

**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

<p><b>INITIAL OBSERVATION</b> <input type="checkbox"/> Same Information for Level A Examination</p> <p><b>DATE:</b> Year: _____ Month: _____ Day: _____                  First Observed: <input type="checkbox"/> Beach/Land/Ice <input type="checkbox"/> Floating <input type="checkbox"/> Swimming</p> <p><b>LOCATION:</b> State: _____ County: _____ City: _____                  Body of Water: _____                  Locality Details: _____                  Lat (DD): _____ N                  Long (DD): _____ W  <input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p> <p>How Determined: (check ONE)  <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/Software <input type="checkbox"/> Other _____</p> <p><b>CONDITION AT INITIAL OBSERVATION (Check ONE)</b></p> <p><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</p>	<p><b>LEVEL A EXAMINATION</b> Examined? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>DATE:</b> Year: _____ Month: _____ Day: _____                  First Examined: <input type="checkbox"/> Beach/Land/Ice <input type="checkbox"/> Floating <input type="checkbox"/> Swimming</p> <p><b>LOCATION:</b> State: _____ County: _____ City: _____                  Body of Water: _____                  Locality Details: _____                  Lat (DD): _____ N                  Long (DD): _____ W  <input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p> <p>How Determined: (check ONE)  <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/Software <input type="checkbox"/> Other _____</p> <p><b>CONDITION AT EXAMINATION (Check ONE)</b></p> <p><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</p>
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**LIVE ANIMAL INFORMATION**

**INITIAL LIVE ANIMAL DISPOSITION (Check one or more)**

1. Left at Site  5. Died at Site  
 2. Immediate Release at Site  6. Died During Transport  
 3. Relocated and Released  7. Euthanized  
 4. Disentangled  8. Transferred to Rehabilitation:  
 a. Partially  b. Completely  
 Date: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_  
 Facility: \_\_\_\_\_

9. Other: \_\_\_\_\_

**CONDITION/DETERMINATION (Check one or more)**

1. Sick  7. Location Hazardous  
 2. Injured  a. To animal  
 3. Out of Habitat  b. To public  
 4. Deemed Releasable  8. Unknown/CBD  
 5. Abandoned/Orphaned  9. No Rehabilitation Options  
 6. Inaccessible  10. Other: \_\_\_\_\_

**DEAD ANIMAL INFORMATION**

**CARCASS STATUS (Check one or more)**

1. Frozen for Later Examination/Necropsy Pending  
 2. Left at Site  5. Landfill  8. Towed: Lat \_\_\_\_\_ Long \_\_\_\_\_  
 3. Buried  6. Incinerated  9. Sunk: Lat \_\_\_\_\_ Long \_\_\_\_\_  
 4. Rendered  7. Composted  10. Unknown/Other \_\_\_\_\_

**NECROPSIED**  YES  NO  Limited  Complete  
 Carcass Fresh  Carcass Frozen/Thawed

**CARCASS CODE AT NECROPSY**  Code 2  Code 3  Code 4

**NECROPSIED BY:** \_\_\_\_\_  
**Date:** Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

**PHOTOS/VIDEOS TAKEN:**  YES  NO  
 Photo/Video Disposition: \_\_\_\_\_

**MORPHOLOGICAL INFORMATION**

**SEX (Check ONE)** **ESTIMATED AGE CLASS (Check ONE)**

1. Male  1. Adult  4. Pup/Calf  
 2. Female  2. Subadult  5. Unknown  
 3. Unknown  3. Yearling

Whole Animal  Partial Animal  
 Straight Length: \_\_\_\_\_  cm  in  
 Actual  Estimated  Not Measured

Weight: \_\_\_\_\_  kg  lb  
 Actual  Estimated  Not Weighed

**SAMPLES COLLECTED (Check one or more)**

1. Histology  2. Other Diagnostics  3. Life History  
 4. Skeletal  5. Other \_\_\_\_\_

**PARTS TRACKING (Check one or more)**

1. Scientific Collection  2. Educational Collection  
 3. Other: \_\_\_\_\_

**OCCURRENCE DETAILS**  Restrand **GE#** \_\_\_\_\_  
 (NMFS Use)

**Group Event:**  YES  NO  
 If Yes, Type:  Cow/Calf Pair  Mass Stranding  UME # Animals: \_\_\_\_\_  Actual  Estimated

**Was the Marine Mammal Human Interaction Report completed?**  YES  NO

**Findings of Human Interaction:**  YES  NO  Could Not Be Determined (CBD)  
 If YES evidence of: 1. Vessel Interaction  YES  NO  CBD  
 2. Shot  YES  NO  CBD  
 3. Fishery Interaction  YES  NO  CBD  
 4. Other Human Interaction: \_\_\_\_\_

If YES, what was the likelihood that the human interaction contributed to the stranding event?  
 Uncertain (CBD)  Improbable  Suspect  Probable

**Gear/Hi Items Collected?**  YES  NO **Gear Disposition:** \_\_\_\_\_

**Other Findings Upon Level A:**  YES  NO  Could Not Be Determined (CBD)  
 If Yes, Choose one or more:  1. Illness  2. Injury  3. Pregnant  4. Other: \_\_\_\_\_

How Determined (Check one or more):  External Exam  Internal Exam  Necropsy  
 Other: \_\_\_\_\_

TAG DATA		ID#	Color	Type	Placement*	Applied	Present	Removed
					(Circle ONE)			
Tags Were:					D DF L R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present at Time of Stranding (Pre-existing):	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____			LF LR RF RR			
Applied during Stranding Response/Release:	<input type="checkbox"/> YES <input type="checkbox"/> NO							
Applied during Rehabilitation/Release:	<input type="checkbox"/> YES <input type="checkbox"/> NO				D DF L R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absent but Suspect Prior Tag:	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____			LF LR RF RR			
					D DF L R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					LF LR RF RR			

\* D= Dorsal; DF= Dorsal Fin; L= Left Lateral Body R= Right Lateral Body LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear

**ADDITIONAL IDENTIFIER:** \_\_\_\_\_ (If animal is restranded, please indicate any previous field numbers here)

**ADDITIONAL REMARKS:**

**DISCLAIMER**

THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION. THIS SHOULD BE STRICTLY ENFORCED WHEN REPORTING SIGNS OF HUMAN INTERACTION DATA.

**DATA ACCESS FOR LEVEL A DATA**

UPON WRITTEN REQUEST, CERTAIN FIELDS OF THE LEVEL A DATA SHEET WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR CREDIT THE STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE. THE NATIONAL MARINE FISHERIES SERVICE WILL NOTIFY THE CONTRIBUTING STRANDING NETWORK MEMBERS THAT THESE DATA HAVE BEEN REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE.

**PAPERWORK REDUCTION ACT INFORMATION**

PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 30 MINUTES 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. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO: CHIEF, MARINE MAMMAL AND SEA TURTLE CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND, 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 THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.

