quality of observers we send on commercial vessels, we would appreciate it if once the trip is completed you would take the time to fill out this questionnaire. We wish to ensure that the observers conduct themselves professionally and safely during deployment. Please fill in the information below and return to: **NOAA/NMFS, Reef and Shrimp Observer Program, 4700 Avenue U, Galveston, Texas 77551**. Your information is important in helping us improve the observer program. If you are the owner and were not present during the trip, please consult with your captain.

Vessel name: _____ **Vessel Doc. #:** _____

Your name: _____ **Observer name:** _____

Your status (check one): Owner _____ Captain _____ Other _____

Please provide responses by checking yes or no in the space provided. Space has been provided on the back of the form if you wish to include detailed comments about the observer.

1. Was the observer on time and prepared for the trip? Yes ___ No ___
2. Did you and the observer discuss vessel safety procedures prior to departure? Yes ___ No ___
3. Did the observer explain their sampling requirements and duties prior to departure? Yes ___ No ___
4. Was the observer professional, courteous and polite? Yes ___ No ___
5. Did the observer appear to conduct the duties they were responsible for during the trip?
Yes ___ No ___
6. Was sampling conducted in a timely manner as to not substantially impact your normal operations?
Yes ___ No ___
7. Did observer help maintain cleanliness standards in accordance with the vessels normal policy in the following areas? **Work** (Yes ___ No ___); **Bunk** (Yes ___ No ___); **Galley** (Yes ___ No ___)

If you have any other concerns regarding, safety, the observer, or observer procedures during the trip please explain in the additional comment section provided on the back of form.

Additional comments: _____

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used by the National Marine Fisheries Service (NMFS) to improve observer training under section 403(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.), which will assist NMFS to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 15 minutes, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, Shrimp and Reef Fish Observer Programs, 4700 Avenue U, Galveston, Texas 77551. Providing the requested information is voluntary. All identifying data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Other information collected on this form may be subject to public release under various statutes. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

SAFETY CHECKOFF FORM

Observer Name _____ Trip Number _____
 Vessel Name _____ Vessel Number _____

Safety Check list (Offshore 20+ Miles)

USCG Safety Exam Decal # _____ Date issued: _____ Distance Rating: _____
 Expiration Date: _____

Life Saving Equipment

Life Raft? _____ Type _____ Inspection Date: _____ Capacity? _____
 Expiration Date: _____

Life Raft Hydrostatic Release Expiration Date: _____ Total # of People Onboard: _____
(This number is including the Observer)

EPIRB Location: _____ EPIRB Battery Expiration Date: _____

EPIRB Hydrostatic Release Expiration Date: _____

Personal Flotation Device for each person on board (POB)? _____ Location(s): _____

Immersion Suit for each POB? _____ (only required above 32'00 N latitude)

Orange Ring Buoy(s) with Line attached? _____ Location(s): _____

Distress Flares? _____ Location(s): _____

Expiration Date for each distress flare.

Parachute _____	Smoke _____	Hand _____	Hand _____
Parachute _____	Smoke _____	Hand _____	Hand _____
Parachute _____	Smoke _____	Hand _____	Hand _____

Fire Fighting Equipment

Fire Extinguishers Charged? _____

Location 1: _____

Location 3: _____

Location 2: _____

Location 4: _____

Communication Equipment

Vessel Call Letters: _____

Single Side Band _____ Satellite Phone # (if applicable) _____

VHF _____ Vessel Cell Phone # (if applicable) _____

Other

First Aid Kit? _____ Location(s): _____

Ditch Bag? _____ Location(s): _____

Detailed Description of Vessel and Comments: _____

SAFETY CHECK OFF FORM STATION BILL

Trip # _____

	Person Overboard Signal:	Fire Signal:	Flooding Signal:	Abandon Ship Signal:
Position	Station/Bring/Duty	Station/Bring/Duty	Station/Bring/Duty	Station/Bring/Duty
Captain				
Crew				
Crew				
Crew				
Observer				
Date performed				

Vessel Safety Orientation (check all performed)

Vessel Layout:

- Engine on/off, steering, gear selection, etc. _____
- Shut off and crossover valves. _____
- Alarms: what they are, what they mean, reporting inoperative alarms. _____
- Entrapment: exit routes. _____
- Hazards: hatches, winches, machinery, lines, slippery areas, stability concerns, etc. _____

Emergency Assignments (not on the Station Bill): Each Crew Member's Specific Duties In

- Launching survival craft and recovering life boats and rescue boats. _____
- Donning immersion suits and wearable PFDs. _____
- Making a voice radio distress call. _____
- Using visual distress signals. _____
- Activating the general alarm. _____

Pre-Trip Safety Skill(s)

At least once per month and before each new departure, one safety skill/assignment must be performed and logged. In the space below list the skill (s) performed and/or include safety assignment, then sign and date at the bottom.

To be completed by captain:

Sampling protocol has been explained by observer and is understood. Yes ____ No ____

Observer Signature and Date: _____ / /

Captain Signature and Date: _____ / /



United States Department of Commerce
National Oceanic and Atmospheric Administration
 National Marine Fisheries Service
 Southeast Fisheries Science Center
 75 Virginia Beach Drive
 Miami, FL 33149

Date: DATE XX, 2012

Vessel Owner
 Street Address
 City, State Zip

Dear Permit Holder:

This letter is to inform you that your vessel, Vessel Name, Doc#, has been selected to carry an observer for the MONTH through MONTH YEAR, Commercial Reef Fish season pursuant to MSFCMA § 303(b)(8). Upon receipt of this letter, you are required to contact the observer coordinator within 24 hours to make arrangements to carry an observer. **Even if you are not planning to fish this season, or sold your vessel, you are still required to contact the observer coordinator.**

NOAA's authority to require observer coverage is found in the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.), the Endangered Species Act (16 U.S.C. 1531 et seq.), and the Marine Mammal Protection Act (16 U.S.C. 1361 et seq.) and their respective implementing regulations.

Primary Contacts:

Mike Harrelson, Observer Coordinator
 Pat Cryer, Observer Coordinator
 Jeff Pulver, Observer Coordinator
 Matt Duffy, Assistant Observer Coordinator
Voice: (409) 766-3525
 National Marine Fisheries Service
 Galveston Laboratory
 4700 Avenue U
 Galveston, TX 77551
 FAX: (409) 766-3489

Secondary Contact:

Elizabeth Scott-Denton, Program Manager
 National Marine Fisheries Service
 Southeast Fisheries Science Center
 Galveston Laboratory
 4700 Avenue U
 Galveston, TX 77551
Voice: (409) 766-3571
 FAX: (409) 766-3508

After the initial contact with an observer coordinator, as the owner or operator of a vessel that is selected for observer coverage, under MSFCMA § 303(b) (8), you must notify the National Marine Fisheries Service (NMFS) **before commencing any fishing trip that may result in the incidental catch or harvest of any reef fish, regardless of the species you are targeting.** You are required to notify the observer coordinator by fax (attached form) or phone at least **48** hours prior to **each** fishing trip.

Vessels are selected randomly from a pool of vessels that (1) have a current directed reef fish permit and (2) historically reported fishing for reef fish with electric reel, handline, and/or longline gear.

Please note that vessels that have been excused from participating in previous years or seasons are **not automatically excused** from participating in the coming season. **All selected vessels must contact the observer coordinator.**

Once a NMFS-certified observer is placed aboard your vessel, you are required to:

1. Provide the observer with accommodations and food equivalent to that provided to the crew (you will be reimbursed for reasonable food costs);
2. Allow the observer access to and use of the vessel's communication equipment and personnel for transmitting and receiving messages related to the observer's duties;
3. Allow the observer access to and use of the vessel's navigation equipment, charts, and crew to determine the vessel's position;
4. As provided by 50 C.F.R. 229.7(b), allow the observer free and unobstructed access to all fish, marine mammals, and sea turtles aboard the vessel for purposes of collecting measurements, weights, and biological samples. This will also include access to the vessel's bridge, working decks, holding bins, weight scales, holds, and any other space used to hold, process, weigh, or store fish;
5. Allow the observer to inspect and copy the vessel's log, communications logs, and any records associated with the catch and distribution of fish for that trip; and
6. Have or obtain a Commercial Fishing Vessel Examination decal prior to the selection period. **Failure to obtain a safety decal is not justification for fishing without an observer, and may result in enforcement action.** A list of phone numbers for approved Commercial Fishing Vessel Examiners is included at the end of this letter. The safety decal must clearly state the number of people that will be onboard, including the observer and the areas and waters in which the vessel will be fishing. All safety equipment must be up to date including the EPIRB battery, life raft, and flares. Life raft capacity must be large enough for all persons on board, including all crew plus the observer.

Your cooperation with the above requirements is appreciated. We will make every effort to minimize any disruption of the normal activities of your vessel and crew. The observer is onboard to collect data only; for safety and liability reasons, the observer will not take part in any fishing operations.

Thank you for your cooperation, without which collection of this critical information would not be possible.

Sincerely,

Bonnie Ponwith, Ph.D.
Director, Southeast Fisheries Science Center

Enclosures

PAPERWORK REDUCTION ACT STATEMENT: Information collected through the observer program will be used to: (1) monitor catch and bycatch; (2) understand the population status and trends of fish stocks and protected species, as well as the interactions between them; (3) determine the quantity and distribution of net benefits derived from living marine resources; (4) predict the biological, ecological, and economic impacts of existing management actions and proposed management options; and (5) ensure that the observer programs can safely and efficiently collect the information required for the previous four uses. In particular, the observer program provides information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. Most of the information collected by observers is obtained through "direct observation by an employee or agent of the sponsoring agency or through non-standardized oral communication in connection with such direct observations". Under the Paperwork Reduction Act (PRA) regulations at 5 C.F.R. 1320.3(h) (3), facts or opinions obtained through such observations and communications are not considered to be "information" subject to the PRA. The public reporting burden for responding to the questions that observers ask and that are subject to the PRA is estimated to average 65 minutes per trip, including the time for hearing and understanding the questions, 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 this collection of information, including suggestions for reducing this burden, to: National Marine Fisheries Service, Shrimp and Reef Fish Observer Programs, 4700 Avenue U, Galveston, Texas 77551. Providing the requested information is mandatory under regulations at 50 C.F.R. 600.746 for the safety questions and at 50 C.F.R. 222.401, 50 C.F.R. 229.7, and 50 C.F.R. 622.8 for all other questions. All information collected by observers will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a (b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

Reef Fish - Observer FAX Notification Form

This form is provided for your response. Please complete and return this form at least 48 hours prior to your estimated departure. The information can be **mailed to: NOAA/NMFS, Galveston Laboratory, 4700 Avenue U, Galveston, TX 77551 or Faxed to (409-766-3489); ATTN: MIKE HARRELSON, PAT CRYER, JEFF PULVER and/or MATT DUFFY.** If the vessel is not fishing or is involved in another fishery during the selection period, please state in the comment section of this form which fishery and gear used (include contact number).

Captain's Name: _____ Vessel Name: _____

Documentation/Vessel Number: _____ Overall Length: _____ (ft)

Crew Size: _____ (include skipper) Bunk Capacity: _____ Life Raft Capacity: _____

Contact Person/Telephone Number(s): _____

Communication Equipment (please list)	Commercial Fishing Vessel Safety Examination Decal
Cellular / SAT phone:	Serial Number:
VHF:	Date of issuance
Single Side Band:	_____/_____ Month Year
Call sign:	

Vessel Fishing Status:

Port of Departure:

Dock Facility: _____

Street: _____

City: _____ State: _____ Phone Number: () _____ - _____

Departure Date: __/__/__ Time: __:__(AM or PM) Anticipated Landing Date: __/__/__

Expected Landing Port: (if different from port of departure)

Dock Facility: _____

Street: _____

City: _____ State: _____ Phone Number: () _____ - _____

Primary Language: (if other than English) _____

Comments: _____

PAPERWORK REDUCTION ACT STATEMENT: Collection of information through the observer program provides data for stock assessments and estimates of bycatch. Public reporting burden for completing the vessel information form above is estimated at 2 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is mandatory fisheries under the Magnuson-Stevens Fishery Conservation and Management Act (16U.S.C. 1801 et seq.) In accordance with NOAA Administrative Order 216-100, it is agency policy not to release confidential information, other than in aggregate form. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB#0648-0374 and expires Sept 30, 2008.

