

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

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

COMMON NAME: _____ GENUS: _____ SPECIES: _____

EXAMINER Name: _____ Affiliation: _____

Address: _____ Phone: _____

Stranding Agreement or Authority: _____

CONFIDENCE CODE (Check ONE): ☐ Unconfirmed - Low ☐ Confirmed - Minimum ☐ Confirmed - Medium ☐ Confirmed - High

INITIAL OBSERVATION <input type="checkbox"/> Same Information for Level A Examination DATE: Year: _____ Month: _____ Day: _____ First Observed: <input type="checkbox"/> Beach/Land/Ice <input type="checkbox"/> Floating <input type="checkbox"/> Swimming LOCATION: State: _____ County: _____ City: _____ Body of Water: _____ Locality Details: _____ Lat (DD): _____ N Long (DD): _____ W <input type="checkbox"/> Actual <input type="checkbox"/> Estimated How Determined: (check ONE) <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/Software <input type="checkbox"/> Other _____ CONDITION AT INITIAL OBSERVATION (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate decomposition <input type="checkbox"/> 6. Condition Unknown	LEVEL A EXAMINATION Examined? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE: Year: _____ Month: _____ Day: _____ First Examined: <input type="checkbox"/> Beach/Land/Ice <input type="checkbox"/> Floating <input type="checkbox"/> Swimming LOCATION: State: _____ County: _____ City: _____ Body of Water: _____ Locality Details: _____ Lat (DD): _____ N Long (DD): _____ W <input type="checkbox"/> Actual <input type="checkbox"/> Estimated How Determined: (check ONE) <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/Software <input type="checkbox"/> Other _____ CONDITION AT EXAMINATION (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate decomposition <input type="checkbox"/> 6. Condition Unknown
DEMOGRAPHIC INFORMATION SEX (Check ONE) AGE CLASS (Check ONE) <input type="checkbox"/> 1. Male <input type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 2. Female <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling Straight length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimated Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> Actual <input type="checkbox"/> Estimated <input type="checkbox"/> Whole Animal <input type="checkbox"/> Partial Animal SAMPLES COLLECTED (Check one or more) <input type="checkbox"/> 1. Histology <input type="checkbox"/> 2. Other Diagnostics <input type="checkbox"/> 3. Life History <input type="checkbox"/> 4. Other _____ PARTS TRACKING (Check one or more) <input type="checkbox"/> 1. Scientific collection <input type="checkbox"/> 2. Educational collection <input type="checkbox"/> 3. Other: _____	OCURRENCE DETAILS <input type="checkbox"/> Restrand GE# _____ (NMFS Use) Group Event: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Type: <input type="checkbox"/> Cow/Calf Pair <input type="checkbox"/> Mass Stranding # Animals: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated Was the Human Interaction Form completed? <input type="checkbox"/> YES <input type="checkbox"/> NO Findings of Human Interaction: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could Not Be Determined (CBD) If YES or CBD, evidence of: 1. Boat Collision <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD 2. Shot <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD 3. Fishery Interaction <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD 4. Other Human Interaction: _____ If YES, what was the likelihood that the human interaction contributed to the stranding event? <input type="checkbox"/> Uncertain (CBD) <input type="checkbox"/> Improbable <input type="checkbox"/> Suspect <input type="checkbox"/> Probable Gear Collected? <input type="checkbox"/> YES <input type="checkbox"/> NO Gear Disposition: _____ Other Findings Upon Level A: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could Not Be Determined (CBD) If Yes, Choose one or more: <input type="checkbox"/> 1. Illness <input type="checkbox"/> 2. Injury <input type="checkbox"/> 3. Pregnant <input type="checkbox"/> 4. Other: _____ How Determined (Check one or more): <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Necropsy <input type="checkbox"/> Other: _____
LIVE ANIMAL INFORMATION INITIAL LIVE ANIMAL DISPOSITION (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Died at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died during Transport <input type="checkbox"/> 3. Relocated and Released <input type="checkbox"/> 7. Euthanized <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Transferred to Rehabilitation: <input type="checkbox"/> a. Partially Date: Year: _____ Month: _____ Day: _____ <input type="checkbox"/> b. Completely Facility: _____ <input type="checkbox"/> 9. Other: _____ CONDITION/DETERMINATION (Check one or more) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 7. Location Hazardous <input type="checkbox"/> 2. Injured <input type="checkbox"/> a. To animal <input type="checkbox"/> 3. Out of Habitat <input type="checkbox"/> b. To public <input type="checkbox"/> 4. Deemed Releasable <input type="checkbox"/> 8. Unknown/CBD <input type="checkbox"/> 5. Abandoned/Orphaned <input type="checkbox"/> 9. No Rehabilitation Options <input type="checkbox"/> 6. Inaccessible <input type="checkbox"/> 10. Other _____	DEAD ANIMAL INFORMATION CARCASS STATUS (Check one or more) <input type="checkbox"/> Frozen for Later Examination <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 4. Landfill <input type="checkbox"/> 7. Towed: Lat _____ Long _____ <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Incinerated <input type="checkbox"/> 8. Sunk: Lat _____ Long _____ <input type="checkbox"/> 3. Rendered <input type="checkbox"/> 6. Composted <input type="checkbox"/> 9. Unknown/Other _____ NECROPSIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Limited <input type="checkbox"/> Complete <input type="checkbox"/> Carcass Fresh <input type="checkbox"/> Carcass Frozen/Thawed NECROPSIED BY: _____ Date: Year: _____ Month: _____ Day: _____ PHOTOS/VIDEOS TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO Photo/Video Disposition: _____ _____ _____ _____