St. Johns County Sea Turtle Protection Program

Date: _____ Permit #: _____ Crawl ID #: _____ Mileage:_____ (driving beaches only)

Observer Name: _____

CRAWL DATA

Species: *Cc* Loggerhead □ *Cm* Green □ *Dc* Leatherback □

Crawl Type: Nest Above Most Recent High Tide Line □ False Crawl Above Most Recent High Tide Line □

Nest Below Most Recent High Tide Line □ False Crawl Below Most Recent High Tide Line □

GPS Coordinates: Latitude: _____ Longitude: _____ Accuracy: _____

Nest or Apex of Crawl: In CZ □ Out CZ □ Driving Lane □ Inlet □

Shore Type*:* Dune □ Sea Wall □ Escarpment □

Clutch or Apex of Crawl: Distance to Dune Toe: _____ Distance to MHW: _____

Comments: (i.e. obstacles encountered, etc.) _____

Nest Protection: None □ Self-releasing Cage □ Restraining Cage □

Self-releasing Screen □ Date Protection Installed: _____
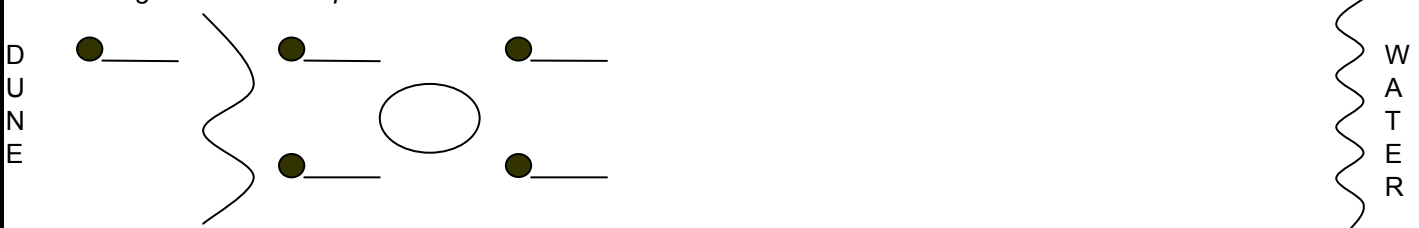
RELOCATION DATA

Nest Relocated? Yes □ No □ If nest relocated, explain why _____

Relocated GPS

Coordinates: Latitude: _____ Longitude: _____ Accuracy: _____

Stakes (minimum of 3 are required)   **Indicate entrance and exit of crawl**

If confirming clutch location provide measurements from each stake and/or dune stake

REPRODUCTIVE SUCCESS

1st Emergence Date: _____

Observed by: _____

Tire ruts present? Yes □ No □

Horse tracks present? Yes □ No □

2nd Emergence Date _____

Observed by: _____

Tire ruts present? Yes □ No □

Horse tracks present? Yes □ No □

Was Nest Excavated? Yes □ No □

If not evaluated, why? _____

Evaluation Date: _____

Conducted by: _____

Anomalies present in egg chamber:

 Roots □ Fire Ants □ Ghost Crabs □

 Eggs Scattered by Another Turtle □

Other □ Explain:_____

NEST DAMAGE

Predation?

Date(s): _____ _____ _____

Predated by: Raccoon □ Fox □ Dog □ Armadillo □

Cat □ Ants □ Unknown □ Comments: _____

Comments: _____

Inundation/Overwash?

Date(s): _____ _____ _____

Source: _____ _____ _____

 (i.e. storm event, lunar high tide event)

Vandalized?

Type of Vandalism:

Date(s): _____ _____ _____

Poached? (notify FWC Law enforcement immediately 1-888-404-3922)

Date (s): _____ _____ _____

Were eggs removed from nest? Yes □ No □

Comments (provide photos):

NEST PRODUCTIVITY DATA

Live Hatchlings	Dead Hatchlings	Live Pipped	Dead Pipped	Unhatched Eggs		Hatched Eggs *(>50% complete)*	Total # of eggs**
				Whole	Damaged*		

* Eggs damaged by predators, roots, nesting females, or during relocation.

***Total # of Eggs = Unhatched eggs (whole + damaged) + Hatched Eggs (do not include live or dead hatchlings in total #)*