Observer Evaluation

The SEFSC Galveston Laboratory will be placing an observer aboard your vessel for observer coverage. In an attempt to monitor the quality of observers we send on commercial vessels, we would appreciate it if once the trip is completed you would take the time to fill out this questionnaire. We wish to ensure that the observers conduct themselves professionally and safely during deployment. Please fill in the information below and return to: **NOAA/NMFS, Reef and Shrimp Observer Program, 4700 Avenue U, Galveston, Texas 77551**. Your information is important in helping us improve the observer program. If you are the owner and were not present during the trip, please consult with your captain.

Vessel name: _____ **Vessel Doc. #:** _____

Your name: _____ **Observer name:** _____

Your status (check one): Owner _____ Captain _____ Other _____

Please provide responses by checking yes or no in the space provided. Space has been provided on the back of the form if you wish to include detailed comments about the observer.

1. Was the observer on time and prepared for the trip? Yes ___ No ___
2. Did you and the observer discuss vessel safety procedures prior to departure? Yes ___ No ___
3. Did the observer explain their sampling requirements and duties prior to departure? Yes ___ No ___
4. Was the observer professional, courteous and polite? Yes ___ No ___
5. Did the observer appear to conduct the duties they were responsible for during the trip?
Yes ___ No ___
6. Was sampling conducted in a timely manner as to not substantially impact your normal operations?
Yes ___ No ___
7. Did observer help maintain cleanliness standards in accordance with the vessels normal policy in the following areas? **Work** (Yes ___ No ___); **Bunk** (Yes ___ No ___); **Galley** (Yes ___ No ___)

If you have any other concerns regarding, safety, the observer, or observer procedures during the trip please explain in the additional comment section provided on the back of form.

Additional comments: _____

SAFETY CHECKOFF FORM

Observer Name _____ Trip Number _____
 Vessel Name _____ Vessel Number _____

Safety Check list (Offshore 20+ Miles)

USCG Safety Exam Decal # _____ Date issued: _____ Distance Rating: _____
 Expiration Date: _____

Life Saving Equipment

Life Raft? _____ Type _____ Inspection Date: _____ Capacity? _____
 Expiration Date: _____

Life Raft Hydrostatic Release Expiration Date: _____ Total # of People Onboard: _____
(This number is including the Observer)

EPIRB Location: _____ EPIRB Battery Expiration Date: _____

EPIRB Hydrostatic Release Expiration Date: _____

Personal Flotation Device for each person on board (POB)? _____ Location(s): _____

Immersion Suit for each POB? _____ (only required above 32'00 N latitude)

Orange Ring Buoy(s) with Line attached? _____ Location(s): _____

Distress Flares? _____ Location(s): _____

Expiration Date for each distress flare.

Parachute _____	Smoke _____	Hand _____	Hand _____
Parachute _____	Smoke _____	Hand _____	Hand _____
Parachute _____	Smoke _____	Hand _____	Hand _____

Fire Fighting Equipment

Fire Extinguishers Charged? _____

Location 1: _____

Location 3: _____

Location 2: _____

Location 4: _____

Communication Equipment

Vessel Call Letters: _____

Single Side Band _____ Satellite Phone # (if applicable) _____

VHF _____ Vessel Cell Phone # (if applicable) _____

Other

First Aid Kit? _____ Location(s): _____

Ditch Bag? _____ Location(s): _____

Detailed Description of Vessel and Comments: _____

SAFETY CHECK OFF FORM STATION BILL

Trip # _____

	Person Overboard Signal:	Fire Signal:	Flooding Signal:	Abandon Ship Signal:
Position	Station/Bring/Duty	Station/Bring/Duty	Station/Bring/Duty	Station/Bring/Duty
Captain				
Crew				
Crew				
Crew				
Observer				
Date performed				

Vessel Safety Orientation (check all performed)

Vessel Layout:

- Engine on/off, steering, gear selection, etc. _____
- Shut off and crossover valves. _____
- Alarms: what they are, what they mean, reporting inoperative alarms. _____
- Entrapment: exit routes. _____
- Hazards: hatches, winches, machinery, lines, slippery areas, stability concerns, etc. _____

Emergency Assignments (not on the Station Bill): Each Crew Member's Specific Duties In

- Launching survival craft and recovering life boats and rescue boats. _____
- Donning immersion suits and wearable PFDs. _____
- Making a voice radio distress call. _____
- Using visual distress signals. _____
- Activating the general alarm. _____

Pre-Trip Safety Skill(s)

At least once per month and before each new departure, one safety skill/assignment must be performed and logged. In the space below list the skill (s) performed and/or include safety assignment, then sign and date at the bottom.

To be completed by captain:

Sampling protocol has been explained by observer and is understood. Yes ____ No ____

Observer Signature and Date: _____ / /

Captain Signature and Date: _____ / /

Observer Performance Evaluation

OMB Control No. 0648-0593
Expires 9/30/2012

In an attempt to monitor the quality of observers we send on commercial fishing vessels, we would appreciate it if once the trip is completed you would take the time to fill out this questionnaire. We wish to ensure that the observers conduct themselves professionally and safely during their deployment on your vessel. Please fill in the information below and return it to the port coordinator. The information you provide is important in helping us to collect quality data that is being used for stock assessments and fishing regulations. If you are the owner of the vessel and were not present during the trip, please consult with your captain.

Vessel Name: _____ Your Name: _____

Observer Name: _____ Today's Date: _____

Your Status (check one): Captain _____ Owner _____ Other _____

Please check yes or no for each question. Additional comments can be entered on the back of this form if necessary.

Was the observer on time and prepared for the trip? Yes No

Was the observer professional, courteous, and polite?
If NO, please explain on the back of this form. Yes No

Did the observer do anything you thought was unsafe?
If YES, please explain on the back of this form. Yes No

Did the observer monitor one hour of every set? Yes No

Was the observer on deck for the entire time while hauling gear?
If NO, how many sets or how much time did they miss? Yes No

Did the observer interfere with fishing operations?
If YES, please explain on the back of this form. Yes No

Did the observer make any unreasonable requests?
(shark handling, fish sampling, food selection, etc.)
If YES, please explain on the back of this form. Yes No

Did the observer measure fish with the meter stick? Yes No

Did the observer help with cleaning (dishes, the galley, their bunk, etc)?
If NO, were they asked to help? Yes No

If you have any other concerns or suggestions regarding this observer or the observer program, please feel free to explain them on the back of this form.

--	--	--	--	--

Observer ID

WCPFC Mandatory Data Elements

Trip No.

--	--	--	--	--	--

GENERAL VESSEL AND TRIP INFORMATION FOR ALL VESSEL TYPES

Vessel Identification

Vessel Flag

USA

Vessel Owner/Company

--

International Call Sign

--	--	--	--	--	--

Markings consistent with 50 CFR § 300.217

Observer Information

Nationality of Observer

--

Observer Provider - Country or Organization

SWI - PIROP - USA

Date, Time and Location of Embarkation

		2	0					
Day	Month	Year	Year	Hour	Minute			

Date, Time and Location of Disembarkation

		2	0					
Day	Month	Year	Year	Hour	Minute			

Reported Crew Information

Nationality of Captain

--

Identification Document*

--

Nationality of Fishing Master

--

Identification Document*

--

Name of Fishing Master

--

* 50 CFR § 300.215 (c)

Total Number Of Crew by Nationality

Nationality	Number

Reported Vessel Attributes

Vessel Cruising Speed

--

Vessel Fish Hold Capacity (mT)

--

Refrigeration Method

--

Ice
Chilled Sea Water
Refrigerated Sea Water
Blast Freezer
Other

Gross Tonnage (GRT)

--

Engine Power (hp)

--

Observer Evaluation

The SEFSC Miami Laboratory recently placed an observer aboard your vessel for observer coverage. In an attempt to monitor the quality of observers we send on commercial vessels, we would appreciate it if you would take the time to fill out this questionnaire. We wish to insure that the observers conduct themselves professionally, are safe, and get along with the crew during a voyage. Please fill in the information below and return to: **Pelagic Observer Program, 75 Virginia Beach Drive, Miami, FL 33149**. Your information is important to us in order to run a better observer program. If you are the owner and were not present during the trip, please consult with your captain.

Observer name: _____ **Vessel assigned:** _____

Dates of trip: _____

Please provide yes or no responses. You can provide more detailed comments about the observer on the back if you wish.

1. Did the observer delay your departure time? _____
2. Was the observer's conduct while aboard your vessel professional? _____
3. Was the observer easy to work with? _____
4. Did you notice any problems between the observer and the crew? _____
5. Did the observer get his work done in a timely manner as to not impact your normal operations significantly?

6. Did you and the observer discuss vessel safety procedures? _____
7. Was the observer seen doing anything that seemed unsafe? _____
8. Did the observer seem to experience seasickness? _____
9. Did the observer help keep clean the galley area _____; bunk area _____;
Help with dishes _____?

Evaluation filled out by: Owner / Captain (circle one)

**VESSEL REIMBURSEMENT FORM
(MULTI-DAY TRIPS ONLY)**

TRIP ID # _____

Subsistence Reimbursement form for Vessel Master on F/V _____

for National Marine Fisheries Service observer _____

for period of deployment from _____ to _____ for a total of _____ days

at \$25.00 per day for a total of \$ _____

Observer's Signature

Date

Captain's Signature

Date

Please make check payable to _____

Attn: _____

F/V _____

Street _____

City, State, Zip _____

MAIL TO: PROGRAM MANAGER
FISHERIES OBSERVER PROGRAM
166 WATER STREET
WOODS HOLE, MA 02543

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used to reimburse you for specific expenses during the observed trip identified on the form. That trip was observed in order to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 3 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Amy Van Atten, National Marine Fisheries Service, Northeast Fisheries Science Center, Northeast Fisheries Observer Program, 166 Water Street, Woods Hole, MA 02543-1026. Providing the requested information is needed in order to provide proper payment to the vessel. The information on this form will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

National Oceanic and Atmospheric Administration
National Marine Fisheries Service
Northeast Fisheries Science Center
Northeast Fisheries Observer Program
166 Water Street
Woods Hole, MA 02543

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE

National Oceanic and Atmospheric Administration
National Marine Fisheries Service
Northeast Fisheries Science Center
Northeast Fisheries Observer Program
166 Water Street
Woods Hole, MA 02543

To mail, fold on this line and apply sticker from inside to close.

OMB Control No.: 0648-0593

Expiration Date: 09/30/2012

IMPORTANT!!

FISHERMEN'S COMMENT CARD

NORTHEAST FISHERIES OBSERVER PROGRAM

The information on this form will be used by the National Marine Fisheries Service to evaluate how well the observers are performing their duties and to serve as a line of communication between the fishermen and the Observer Program. This form and other information about the Northeast Fisheries Observer Program are available on the web at: <http://www.nefsc.noaa.gov/femad/fsb/>.

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used by the National Marine Fisheries Service (NMFS) to improve observer training under section 403(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.), which will assist NMFS to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 15 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Amy Van Atten, National Marine Fisheries Service, Northeast Fisheries Science Center, Northeast Fisheries Observer Program, 166 Water Street, Woods Hole MA 02543-1026. Providing the requested information is voluntary. All identifying data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Other information collected on this form may be subject to public release under various statutes. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

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Obcmc

OMB Control No.: 0648-0593
Expiration Date: 09/30/2012

Trip ID

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4) Did the observer explain their sampling requirements and protocols?

Yes No

5) Did the observer record the positions (latitude/longitude or lorans) of all of the hauls?

Yes No

6) Did the observer weigh and take length measurements of fish caught during trip?

Yes No

7) Did the observer collect the catch information from the work deck of the vessel?

Yes No

8) Did the observer identify fish species correctly?

Yes No

9) Did the observer review the safety checklist with you?

Yes No

10) Did the observer inform you of measuring the gear characteristics?

Yes No

11) Did the observer ask you for the trip-level and tow-level target species?

Yes No

12) Did you have any other concerns regarding the observer or observing procedures, or safety issues during the trip? If so, please explain in comments section below.

Yes No

SECTION II OF II

Would you like more information from the observer program?

Copy of this trips logs (If so, signature: _____)

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CAPTAIN INTERVIEW FORM

Observer ID _____ Interviewed by _____

Date of Trip/s _____ Date of Interview _____

Vessel Name _____ Operator Name _____

Trip Date Sail _____ Trip Date Land _____

Hull Number _____ Permit Number _____

Conducted In Person? _____

Y N

Was the Observer on time? _____

Did the Observer clearly explain his/her duties to you? _____

Did the Observer give you the Observer Duties Sheet? _____

Did the Observer explain their duties in regards to incidental takes of
protected species (marine mammals, seabirds, and turtles)? _____

Was there a marine mammal, marine turtle or seabird caught during this trip? _____

Did the Observer measure the gear (i.e., codend if this is a trawl trip)? _____

Did the Observer weigh the catch? _____

Did the observer take lengths (or shell heights) and biological samples from
the catch? _____

Did the observer wear their PFD (life vest) while on deck? _____

Did the Observer hinder your operations in any way? _____

Did the Observer get along well with you and your crew? _____

Is the Observer welcome on your vessel again? _____

Did the Observer offer the captain a copy of the data? _____

Did the Observer offer the captain a comment card? _____

If no, please explain: _____

Additional Comments: _____

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used by the National Marine Fisheries Service (NMFS) to improve observer training under section 403(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.), which will assist NMFS to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 15 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Amy Van Atten, National Marine Fisheries Service, Northeast Fisheries Science Center, Northeast Fisheries Observer Program, 166 Water Street, Woods Hole MA 02543-1026. Providing the requested information is voluntary. All identifying data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Other information collected on this form may be subject to public release under various statutes. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

Visual OTC Estimate: _____

Calculations

Species Composition Measurements and Calculations

Species	Measurements, Formulas, and Calculations

Haul/Set #		Date	Time	Latitude		Longitude		Depth (fm)	Gear Type
				Degrees	Minutes	Degrees	Minutes		
	Start								
	End								
	Start								
	End								

Gear Units
Sampled:

Average Soak
Time/Gear Unit:

hooks/gear unit:

Retained

Tally Sample

Discarded

**MARINE MAMMAL, SEA TURTLE, AND SEA BIRD INCIDENTAL TAKE LOG
 NMFS FISHERIES OBSERVER PROGRAM**

OBINC 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

PSID #	HAUL NUM	GEAR NUM	NET NUM/ DREDGE/NET POSITION (p/s/u/a)	TIME (24 hours)	ADD COND CODE	SPECIES		TAG		ENTANG SITU CODE	ANIMAL COND CODE	ANIMAL ONBRD? 0=No 1=Yes	PHOTO TAKEN? 0=No 1=Yes	SAMPLED? 0=No 1=Yes 2 = Yes, feathers only	EST LEN (cm) (if no actual) (no birds)
						NAME	CODE	NUMBER(S) (record most recent first)	CODE(S)						
___ 1				:											
___ 2				:											
___ 3				:											
___ 4				:											
___ 5				:											
___ 6				:											
___ 7				:											
___ 8				:											
___ 9				:											
___ 0				:											

COMMENTS: List identifying characteristics, describe in detail the entanglement situation, include a description of the overall body condition of the animal, behavior on deck and upon release and any other related information. Use back of log if more room is needed.

OBS/TRIP ID	
DATE LANDED mm/yy	/
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

<p>ACTIVE DETERRENT DEVICE (ADD) CONDITION CODES:</p> <p>0 = Unknown 1 = No Pingers Used On Gear 2 = Audible 3 = Inaudible, Tested and Working 4 = Inaudible, Tested and Not Working 5 = Inaudible, Not Tested 6 = Absent (Lost) 9 = Other</p>	<p>ENTANGLEMENT / INTERACTION SITUATION CODES:</p> <p>00 = Unknown 01 = Fell From Gear at a Point Unknown 02 = Fell From Gear Before Exiting Water 03 = Fell From Gear Once Hauled Out of Water 04 = Fell From Gear Due to Force of Roller 05 = Removal Requires Cutting of Gear/Animal 06 = Removal Does NOT Require Cutting of Gear/Animal 08 = Caught in Wings of Trawl Net 10 = Sea Bird Caught, Gangion Attached to Mainline 11 = Sea Bird Caught, Gangion Unattached to Mainline 12 = Hooked, Ingested 13 = Hooked, Beak 14 = Hooked, Head 15 = Hooked, Flipper 16 = Hooked, Carapace 17 = Hooked, Other/Unknown</p>	<p>ANIMAL CONDITION CODES (when released):</p> <p>00 = Unknown 01 = Alive, see comments 04 = Alive, Hook/Gear In/Around Mouth 05 = Alive, Hook/Gear In/Around Flipper 06 = Alive, Hook/Gear In/Around Another Single Body Part 07 = Alive, Hook/Gear In/Around Several Body Parts 08 = Alive, Seen by Captain/Crew ONLY 09 = Alive, resuscitated (turtle) 10 = Dead, Condition Unknown 11 = Dead, Fresh 12 = Dead, Moderately Decomposed 13 = Dead, Severely Decomposed 14 = Dead, Seen by Capt/Crew ONLY</p>
<p>TAG CODES:</p> <p>0 = Unknown 1 = Tag Applied by Observer 2 = No Tag(s) 3 = Tag Already Present, Left On 4 = Tag Already Present, Removed</p> <p>NOTE: Record Turtle Pit Tags on the Sample Log.</p>	<p>18 = Caught Inside Dredge Chain Bag 19 = On Top of Dredge or Dredge Frame 20 = Caught in Dredge Frame or Between Bails 21 = Caught Inside Dredge in Twine Top 22 = Caught on Sweep/Tickler/Rock Chains 23 = Caught in Bridles/Cables/Warp 24 = Inside Mouth of Trawl Net 25 = Inside Belly of Trawl Net 26 = Inside Codend of Trawl Net 27 = Caught in Sweep or Footrope of Trawl Net 28 = Contact with Vessel or Vessel Equipment other than Fishing Gear 29 = Entangled in Gear other than Vessel's Fishing Gear (e.g. Ghost Gear Caught by Vessel) 99 = Other</p> <p>NOTE: If more than one code applies to a situation choose the code that describes the primary entanglement/interaction (e.g. a turtle is observed inside the twine top of a dredge and falls from the gear as it is hauled up - choose code 21 as it best describes the primary interaction).</p>	<p>NOTE: If more than one code applies, choose the code that describes the most specific condition (e.g. a turtle is alive and released with gear around the left front flipper - choose code 05 as it is most specific at release).</p>
<p>ADDITIONAL COMMENTS</p>		

MARINE MAMMAL BIOLOGICAL SAMPLE LOG
NMFS FISHERIES OBSERVER PROGRAM
OBBMM 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

PSID#	SPECIES NAME	SEX 0=U 1=M 2=F	MARINE MAMMAL MEASUREMENTS					CETACEANS ONLY			NUMBER OF SAMPLES TAKEN								
			Body Temp °F	Blubber Thickness cm	Total Length cm	Axillary Girth cm	Hind/Pec Flip Len cm	Pec Flip Width cm	Dorsal Fin Height cm	Fluke Width cm	Whole	Flipper/Skin	Jaw	Stom	Blub	Musc	Repro Tract	Head/Skull	Other list in comments

General Comments:

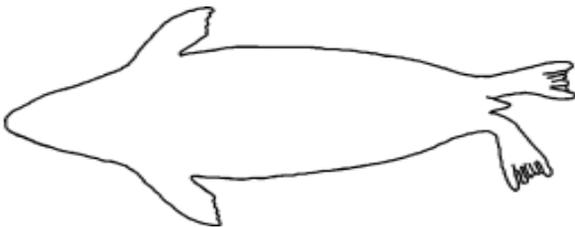
BOTTLENOSE DOLPHIN
 PSID # _____
 A. Snout-eye (cm) _____
 B. Snout-ear (cm) _____
 C. Snout-blow (cm) _____
 D. Snout-flip (cm) _____

BOTTLENOSE DOLPHIN
 PSID # _____
 A. Snout-eye (cm) _____
 B. Snout-ear (cm) _____
 C. Snout-blow (cm) _____
 D. Snout-flip (cm) _____

Sketch and describe ID characteristics, overall body condition, note any scavenger damage and/or decomposition, new and/or healed wounds, any gear on the animal, etc.
 PSID# _____



Circle one: Left / Right



Circle one: Dorsal / Ventral

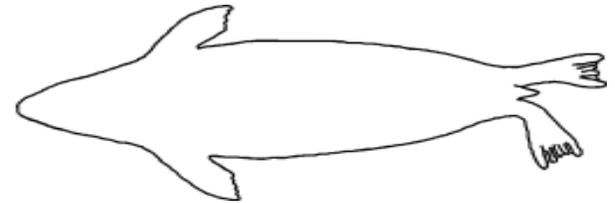
OBS/TRIP ID	
DATE LANDED mm/yy	/
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

Sketch and describe ID characteristics, overall body condition, note any scavenger damage and/or decomposition, new and/or healed wounds, any gear on the animal, etc:

PSID # _____



Circle one: Left / Right



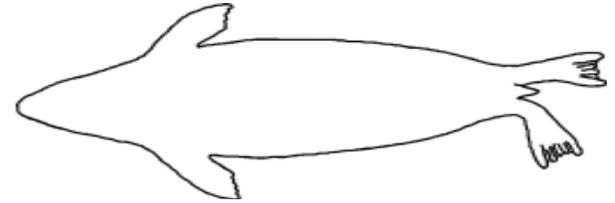
Circle one: Dorsal / Ventral

Sketch and describe ID characteristics, overall body condition, note any scavenger damage and/or decomposition, new and/or healed wounds, any gear on the animal, etc:

PSID # _____



Circle one: Left / Right



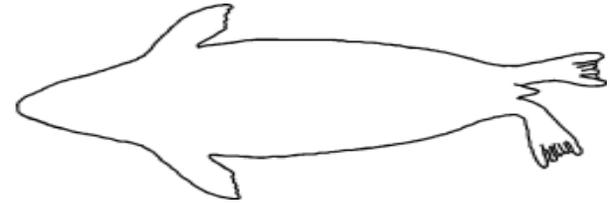
Circle one: Dorsal / Ventral

Sketch and describe ID characteristics, overall body condition, note any scavenger damage and/or decomposition, new and/or healed wounds, any gear on the animal, etc:

PSID # _____



Circle one: Left / Right



Circle one: Dorsal / Ventral

Sketch and describe ID characteristics, overall body condition, note any scavenger damage and/or decomposition, new and/or healed wounds, any gear on the animal, etc:

PSID # _____



Circle one: Left / Right



Circle one: Dorsal / Ventral

LONGLINE HAUL LOG
NMFS FISHERIES OBSERVER PROGRAM
OBL LH OBHAU OBSPP 01/01/10

OBS/ TRIP ID	
DATE LAND (mm/yy)	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE	GEAR #	HAUL #	HAUL OBS? NO 0 _____ YES 1 _____	ON-EFFORT? NO 0 _____ YES 1 _____	CATCH? NO 0 _____ YES 1 _____	INC TAKE? NO 0 _____ YES 1 _____	WEATHER CODE	WIND SPEED _____ kn DIRECTION _____ °		WAVE HEIGHT _____ ft	DEPTH, HAUL BEGIN _____ fm	GEAR COND CODE
-----------	--------	--------	--	---	-------------------------------------	--	--------------	---	--	-------------------------	----------------------------------	-------------------

SET/HAUL INFO	DATE mm/dd/yy	AND 24 hours	TIME	LATITUDE / LONGITUDE (DD MM.M) - LORAN (XXXXX)				WATER TEMP	TARGET SPECIES	CODE(S)
				Station 1	Latitude / Bearing	Station 2	Longitude / Bearing			
S E T B E G I N	/ /		:	9960 -		9960 -		o F		
T E N D	/ /		:	9960 -		9960 -		o F	MAINLINE LENGTH *	
H A U L B E G I N	/ /		:	9960 -		9960 -		o F	SET METHOD Unknown 00 ___ Temperature 01 ___ Bottom Contours 02 ___ Compass/Loran 03 ___ Tide/Current 04 ___ Visual 05 ___ Eddy 06 ___ Mixed 98 ___ Other 99 ___	
U E N D	/ /		:	9960 -		9960 -		o F		

ITEMS USED?				NUMBER OF HOOKS		BAIT				SET SPEED	
TYPE	NO	YES	NUMBER	SET		LBS	KIND	TYPE	COND	_____ kn	
Rattlers*	0	1	_____	HAULED							
Surface Lights*	0	1	_____	LOST							
Additional Line Wts	0	1	_____	TENDED*							
WEIGHT OF ADDITIONAL LINE WEIGHTS _____ lbs				REBAITED*		COMMENTS					

SPECIES				WEIGHT			
NAME	CODE	CATCH DISP (K/D)	POUNDS	DISP CODE	D/R	ESTIMATION METHOD CODE	

*Longline only

LONGLINE GEAR CHARACTERISTICS LOG
NMFS FISHERIES OBSERVER PROGRAM
OBLLG 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE <input type="text"/>		GEAR NUMBER(S)		NUMBER OF HOOKS		SECTION LENGTH _____ nm		NUMBER OF SECTIONS	
MAINLINE		LEADERS		BUOYLINE		SURFACE SYSTEM		FLOATS	
# OF STRANDS _____		USED? NO 0 YES 1 _____		# of Buoylines _____		# of High Flyers _____		TYPE	
DIAMETER _____ mm		LENGTH _____ ft		Length (avg) _____ ft		# of Buoys _____		NO YES NUMBER	
TEST _____ lbs		TEST _____ lbs		Type Code _____		Surface Line Length (avg) _____ ft		Unknown 0 1 _____	
MATERIAL _____		MATERIAL _____		Percent of Type _____ % / _____ % (sinking/floating)		Type Code _____		Polyball 0 1 _____	
COLOR _____				Diameter _____ / _____ in		Diameter _____ / _____ in		Bullet/Daub 0 1 _____	
HOOKS		ANCHOR USED?		Mark? NO 0 YES 1 _____		Mark? NO 0 YES 1 _____		Other 0 1 _____	
BRAND _____		NO 0 YES _____						LIGHT STICKS USED?	
MODEL/PATTERN _____		WEIGHT _____ lbs						NO 0 YES 1 _____	
SIZE _____		Actual 1 _____						COLOR _____	
		Estimated 2 _____						NUMBER _____	
				GROUNDLINE		WEAK LINKS		SWIVELS	
				NO YES		NO YES		USED?	
GANGIONS		LENGTH COUNT		USED? 0 1 _____		USED ON SURFACE? 0 1 _____		NO 0 YES 1 _____	
DISTANCE BETWEEN _____ ft		_____ ft		Length (total) _____ ft		Number (total) _____		# OF SWIVELS/GANGION _____	
DIAMETER _____ mm		_____ ft		Type Code _____		Type Code _____		RADIO BEACONS _____	
TEST _____ lbs		MATERIAL _____		Diameter _____ / _____ in		USED ON STRING? 0 1 _____		RADAR REFLECTORS _____	
COLOR _____						Number (total) _____		COLOR	
COMMENTS						Type Code _____		Unknown 00 Multi-Color 07	
								Clear 01 Red 08	
								White 02 Orange 09	
								Pink 03 Purple 10	
								Black 04 Combination 98	
								Green 05 Other 99	
								Blue 06	
								Unknown 0	
								Mono-filament Nylon 1	
								Cotton 2	
								Steel Wire 3	
								Multi-strand Nylon 4	
								Other 9	

LONGLINE HAUL LOG
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMLLH ASMHAU ASMSPP

ASM/TRIPID	
DATE LANDED mm/yy	/ /
PAGE #	of

GEAR CODE			HAUL #			GEAR NUMBER			HAUL BEGIN			HAUL END			
[][][]			[][][]			[][]			HAUL DATE (mm/dd/yy)			HAUL DATE (mm/dd/yy)			
/ /			/ /			/ /			/ /			/ /			
HAUL OBSERVED?			INC TAKE?			BEGIN HAUL TIME			END HAUL TIME						
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>			:			:						
WEATHER CONDITION				WAVE HEIGHT (ft)				LATITUDE/LONGITUDE (DD MM.M)							
GEAR CONDITION CODE						BEGIN LATITUDE			END LATITUDE						
TARGET SPECIES 1 (This Haul)						BEGIN LONGITUDE			END LONGITUDE						
TARGET SPECIES 2 (This Haul)						(STAT AREA)*			(STAT AREA)*						
COMMENTS									* Enter only if latitude/longitude coordinates are not available			MORE LONGLINE			
												MAINLINE LENGTH (nm)			
												SOAK DURATION (hrs)			
SPECIES NAME		POUNDS	D/R	DISP CODE	EST. METH.	SPECIES NAME		POUNDS	D/R	DISP CODE	EST. METH.				

LONGLINE GEAR LOG (FRONT)
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMLLG

ASM/TRIPID	
DATE LANDED mm/yy	/
PAGE #	of

GEAR CODE	GEAR #	# OF HOOKS	COMMENTS
<input type="text"/>	<input type="text"/>		
HOOKS	BRAND	MODEL/PATTERN	SIZE
HOOK #1			
HOOK #2			

GEAR CODE	GEAR #	# OF HOOKS	COMMENTS
<input type="text"/>	<input type="text"/>		
HOOKS	BRAND	MODEL/PATTERN	SIZE
HOOK #1			
HOOK #2			

GEAR CODE	GEAR #	# OF HOOKS	COMMENTS
<input type="text"/>	<input type="text"/>		
HOOKS	BRAND	MODEL/PATTERN	SIZE
HOOK #1			
HOOK #2			

GEAR CODE	GEAR #	# OF HOOKS	COMMENTS
<input type="text"/>	<input type="text"/>		
HOOKS	BRAND	MODEL/PATTERN	SIZE
HOOK #1			
HOOK #2			

ADDITIONAL COMMENTS

LONGLINE GEAR LOG (BACK)
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMLLG

ASM/TRIPID	
DATE LANDED mm/yy	/
PAGE #	of

GEAR CODE	GEAR #	# OF HOOKS	COMMENTS
<input type="text"/>	<input type="text"/>		
HOOKS	BRAND	MODEL/PATTERN	SIZE
HOOK #1			
HOOK #2			

GEAR CODE	GEAR #	# OF HOOKS	COMMENTS
<input type="text"/>	<input type="text"/>		
HOOKS	BRAND	MODEL/PATTERN	SIZE
HOOK #1			
HOOK #2			

GEAR CODE	GEAR #	# OF HOOKS	COMMENTS
<input type="text"/>	<input type="text"/>		
HOOKS	BRAND	MODEL/PATTERN	SIZE
HOOK #1			
HOOK #2			

GEAR CODE	GEAR #	# OF HOOKS	COMMENTS
<input type="text"/>	<input type="text"/>		
HOOKS	BRAND	MODEL/PATTERN	SIZE
HOOK #1			
HOOK #2			

ADDITIONAL COMMENTS	FOR OFFICE USE ONLY
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LOBSTER, CRAB, & FISH POT GEAR CHARACTERISTICS LOG
NMFS FISHERIES OBSERVER PROGRAM
OBPTG 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE	GEAR NUMBER(S)	NUMBER OF POTS	COMMENTS
<input type="text"/>	<input type="text"/>	<input type="text"/>	
POT CHARACTERISTICS Shape Code <input type="text"/> Side Construction Code <input type="text"/> DIMENSIONS Length (in) <input type="text"/> Width (in) <input type="text"/> Top <input type="text"/> <input type="text"/> Bottom <input type="text"/> <input type="text"/> Height <input type="text"/> in	ENTRANCE Number <input type="text"/> Inside Ring Size <input type="text"/> in Location Unknown 0 Top 1 Side 2 End 3 Combination 8 Other 9	SURFACE SYSTEMS # of High Flyer(s) <input type="text"/> # of Buoys <input type="text"/> Length of Line Btwn High Flyer & Buoy(s)(avg) <input type="text"/> ft Type Code <input type="text"/> Diameter <input type="text"/> / <input type="text"/> in Mark? NO 0 YES 1	ANCHOR(S) USED? NO 0 YES 1 Number <input type="text"/> Weight (total) <input type="text"/> lbs A / E Type Unknown 0 Danforth-style 1 Dead Weight 2 Combination 8 Other 9
GROUNDLINE Length of Line Btw Pots (avg) <input type="text"/> ft Type code <input type="text"/> Diameter <input type="text"/> / <input type="text"/> in	BIODEGRADABLE PANEL USED? NO 0 YES 1 Attachment Type Unknown 0 Iron Hog Rings 1 Degradable Plastic 2 Softwood Lathe 3 Uncoated Wire 4 Other 9	WEAK LINKS NO YES USED ON SURFACE? 0 1 Number (total) <input type="text"/> Type Code <input type="text"/> GANGIONS USED? NO 0 YES 1 Length (avg) <input type="text"/> ft Type Code <input type="text"/> Diameter <input type="text"/> / <input type="text"/> in	ANCHOR LINE Length of Line Btwn Anchor & Gangion (avg) <input type="text"/> ft Type Code <input type="text"/> Diameter <input type="text"/> / <input type="text"/> in
ESCAPE VENT NO YES USED? 0 1 Number <input type="text"/> Shape Code <input type="text"/> Length <input type="text"/> in Height <input type="text"/> in Location Unknown 0 Top 1 Side 2 End 3 Combination 8 Other 9	BAIT METHOD Unknown 0 String 1 Bait Bag 2 Other 9	BUOYLINE # of Buoyline(s) <input type="text"/> Length (avg) <input type="text"/> ft Type Code <input type="text"/> Percent of Type <input type="text"/> %/ Diameter <input type="text"/> / <input type="text"/> in Mark? NO 0 YES 1	<div style="text-align: center;"> <p>RECTANGULAR LOBSTER TRAP WIRE CONSTRUCTION</p> </div>

DIAGRAM FOR REFERENCE ONLY

⊗ = Weak Link

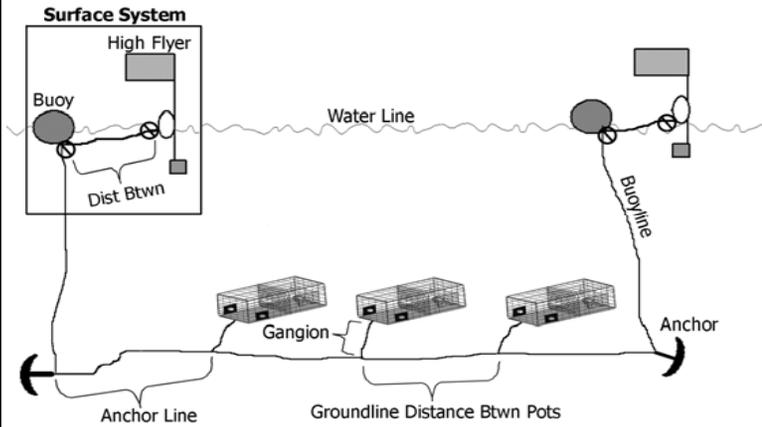


Photo Credit: NOAA Fisheries Service Northeast Regional Office (Original image modified to include additional information).

ADDITIONAL COMMENTS

SHAPE CODES:

- 00 = Unknown
- 01 = Rectangular
- 02 = Round / Oval
- 03 = 1/2 Round
- 04 = Cone
- 05 = Trapezoid
- 99 = Other

SIDE CONSTRUCTION CODES:

- 0 = Unknown
- 1 = Wood Lathe
- 2 = Plastic Coated Wire
- 3 = Twine Mesh
- 4 = Plastic Mesh
- 8 = Combination
- 9 = Other

LINE / GANGION TYPE CODES:

- 0 = Unknown
- 1 = Sinking / Neutrally Buoyant
- 2 = Floating
- 8 = Combination
- 9 = Other

WEAK LINK TYPE CODES:

- 0 = Unknown
- 1 = Rope of Appropriate Breaking Strength
- 2 = Off the Shelf
- 3 = Overhand Knot
- 4 = Hog Rings
- 8 = Combination
- 9 = Other

FOR OFFICE USE ONLY

LENGTH FREQUENCY LOG
NMFS FISHERIES OBSERVER PROGRAM
OBLNH OBLND 01/01/10

OBS/TRIP ID	
DATE LANDED mm/yy	/ /
PAGE #	OF
HAUL #	DREDGE/NET POSITION port (1) starboard (2) ___ both (0) aft (4) ___

SPECIES NAME																		
SPECIES CODE																		
FISH DISPOSITION CODE																		
SEX CODE																		
SAMPLE WEIGHT (R/A)																	SAMPLE WEIGHT (D/A)	
AGE SAMPLE TYPE CODE																	VOLUMETRIC MEASURE OF MEATS	
# SAMPLES																	nearest 50 ml	
MEASUREMENTS:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10 - 14	110 - 114
Finfish, Squid - cm	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15 - 19	115 - 119
Shellfish - mm	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	20 - 24	120 - 124
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	25 - 29	125 - 129
SEX CODES:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	30 - 34	130 - 134
0=Unknown	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	35 - 39	135 - 139
1=Male	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	40 - 44	140 - 144
2=Female	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	45 - 49	145 - 149
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	50 - 54	150 - 154
AGE SAMPLE TYPE CODES:	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	55 - 59	155 - 159
0=None	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60 - 64	160 - 164
1=Scales	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	65 - 69	165 - 169
2=Otoliths	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	70 - 74	170 - 174
3=Shells	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	75 - 79	175 - 179
4=Whole	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	80 - 84	180 - 184
5=Vertebra	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	85 - 89	185 - 189
6=Dorsal Spines	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	90 - 94	190 - 194
7=Scales & Otoliths	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	95 - 99	195 - 199
8=Head	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	100 - 104	200 - 204
9=Other	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	105 - 109	205 - 209

COMMENTS

LENGTH FREQUENCY LOG (FRONT)
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMLNH ASMLND

ASM/TRIPID	
DATE LANDED mm/yy	/
PAGE #	___ of ___
HAUL #	

SPECIES NAME		SPECIES NAME		SPECIES NAME		SPECIES NAME		SPECIES NAME	
FISH DISP. CODE									
SAMPLE WEIGHT (R/A)		SAMPLE WEIGHT (R/A)		SAMPLE WEIGHT (R/A)		SAMPLE WEIGHT (R/A)		SAMPLE WEIGHT (R/A)	
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
COMMENTS									

LENGTH FREQUENCY LOG (BACK)
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMLNH ASMLND

ASM/TRIPID	
DATE LANDED mm/yy	/
PAGE #	___ of ___
HAUL #	

SPECIES NAME		SPECIES NAME		SPECIES NAME		SPECIES NAME		SPECIES NAME	
FISH DISP. CODE									
SAMPLE WEIGHT (R/A)		SAMPLE WEIGHT (R/A)		SAMPLE WEIGHT (R/A)		SAMPLE WEIGHT (R/A)		SAMPLE WEIGHT (R/A)	
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
COMMENTS						FOR OFFICE USE ONLY			

**INDIVIDUAL ANIMAL LOG
NMFS FISHERIES OBSERVER PROGRAM
OBIAL 01/01/10**

OBS/TRIP ID	
DATE LANDED mm/yy	/
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>
HAUL #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

GEAR #	SEQ #	SPECIES		INTL STAT- US CODE	END STAT- US CODE	FISH DISP CODE In Apper	PROC CODE	WEIGHT			TAG			LENGTHS cm			SEX 0=U 1=M 2=F	BIO- SAMP 0=N 1=Y	PHOTO TAKEN? 0=N 1=Y
		NAME	CODE					POUNDS	MKT D/R	EST. METH- OD	NUMBER(S)	CODE	DATA STORAGE TAG? 0=N, 1=Y	#1	#2	Est (#1)			
---	1																		
---	2																		
---	3																		
---	4																		
---	5																		
---	6																		
---	7																		
---	8																		
---	9																		
---	0																		

COMMENTS: List identifying characteristics such as fin placement relative to other body parts, coloration, head and tail shape, presence/absence of lateral and/or anal scutes (sturgeon), presence of spines, etc.
Also include tag recapture information such as tagging program, phone number, etc.

STATUS CODES: 0=Unknown 1=Alive 2= Dead 3=Dead, Damaged 4=Dead, Head only	PROCESSING CODES: 00=Unknown 01=No Processing 02=Chunked 03=Filleted 04=Dressed (Gutted only) 05=Dressed (Finned only)	WEIGHT MARKET CODES: 06=Dressed (Headed and Gutted) 07=Dressed (Headed, Gutted, Finned) 08=Dressed (Headed, Gutted, Tailed) 09=Dressed (Headed, Gutted, Finned, Tailed) 99=Other	WEIGHT TYPE CODES: A=Actual (1) E=Estimated (2)	TAG CODES: 0=Unknown 1=Tag Applied by Observer 2=No Tag(s) 3=Tag Already Present, Left On 4=Tag Already Present, Removed 5=Carcass Tagged (fish only)	STANDARD LENGTHS:																						
					<table border="1"> <tr> <td></td> <td>#1</td> <td>#2</td> </tr> <tr> <td>Swordfish (c)</td> <td>LJFL</td> <td>CK</td> </tr> <tr> <td>Billfish (c)</td> <td>LJFL</td> <td>PFL</td> </tr> <tr> <td>Tuna</td> <td>FL</td> <td>PFL</td> </tr> <tr> <td>Shark</td> <td>FL</td> <td>TL</td> </tr> <tr> <td>Sturgeon</td> <td>FL</td> <td>None</td> </tr> <tr> <td>Ray</td> <td>TL</td> <td>DW</td> </tr> <tr> <td>Terrapin</td> <td>TL</td> <td>NL</td> </tr> <tr> <td>Other</td> <td>FL</td> <td>None</td> </tr> </table>		#1	#2	Swordfish (c)	LJFL	CK	Billfish (c)	LJFL	PFL	Tuna	FL	PFL	Shark	FL	TL	Sturgeon	FL	None	Ray	TL	DW	Terrapin
	#1	#2																									
Swordfish (c)	LJFL	CK																									
Billfish (c)	LJFL	PFL																									
Tuna	FL	PFL																									
Shark	FL	TL																									
Sturgeon	FL	None																									
Ray	TL	DW																									
Terrapin	TL	NL																									
Other	FL	None																									

INCIDENTAL TAKE LOG (BACK)
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMNC

ASM/TRIPID	
DATE LANDED mm/yy	/
PAGE #	___ of ___

ANIMAL CONDITION
 Alive- Captain/crew saw
 Alive- Hook/Gear + 1 part (in or around a single body part)
 Alive/Hook + Flipper
 Alive- Hook/Gear > 1 part (in or around several body parts)
 Alive- Hook/Gear in or around mouth
 Alive- Resuscitated sea turtle
 Alive
 Dead- Captain/crew saw
 Dead- Condition unknown
 Dead- Fresh
 Dead- Moderately decomposed
 Dead- Severely decomposed
 Other
 Unknown

ENTANGLEMENT
 Bird- Gangion attached to mainline
 Caught- Trawl wings
 Contact with vessel/equipment
 Entangled in bridle/cable/warp
 Entangled in gear from another vessel (i.e. ghost gear)
 Entangled in sweep/footrope
 Entangled in sweep/tickler/chain
 Fell out due to force of rollers
 Fell out while in the water
 Fell out when out of the water
 Fell out, point unknown
 Hooked in the beak
 Hooked in the carapace
 Hooked in the flipper
 Hooked in the head
 Hooked, ingested
 Hooked, other, unknown
 In trawl net belly
 In trawl net codend
 In trawl net mouth
 Other
 Removal requires cutting of the gear/animal
 Removal does not require cutting gear/animal
 Unknown

ADDITIONAL COMMENTS

FOR OFFICE USE ONLY

INCIDENTAL TAKE WORKSHEET (FRONT)

NMFS FISHERIES AT-SEA MONITORING PROGRAM

ASMINC

5/1/2010

ASM/TRIPID	
DATE LANDED mm/yy	/ /
PAGE #	OF

Sketch and describe ID characteristics, describe entanglement situation (how, where, when 1st seen), body condition including any tissue damage (color, size, shape, texture), any gear left on animal, the animal's behavior on deck and at release:

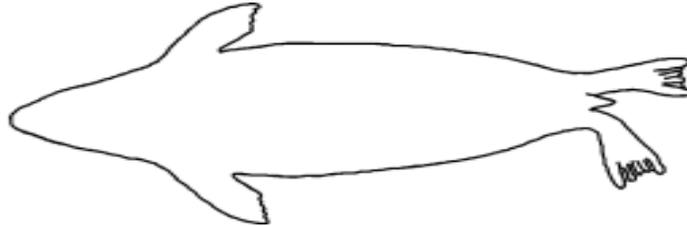
PSID # _____

SPECIES NAME: _____

TAG # _____

ANIMAL COND. _____

ENTANGLEMENT _____



Circle one: Dorsal / Ventral



Circle one: Dorsal / Ventral

Sketch and describe ID characteristics, describe entanglement situation (how, where, when 1st seen), body condition including any tissue damage (color, size, shape, texture), any gear left on animal, the animal's behavior on deck and at release:

PSID # _____

SPECIES NAME: _____

TAG # _____

ANIMAL COND. _____

ENTANGLEMENT _____



Circle one: Left / Right



Circle one: Left / Right

INCIDENTAL TAKE WORKSHEET (BACK)

NMFS FISHERIES AT-SEA MONITORING PROGRAM

ASMINC

5/1/2010

ASM/TRIPID	
DATE LANDED mm/yy	/ /
PAGE #	___ OF ___

Sketch and describe ID characteristics, describe entanglement situation (how, where, when 1st seen), body condition including any tissue damage (color, size, shape, texture), any gear left on animal, the animal's behavior on deck and at release:

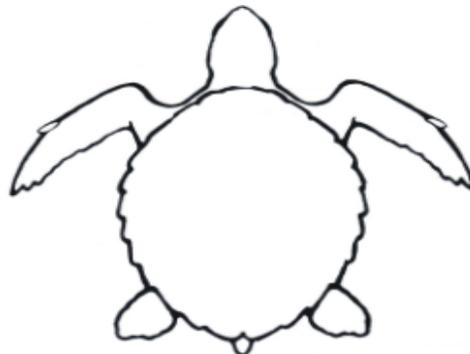
PSID # _____

SPECIES NAME: _____

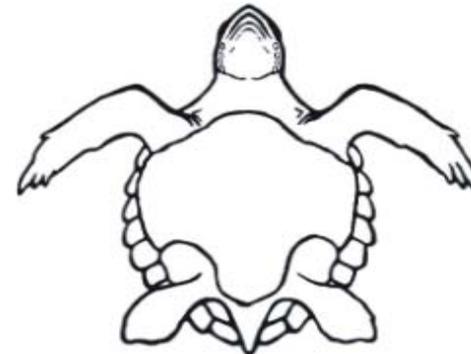
TAG # _____

ANIMAL COND. _____

ENTANGLEMENT _____



Carapace



Plastron

Sketch and describe ID characteristics, describe entanglement situation (how, where, when 1st seen), body condition including any tissue damage (color, size, shape, texture), any gear left on animal, the animal's behavior on deck and at release:

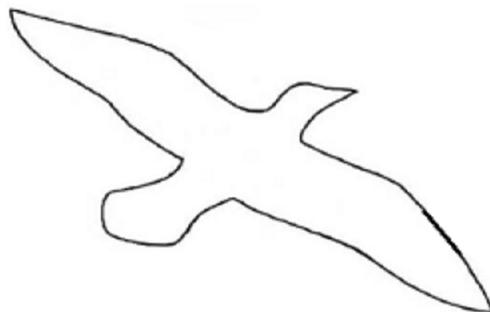
PSID # _____

SPECIES NAME: _____

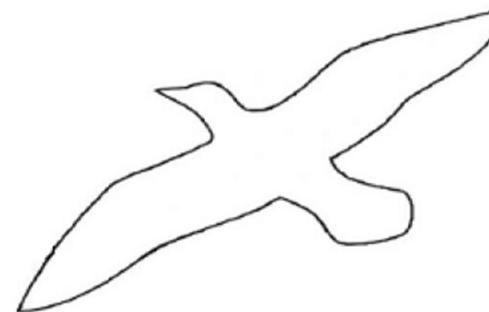
BAND # _____

ANIMAL COND. _____

ENTANGLEMENT _____



Dorsal



Ventral

INCIDENTAL TAKE WORKSHEET (FRONT)

NMFS FISHERIES AT-SEA MONITORING PROGRAM

ASMINC

5/1/2010

ASM/TRIPID	
DATE LANDED mm/yy	/ /
PAGE #	OF

Sketch and describe ID characteristics, describe entanglement situation (how, where, when 1st seen), body condition including any tissue damage (color, size, shape, texture), any gear left on animal, the animal's behavior on deck and at release:

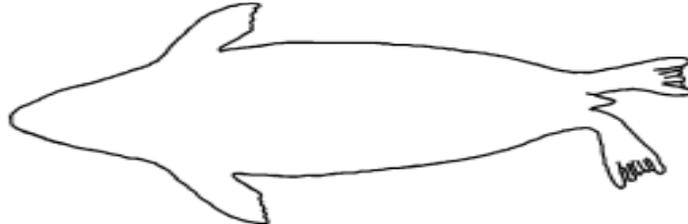
PSID # _____

SPECIES NAME: _____

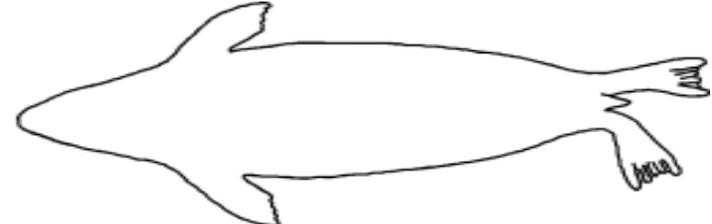
TAG # _____

ANIMAL COND. _____

ENTANGLEMENT _____



Circle one: Dorsal / Ventral



Circle one: Left / Right

Sketch and describe ID characteristics, describe entanglement situation (how, where, when 1st seen), body condition including any tissue damage (color, size, shape, texture), any gear left on animal, the animal's behavior on deck and at release:

PSID # _____

SPECIES NAME: _____

TAG # _____

ANIMAL COND. _____

ENTANGLEMENT _____



Circle one: Left / Right



Circle one: Dorsal / Ventral

INCIDENTAL TAKE WORKSHEET (BACK)

NMFS FISHERIES AT-SEA MONITORING PROGRAM

ASMINC

5/1/2010

ASM/TRIPID	
DATE LANDED mm/yy	/ /
PAGE #	___ OF ___

Sketch and describe ID characteristics, describe entanglement situation (how, where, when 1st seen), body condition including any tissue damage (color, size, shape, texture), any gear left on animal, the animal's behavior on deck and at release:

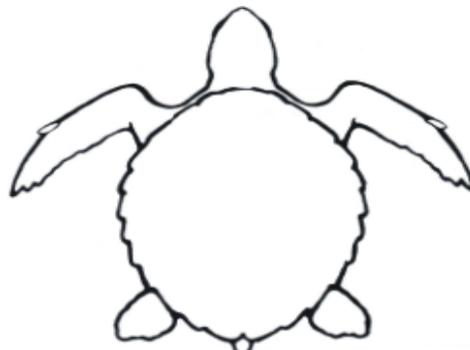
PSID # _____

SPECIES NAME: _____

TAG # _____

ANIMAL COND. _____

ENTANGLEMENT _____



Plastron



Carapace

Sketch and describe ID characteristics, describe entanglement situation (how, where, when 1st seen), body condition including any tissue damage (color, size, shape, texture), any gear left on animal, the animal's behavior on deck and at release:

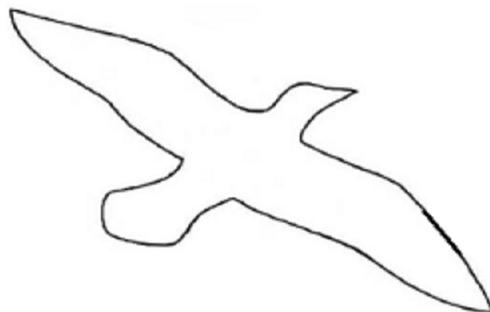
PSID # _____

SPECIES NAME: _____

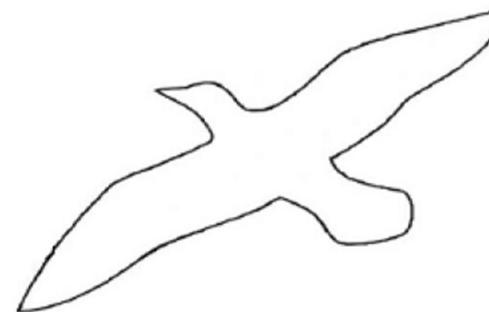
BAND # _____

ANIMAL COND. _____

ENTANGLEMENT _____



Dorsal



Ventral

INDIVIDUAL ANIMAL LOG (FRONT)
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMIAL

ASM/TRIPID	
DATE LANDED mm/yy	/ /
PAGE #	___ of ___

HAUL #	SEQUENCE #	HAUL #	SEQUENCE #	HAUL #	SEQUENCE #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPECIES		SPECIES		SPECIES	
WEIGHT (POUNDS)	DRESSED? Y <input type="checkbox"/> N <input type="checkbox"/>	WEIGHT (POUNDS)	DRESSED? Y <input type="checkbox"/> N <input type="checkbox"/>	WEIGHT (POUNDS)	DRESSED? Y <input type="checkbox"/> N <input type="checkbox"/>
EST. METHOD	DISP. CODE	EST. METHOD	DISP. CODE	EST. METHOD	DISP. CODE
LENGTH (cm)		LENGTH (cm)		LENGTH (cm)	
END STATUS		END STATUS		END STATUS	
ALIVE <input type="checkbox"/>		ALIVE <input type="checkbox"/>		ALIVE <input type="checkbox"/>	
DEAD <input type="checkbox"/>		DEAD <input type="checkbox"/>		DEAD <input type="checkbox"/>	
DEAD, DAMAGED <input type="checkbox"/>		DEAD, DAMAGED <input type="checkbox"/>		DEAD, DAMAGED <input type="checkbox"/>	
DEAD, HEAD ONLY <input type="checkbox"/>		DEAD, HEAD ONLY <input type="checkbox"/>		DEAD, HEAD ONLY <input type="checkbox"/>	
UNKNOWN (COMMENT) <input type="checkbox"/>		UNKNOWN (COMMENT) <input type="checkbox"/>		UNKNOWN (COMMENT) <input type="checkbox"/>	
TAGS		TAGS		TAGS	
TAG #1		TAG #1		TAG #1	
TAG #1 CODE		TAG #1 CODE		TAG #1 CODE	
APPLIED BY OBSERVER <input type="checkbox"/>		APPLIED BY OBSERVER <input type="checkbox"/>		APPLIED BY OBSERVER <input type="checkbox"/>	
NO TAG(S) <input type="checkbox"/>		NO TAG(S) <input type="checkbox"/>		NO TAG(S) <input type="checkbox"/>	
TAG PRESENT, LEFT ON <input type="checkbox"/>		TAG PRESENT, LEFT ON <input type="checkbox"/>		TAG PRESENT, LEFT ON <input type="checkbox"/>	
TAG PRESENT, REMOVED <input type="checkbox"/>		TAG PRESENT, REMOVED <input type="checkbox"/>		TAG PRESENT, REMOVED <input type="checkbox"/>	
UNKNOWN (COMMENT) <input type="checkbox"/>		UNKNOWN (COMMENT) <input type="checkbox"/>		UNKNOWN (COMMENT) <input type="checkbox"/>	
TAG #2		TAG #2		TAG #2	
TAG #2 CODE		TAG #2 CODE		TAG #2 CODE	
APPLIED BY OBSERVER <input type="checkbox"/>		APPLIED BY OBSERVER <input type="checkbox"/>		APPLIED BY OBSERVER <input type="checkbox"/>	
NO TAG(S) <input type="checkbox"/>		NO TAG(S) <input type="checkbox"/>		NO TAG(S) <input type="checkbox"/>	
TAG PRESENT, LEFT ON <input type="checkbox"/>		TAG PRESENT, LEFT ON <input type="checkbox"/>		TAG PRESENT, LEFT ON <input type="checkbox"/>	
TAG PRESENT, REMOVED <input type="checkbox"/>		TAG PRESENT, REMOVED <input type="checkbox"/>		TAG PRESENT, REMOVED <input type="checkbox"/>	
UNKNOWN (COMMENT) <input type="checkbox"/>		UNKNOWN (COMMENT) <input type="checkbox"/>		UNKNOWN (COMMENT) <input type="checkbox"/>	
COMMENTS					

INDIVIDUAL ANIMAL LOG (BACK)
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMIAL

ASM/TRIPID	
DATE LANDED mm/yy	/ /
PAGE #	___ of ___

HAUL #	SEQUENCE #	HAUL #	SEQUENCE #	HAUL #	SEQUENCE #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPECIES		SPECIES		SPECIES	
WEIGHT (POUNDS)	DRESSED? Y <input type="checkbox"/> N <input type="checkbox"/>	WEIGHT (POUNDS)	DRESSED? Y <input type="checkbox"/> N <input type="checkbox"/>	WEIGHT (POUNDS)	DRESSED? Y <input type="checkbox"/> N <input type="checkbox"/>
EST. METHOD	DISP. CODE	EST. METHOD	DISP. CODE	EST. METHOD	DISP. CODE
LENGTH (cm)		LENGTH (cm)		LENGTH (cm)	
END STATUS		END STATUS		END STATUS	
ALIVE <input type="checkbox"/>		ALIVE <input type="checkbox"/>		ALIVE <input type="checkbox"/>	
DEAD <input type="checkbox"/>		DEAD <input type="checkbox"/>		DEAD <input type="checkbox"/>	
DEAD, DAMAGED <input type="checkbox"/>		DEAD, DAMAGED <input type="checkbox"/>		DEAD, DAMAGED <input type="checkbox"/>	
DEAD, HEAD ONLY <input type="checkbox"/>		DEAD, HEAD ONLY <input type="checkbox"/>		DEAD, HEAD ONLY <input type="checkbox"/>	
UNKNOWN (COMMENT) <input type="checkbox"/>		UNKNOWN (COMMENT) <input type="checkbox"/>		UNKNOWN (COMMENT) <input type="checkbox"/>	
TAGS		TAGS		TAGS	
TAG #1		TAG #1		TAG #1	
TAG #1 CODE		TAG #1 CODE		TAG #1 CODE	
APPLIED BY OBSERVER <input type="checkbox"/>		APPLIED BY OBSERVER <input type="checkbox"/>		APPLIED BY OBSERVER <input type="checkbox"/>	
NO TAG(S) <input type="checkbox"/>		NO TAG(S) <input type="checkbox"/>		NO TAG(S) <input type="checkbox"/>	
TAG PRESENT, LEFT ON <input type="checkbox"/>		TAG PRESENT, LEFT ON <input type="checkbox"/>		TAG PRESENT, LEFT ON <input type="checkbox"/>	
TAG PRESENT, REMOVED <input type="checkbox"/>		TAG PRESENT, REMOVED <input type="checkbox"/>		TAG PRESENT, REMOVED <input type="checkbox"/>	
UNKNOWN (COMMENT) <input type="checkbox"/>		UNKNOWN (COMMENT) <input type="checkbox"/>		UNKNOWN (COMMENT) <input type="checkbox"/>	
TAG #2		TAG #2		TAG #2	
TAG #2 CODE		TAG #2 CODE		TAG #2 CODE	
APPLIED BY OBSERVER <input type="checkbox"/>		APPLIED BY OBSERVER <input type="checkbox"/>		APPLIED BY OBSERVER <input type="checkbox"/>	
NO TAG(S) <input type="checkbox"/>		NO TAG(S) <input type="checkbox"/>		NO TAG(S) <input type="checkbox"/>	
TAG PRESENT, LEFT ON <input type="checkbox"/>		TAG PRESENT, LEFT ON <input type="checkbox"/>		TAG PRESENT, LEFT ON <input type="checkbox"/>	
TAG PRESENT, REMOVED <input type="checkbox"/>		TAG PRESENT, REMOVED <input type="checkbox"/>		TAG PRESENT, REMOVED <input type="checkbox"/>	
UNKNOWN (COMMENT) <input type="checkbox"/>		UNKNOWN (COMMENT) <input type="checkbox"/>		UNKNOWN (COMMENT) <input type="checkbox"/>	
COMMENTS				FOR OFFICE USE ONLY	

Placement Checklist

OMB Control No. 0648-0593

Expires XX / XX / XXXX

Trip Number:

Observer:

Vessel Name:

Permit Number:

Placement Meeting

Placement Meeting Participants

Date:

Time:

Phone Number

Captain:

Owner/Agent:

Deep (Tuna) or Shallow (Swordfish) Trip?

Others:

Vessel Specification

De-hooking equipment:

Communication Equipment: SSB / VHF/ Sat

(comment if non-operational)

Call sign:

Long-handled de-hooker

Long-handled line cutter

Short-handled de-hooker

Water Supply: B / T / H2O Maker

Mouth Gags

Tank Volume:

Bolt Cutters

Head: Y / N

Pole Gaff

Shower: Y / N

Dip Net

Number of Bunks:

Tire

Reasonable Privacy: Y / N

Fishing Trip Information

Shallow-Set Trips:

Trip Length:

Circle hooks (18/0, 10% offset)

Number of Sets:

Mackerel type bait

Number of Crew:

Blue Dye Tubs x _____

Vessel Safety Checklist

Distress Signals

Expiration Date

Bag / Sat. phone #:

6 X Hand

3 X Parachute

3 X Smoke

Number of Charged Fire Extinguishers:

First Aid Kit: Y / N

Number of correctly installed Ring Life Buoys:

First Aid and CPR Certified: Y / N

Number of PFDs:

Comments: Note safety deficiencies that do not prevent observers placement, was a station bill provided to vessel, etc.)

of immersion suits (required above 32 N):

of certified drill instructors (Trips over 30 days):

Emergency Procedures Posted: Y / N

Survival Craft

Number of Persons:

Correct installation: Y/N

Manufacture Date:

Inspection Date:

Hydrostatic Date:

Emergency Position Indicating Radio Beacon

Battery: + / -

Correct installation: Y/N

Hydrostatic Date:

UIN:

CG Inspection Number:

CG Inspection Date:

V.04.2012

Port Coordinator Departure Checklist

Trip no: _____

Observer _____

- Select Vessel
- If shallow-set trip, send LLTPS to Kevin Busscher
- Assign Trip Number
- Setup Placement Meeting

Travel Pouch Papers

- Y/N
- Company phone protocols

Placement

- Check out/ Replenish gear
- EPIRB test
- Survival suit Practice _____
- Test fit DNA corer to sampling pole
- Observer departs
- Update Longline Trip Log

**GILLNET GEAR CHARACTERISTICS LOG
 NMFS FISHERIES OBSERVER PROGRAM
 OBGGG OBMSZ 01/01/10**

OBS/ TRIP ID	
DATE LAND (mm/yy)	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE <input type="text"/>		GEAR NUMBER(S)		NUMBER OF NETS		MESH SIZE(S)		NET COLOR													
AVERAGE NET:		USED?		MEASUREMENTS		<table border="1"> <tr> <th># OF NETS</th> <th>MESH SIZE (inches)</th> <th>(circle one)</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>A / E</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>A / E</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>A / E</td> </tr> </table> <p align="center">OR MESH SIZE RANGE</p>		# OF NETS	MESH SIZE (inches)	(circle one)	<input type="text"/>	<input type="text"/>	A / E	<input type="text"/>	<input type="text"/>	A / E	<input type="text"/>	<input type="text"/>	A / E	Unknown 00 Clear 01 White 02 Pink 03 Black 04 Green 05 Blue 06 Multi-color 07 Red 08 Orange 09 Purple 10 Combination 98 Other 99	
# OF NETS	MESH SIZE (inches)	(circle one)																			
<input type="text"/>	<input type="text"/>	A / E																			
<input type="text"/>	<input type="text"/>	A / E																			
<input type="text"/>	<input type="text"/>	A / E																			
LENGTH _____ ft	FLOATS	NO 0	YES 1	Dist Between _____ ft																	
HEIGHT (endline) _____ ft	TIE DOWNS	0	1 (all nets) 2 (not all nets)	Length _____ ft																	
MESH COUNT	SPACE(S)			Number _____																	
VERTICAL	BETWEEN NETS	0	1	Width _____ ft																	
HANGING	DROPLINES	0	1	Length _____ ft																	
RATIO /	ADDITIONAL WGTS	0	1	Weight _____ lbs																	
	ANCHOR(S)	0	1	Type																	
TWINE SIZE _____ (circle one) A / E	Number _____			Unknown 0 Danforth-style 1 Dead Weight 2 Combination 8 Other 9																	
FLOATLINE MATERIAL	Weight (total) _____ lbs			(circle one) A / E																	
Unknown 0 Floating (foam core) 1 Twisted Polypropylene 2 Other 9	SECURING METHOD(S)																				
	None 1 Ocean Bottom 2 Vessel/Ocean Bottom 3 Vessel Only 4																				
	MM DETERRENT DEVICES																				
	ACTIVE USED? 0 1			Brand(s)																	
	Number _____			Unknown 00 Dukane 01 Airmar 02 Fumunda 03 Combination 98 Other 99																	
	Frequency _____ kHz																				
LEADLINE WEIGHT _____ lbs/ net	PASSIVE USED? 0 1																				
	Number _____																				
COMMENTS																					

SURFACE SYSTEM		BUOYLINE	
# of High Flyer(s) _____		# of Buoyline(s) _____	
# of Buoy(s) _____		Length (avg) _____ ft	
Surface Line		Type Code _____	
Length (avg) _____ ft		Percent of Type (sinking / floating) _____ % / _____ %	
Type Code _____		Diameter _____ / _____ in	
Diameter _____ / _____ in		Mark? NO 0 YES 1	
Mark? NO 0 YES 1		WEAK LINKS NO YES	
		USED ON SURFACE? 0 1	
		Number (total) _____	
		Type Code _____	
GROUNDLINE NO YES		USED ON STRING? 0 1	
USED? 0 1		Number (total) _____	
Length (total) _____ ft		Type Code _____	
Type Code _____			
Diameter _____ / _____ in			

WEAK LINK TYPE CODES:

0 = Unknown
 1 = Rope of Appropriate Breaking Strength
 2 = Off the Shelf
 3 = Overhand Knot
 4 = Hog Rings
 8 = Combination
 9 = Other

LINE TYPE CODES:

0 = Unknown
 1 = Sinking / Neutrally Buoyant
 2 = Floating
 8 = Combination
 9 = Other

ADDITIONAL COMMENTS

DIAGRAMS FOR REFERENCE ONLY

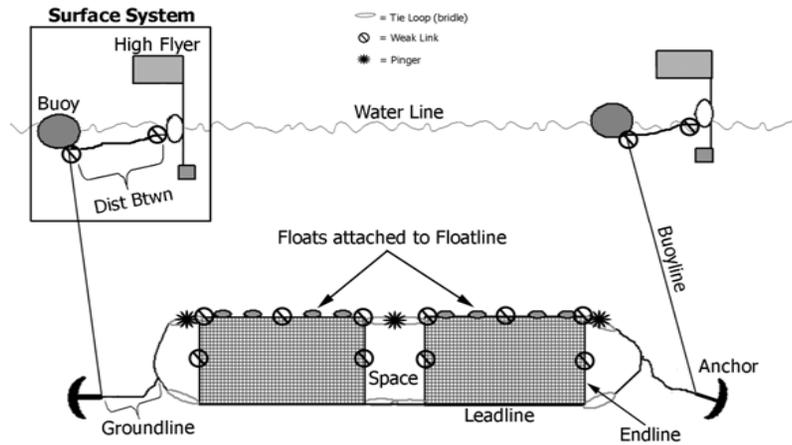
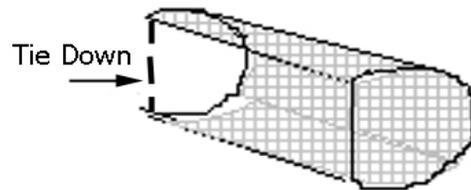


Photo Credit: NOAA Fisheries Service Northeast Regional Office (Original image modified to include additional information).



FOR OFFICE USE ONLY

GILLNET GEAR LOG (FRONT)
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMGGG

ASM/TRIPID	
DATE LANDED mm/yy	/
PAGE #	__ of __

GEAR CODE □ □ □	GEAR # □ □	# OF NETS	NET LENGTH ft	NET HEIGHT ____ . ____ ft	TIE DOWN? Y <input type="checkbox"/> N <input type="checkbox"/>	TIE DOWN LENGTH ____ . ____ ft
--------------------	---------------	-----------	------------------	------------------------------	---	-----------------------------------

MESH SIZES (Fill out mesh RANGE **OR** MEASUREMENTS)

RANGE (in.)	OR	MEASUREMENTS (in.)			
MINIMUM ____ . ____		# NETS	@	MESH SIZE	ACTUAL EST
MAXIMUM ____ . ____		____	•	____	<input type="checkbox"/> <input type="checkbox"/>

COMMENTS

GEAR CODE □ □ □	GEAR # □ □	# OF NETS	NET LENGTH ft	NET HEIGHT ____ . ____ ft	TIE DOWN? Y <input type="checkbox"/> N <input type="checkbox"/>	TIE DOWN LENGTH ____ . ____ ft
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MESH SIZES (Fill out mesh RANGE **OR** MEASUREMENTS)

RANGE (in.)	OR	MEASUREMENTS (in.)			
MINIMUM ____ . ____		# NETS	@	MESH SIZE	ACTUAL EST
MAXIMUM ____ . ____		____	•	____	<input type="checkbox"/> <input type="checkbox"/>

COMMENTS

GILLNET GEAR LOG (BACK)
NMFS FISHERIES AT-SEA MONITORING PROGRAM
ASMGGG

ASM/TRIPID	
DATE LANDED mm/yy	/
PAGE #	__ of __

GEAR CODE □□□	GEAR # □□	# OF NETS	NET LENGTH ft	NET HEIGHT ____ . ____ ft	TIE DOWN? Y <input type="checkbox"/> N <input type="checkbox"/>	TIE DOWN LENGTH ____ . ____ ft
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MESH SIZES (Fill out mesh RANGE OR MEASUREMENTS)

RANGE (in.)	OR	MEASUREMENTS (in.)			
MINIMUM ____ . ____		# NETS	@	MESH SIZE	ACTUAL EST
MAXIMUM ____ . ____		____	•	____	<input type="checkbox"/> <input type="checkbox"/>
		____	•	____	<input type="checkbox"/> <input type="checkbox"/>
		____	•	____	<input type="checkbox"/> <input type="checkbox"/>

COMMENTS

GEAR CODE □□□	GEAR # □□	# OF NETS	NET LENGTH ft	NET HEIGHT ____ . ____ ft	TIE DOWN? Y <input type="checkbox"/> N <input type="checkbox"/>	TIE DOWN LENGTH ____ . ____ ft
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MESH SIZES (Fill out mesh RANGE OR MEASUREMENTS)

RANGE (in.)	OR	MEASUREMENTS (in.)			
MINIMUM ____ . ____		# NETS	@	MESH SIZE	ACTUAL EST
MAXIMUM ____ . ____		____	•	____	<input type="checkbox"/> <input type="checkbox"/>
		____	•	____	<input type="checkbox"/> <input type="checkbox"/>
		____	•	____	<input type="checkbox"/> <input type="checkbox"/>

COMMENTS

FOR OFFICE USE ONLY

FISHERMEN'S COMMENT LOG
NMFS FISHERIES OBSERVER PROGRAM
01/01/10

OBS/ TRIP ID	
DATE LAND (mm/yy)	/
PAGE #	OF
EVENT DATE (mm/dd/yy)	/ /

Record notes or details on observed tows, such as species composition, estimated or extrapolated weights, gear or fishing conditions that may be out of the ordinary. If notes pertain to a specific tow, or times, please include that information below.

VESSEL NAME	HULL NUMBER	COMMENTS CONTINUED ON BACK? NO 0 ____ YES 1 ____
-------------	-------------	--

COMMENTS

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used by the National Marine Fisheries Service (NMFS) to improve observer training under section 403(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.), which will assist NMFS to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 15 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Amy Van Atten, National Marine Fisheries Service, Northeast Fisheries Science Center, Northeast Fisheries Observer Program, 166 Water Street, Woods Hole MA 02543-1026. Providing the requested information is voluntary. All identifying data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Other information collected on this form may be subject to public release under various statutes. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

OBS/ TRIP ID	
DATE LAND (mm/yy)	/
PAGE #	OF
EVENT DATE (mm/dd/yy)	/ /

COMMENTS

Fisherman Comment Card

The information on this form will be used by the National Marine Fisheries Service Panama City Observer Programs to evaluate how well the observers are performing their duties and to serve as a line of communication between the fishermen and the Observer Program.

Observers are asked to leave a copy of this comment card with the vessel after the completion of a trip. Please fill out this form after each trip that you have been covered by an observer from the Panama City Observer Program. This form can be filled out by the captain or owner of the vessel.

Please provide us with some feedback or request more information about the observer program by calling, emailing, or sending this form back to: Simon Gulak, Simon.Gulak@noaa.gov, 850-234-6541 extension 236, 3500 Delwood Beach Road, Panama City, FL 32408, 850-235-3559.

Help develop a program that will work better for you. We appreciate your feedback.

Thank you,
Simon Gulak, Observer Coordinator, Panama City Observer Programs

Vessel Name _____ Captain or Owner Name _____

Landing Date (mm/dd/yy) _____ Port (City, State) _____

Please check the Yes or No box for each question:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Where the logistics in setting up the trip acceptable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Was the observer on time and prepared for the trip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Did the observer review the safety checklist with you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Was the observer courteous and polite and get along with the crew? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Did the observer record the positions (lat/lon) for all the hauls? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Did the observer explain their sampling requirements and protocols? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Did the observer take length measurements of fish caught? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Did the observer take catch information from the work deck? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Did the observer identify fish species correctly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Did you have any other concerns regarding the observer or observing procedures, or safety issues during the trip? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please explain in comments below:

Would you like more information from the observer program?

- Copy of this trips logs
- Vessel Reimbursement Form with Instructions
- More information about observers and observer programs
- Copy of current fishing regulations
- List of Coast Guard vessel inspectors by area
- Copy of current selection letter

If you requested information above, please indicate your preferred method of delivery and leave the appropriate contact information:

- Phone _____
- Fax _____
- Email _____
- Mail _____

To verify that this form was filled out by the appropriate captain/owner, please sign the line below.

Captain or Owner Signature: _____



**FISHERIES SAMPLING BRANCH
 DATA REQUESTS**

Instructions: Individuals requesting data should complete Sections II and III. Completed forms should be submitted to the Fisheries Sampling Branch (FSB) via fax (508) 495-2124 or by mail to: NOAA Northeast Fisheries Observer Program, 25 Bernard St. Jean Drive, Falmouth, MA 02536, attn: Amy Van Atten. You may also access this form at www.nefsc.noaa.gov/fsb (under the "Forms" heading). If you have questions please contact FSB Branch Chief Amy Van Atten at (508) 495-2266 or Amy.Van.Atten@noaa.gov.

Section I

Date of Request: _____ Received By: _____ Method of Request:
 Phone: Letter: Email:
 Walk-In: Fax:

Section II

Requestor's Name: _____
 Telephone: _____ Fax: _____
 Address: _____

 Email: _____
 Signature of Requestor: _____ Date: _____

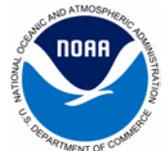
Section III

Purpose of Request:

Month & Year of Data: _____ Format of Output:
 Disk: Maps:
 Fisheries: _____ Email: Excel:
 Area: _____ Network: ASCII:
 Requested Variables:

Section IV

Request Authorized By: _____ Authorization Date: _____
 Request Processed By: _____ Completion Date: _____
 DR# _____ - _____ Desc: _____



DISCARDING EVENT LOG
NMFS FISHERIES AT-SEA MONITORING PROGRAM

ASM/ TRIP ID	
DATE LAND (mm/yy)	/ /
PAGE #	___ of ___

GEAR CODE <input type="text"/>	GEAR # <input type="text"/>	HAUL # <input type="text"/>	Who estimated the weight of the discarded catch?		
			Monitor <input type="checkbox"/>	Captain <input type="checkbox"/>	Combination <input type="checkbox"/>
CHECK ALL THAT APPLY				If catch was unable to be brought onboard then describe reason here:	
Why was the catch discarded on this haul?		Check off the discard event.			
Unknown	<input type="checkbox"/>	Tow was partially discarded (released)	<input type="checkbox"/>		
Non-desired species	<input type="checkbox"/>	Tow was fully discarded (released)	<input type="checkbox"/>		
Gear problems	<input type="checkbox"/>	Other (comment)	<input type="checkbox"/>		
Vessel capacity filled	<input type="checkbox"/>	Were you able to see the contents of the codend when the catch was released?			
Quality of fish	<input type="checkbox"/>	No	<input type="checkbox"/>		
Operational discards (leftover fish)	<input type="checkbox"/>	Yes, contents seen on deck	<input type="checkbox"/>		
Not enough fish to haul	<input type="checkbox"/>	Yes, contents seen in water	<input type="checkbox"/>		
Other (comment)	<input type="checkbox"/>				
CATCH COMPOSITION OF DISCARDED CATCH: Describe the catch composition of the discarded catch and how those determinations were made.					
CHALLENGES OBSERVING THIS HAUL: Describe any challenges that occurred with observing this haul.					

DISCARDING EVENT LOG (BACK)
NMFS FISHERIES AT-SEA MONITORING PROGRAM

ASM/ TRIP ID	
DATE LAND (mm/yy)	/
PAGE #	of

COMMENTS

DISCARD LOG
NMFS FISHERIES OBSERVER PROGRAM
01/01/10

OBS/ TRIP ID	
DATE LAND (mm/yy)	/ /
PAGE #	<input type="checkbox"/> OF <input type="checkbox"/>

GEAR CODE <input type="text"/>	GEAR # <input type="text"/>	HAUL # <input type="text"/>	Why was the catch discarded on this haul? (CHECK ALL THAT APPLY) <input type="checkbox"/> Unknown (0) <input type="checkbox"/> Non-desired species (1) <input type="checkbox"/> Gear problems (including pumping) (2) <input type="checkbox"/> Vessel capacity filled (3) <input type="checkbox"/> Quality of fish (4) <input type="checkbox"/> Operational discards (5) (leftover fish) <input type="checkbox"/> Not enough fish to pump (6) <input type="checkbox"/> Other (9) (comment)	Who estimated the weight of the discarded catch? <input type="checkbox"/> Observer (1) <input type="checkbox"/> Captain (2) <input type="checkbox"/> Combination (8)	Was there an observer onboard the other vessel? If yes, provide the Tripid and Haul Number. <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) TRIPID: _____ HAUL #: _____	Check off the discard event. (CHECK ALL THAT APPLY) <input type="checkbox"/> Discards left in net at completion of pumping (1) (operational discards) <input type="checkbox"/> Tow was partially discarded (released) (2) <input type="checkbox"/> Tow was fully discarded (released) (3) <input type="checkbox"/> Discarded after pumping onboard (4) <input type="checkbox"/> Other (9) (comment)	If catch was unable to be pumped then describe reason here: Comments: _____ _____ _____ _____ _____ _____ _____ _____
Were there discards for this tow? <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)	When the pumping process was complete were you able to see the contents of the codend? <input type="checkbox"/> No (0) <input type="checkbox"/> Yes, contents seen on deck (1) <input type="checkbox"/> Yes, contents seen in water (2)			Was any of the catch pumped to another vessel? <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)			

CATCH COMPOSITION OF DISCARDED CATCH: Describe the catch composition of the discarded catch and how those determinations were made.

CHALLENGES OBSERVING THIS HAUL: Describe any challenges that occurred with observing this haul:

FISHER'S COMMENT FORM

Year 2012	Month	Permit Sample Identification Number	Fishery Name (& code) SEAK DGN S03A
Vessel Name		Vessel Number	Fishing Permit Number
Today's Date		Fisher's First Name	Fisher's Last Name
Comments			

Northwest Fisheries Science Center
2725 Montlake Boulevard East
Seattle, Washington 98112-2097
Phone (206) 860-3381
FAX (206) 860-3394

July 12, 2012

Re: Observer Coverage for FISHERY NAME

ADDRESS

Dear Mr. :

As you know, a mandatory observer program for West Coast groundfish was established by federal regulations that went into effect on May 24, 2001 (50 C.F.R. Part 660). Copies of the regulations for this program are attached.

Under the authority of these regulations, **your vessel with vessel identification number, VESSEL ID #V, has been selected for observer coverage during the two-month period beginning START OF TWO-MONTH PERIOD.** During the period for which your permit is selected, you will be required to notify NMFS at least 24 hours in advance of fishing so that an observer may accompany the trip. If you notify us that you do not plan to fish West Coast Open Access at any time during this period, you will be placed on a pending list. Once you have been placed on this pending list, you **MUST NOT** resume fishing in the West Coast Open Access fishery until you have notified us. A NMFS coordinator or designated agent can provide further information to you.

Prior to the date that the permit has been selected for observer coverage, the vessel registered to the permit, must obtain a Coast Guard safety inspection decal through a dockside examination. These can be obtained through your local US Coast Guard.

You are responsible for providing accommodations and food for the observer while he/she is aboard your vessel. Please review the "Observer Insurance Coverage Provided by Observer Contractor" overview that lists the minimum insurance requirements that the observer's employer provides. We strongly encourage each vessel to contact their insurance carrier to discuss their liability while an observer is aboard and determine if purchasing additional insurance is appropriate.

The observer can share the collected data with the permit owner only. If you are interested in having a copy of the data collected, please ask the observer after completing the trip.

The enclosed document entitled "Paperwork Reduction Act Information" informs you of your rights under the Paperwork Reduction Act (PRA). The PRA requires federal agencies to obtain clearance in order to ask questions of members of the public. All questions asked by west coast groundfish observers have been approved under OMB Control No. 0648-0593 through 09/30/2012. Under the Magnuson-Stevens Fishery Conservation and Management Act (MSA) and implementing regulations, you are required to answer any question related to observer and vessel safety. However, you are not required to answer any other question asked by the observer. Your voluntary willingness to answer all questions asked by observers would be appreciated as it will ensure observer data collected on your vessel can be used in future analyzes.

The observer program can be contacted toll free at (866) 780-8064, or you can send questions to the program's email address at NWFSC.observerprogram@noaa.gov. Please contact us with any questions you may have

Sincerely,

Janell Majewski
Program Lead, West Coast Groundfish Observer Program

cc: F/NWR02 - F. Lockhart

DEPARTMENT OF COMMERCE**National Oceanic and Atmospheric Administration****Proposed Information Collection; Comment Request; Observer Programs' Information that Can Be Gathered Only Through Questions**

AGENCY: National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995.

DATES: Written comments must be submitted on or before May 25, 2012.

ADDRESSES: Direct all written comments to Jennifer Jessup, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6616, 14th and Constitution Avenue NW., Washington, DC 20230 (or via the Internet at Jjessup@doc.gov).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Chris Rilling, (301) 427-8168, (Chris.Rilling@noaa.gov).

SUPPLEMENTARY INFORMATION:**I. Abstract**

The National Oceanic and Atmospheric Administration (NOAA), National Marine Fisheries Service (NMFS) deploys fishery observers on United States (U.S.) commercial fishing vessels and to fish processing plants in order to collect biological and economic data. NMFS has at least one observer program in each of its six Regions. These observer programs provide the most reliable and effective method for obtaining information that is critical for the conservation and management of living marine resources. Observer programs primarily obtain information through direct observations by employees or agents of NMFS; and such observations are not subject to the Paperwork Reduction Act (PRA). However, observer programs also collect the following information that requires clearance under the PRA: (1) Standardized questions of fishing vessel captains/crew or fish processing plant managers/staff, which include gear and performance questions, safety questions, and trip costs, crew size and other

economic questions; (2) questions asked by observer program staff/contractors to plan observer deployments; (3) forms that are completed by observers and that fishing vessel captains are asked to review and sign; (4) questionnaires to evaluate observer performance; and (5) a form to certify that a fisherman is the permit holder when requesting observer data from the observer on the vessel. NMFS seeks to renew OMB PRA clearance for these information collections.

The information collected will be used to: (1) Monitor catch and bycatch in federally-managed commercial fisheries; (2) understand the population status and trends of fish stocks and protected species, as well as the interactions between them; (3) determine the quantity and distribution of net benefits derived from living marine resources; (4) predict the biological, ecological, and economic impacts of existing management action and proposed management options; and (5) ensure that the observer programs can safely and efficiently collect the information required for the previous four uses. In particular, these biological and economic data collection programs contribute to legally mandated analyses required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), as well as a variety of state statutes. The confidentiality of the data will be protected as required by the MSA, Section 402(b).

II. Method of Collection

The information will be collected by (1) NMFS observers while they are deployed on a vessel to observe a particular fishing trip; questions will be asked in-person to the captain, crew and/or owner (if on board the vessel) during the course of the observed trip; (2) via mail through a follow up surveys of economic information not available during the trip; (3) via telephone or mail survey by the observer program staff or contractor planning to deploy observers; or (4) via feedback questionnaires mailed to the vessel owners or captains to evaluate observer performance.

III. Data

OMB Control Number: 0648-0593.

Form Number: None.

Type of Review: Regular submission (extension of a currently approved information collection).

Affected Public: Business or other for-profit organizations.

Estimated Number of Respondents: 20,643.

Estimated Time per Response: 51 minutes. Information will be collected for observed fishing trips and deployments to fish processing plants; therefore, there will be multiple responses for some respondents, but counted as one response per trip or plant visit.

Estimated Total Annual Burden Hours: 26,172.

Estimated Total Annual Cost to Public: \$1,160.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: March 21, 2012.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. 2012-7211 Filed 3-23-12; 8:45 am]

BILLING CODE 3510-22-P

DEPARTMENT OF COMMERCE**National Oceanic and Atmospheric Administration**

RIN 0648-XB110

Marine Mammals; File No. 17159

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice; receipt of application.

SUMMARY: Notice is hereby given that Simon Nash, Parthenon Entertainment Ltd, 34 Whiteladies Road, Bristol, BS8 2LG, United Kingdom, has applied in due form for a permit to conduct commercial or educational photography