

# 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: \_\_\_\_\_

<p><b>LOCATION OF INITIAL OBSERVATION</b></p> <p>State: _____ County: _____</p> <p>City: _____</p> <p>Body of Water: _____</p> <p>Locality Details: _____</p> <p>Lat (DD): _____ N</p> <p>Long (DD): _____ W</p> <p style="text-align: center;"><input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p> <p>How Determined: (check ONE)</p> <p><input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/Software</p>	<p><b>OCURRENCE DETAILS</b> <input type="checkbox"/> Restrand <span style="float: right;">GE# _____</span></p> <p><b>Group Event:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <span style="float: right;">(NMFS Use)</span></p> <p>If Yes, Type: <input type="checkbox"/> Cow/Calf Pair <input type="checkbox"/> Mass Stranding # Animals: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p> <p><b>Findings of Human Interaction:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could Not Be Determined (CBD)</p> <p>If Yes, Choose one or more: <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 2. Shot <input type="checkbox"/> 3. Fishery Interaction</p> <p><input type="checkbox"/> 4. Other Human Interaction: _____</p> <p>How Determined (Check one or more): <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Necropsy</p> <p><input type="checkbox"/> Other: _____</p> <p>Gear Collected? <input type="checkbox"/> YES <input type="checkbox"/> NO Gear Disposition: _____</p> <p><b>Other Findings Upon Level A:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could Not Be Determined (CBD)</p> <p>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: _____</p> <p>How Determined (Check one or more): <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Necropsy</p> <p><input type="checkbox"/> Other: _____</p>
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**INITIAL OBSERVATION**

Date: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

First Observed:  Beach or Land  Floating  Swimming

**CONDITION AT INITIAL OBSERVATION** (Check ONE)

1. Alive  4. Advanced Decomposition

2. Fresh dead  5. Mummified/Skeletal

3. Moderate decomposition  6. Condition Unknown

**LEVEL A EXAMINATION**  Not Able to Examine

Date: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

**CONDITION AT EXAMINATION** (Check ONE)

1. Alive  4. Advanced Decomposition

2. Fresh dead  5. Mummified/Skeletal

3. Moderate decomposition  6. Unknown

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

1. Left at Site  6. Euthanized at Site

2. Immediate Release at Site  7. Transferred to Rehabilitation:

3. Relocated Date: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

Facility: \_\_\_\_\_

4. Disentangled  8. Died during Transport

5. Died at Site  9. Euthanized during Transport

10. 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. Other: \_\_\_\_\_

6. Inaccessible \_\_\_\_\_

**MORPHOLOGICAL DATA**

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

1. Male  1. Adult  4. Pup/Calf

2. Female  2. Subadult  5. Unknown

3. Unknown  3. Yearling

Whole Carcass  Partial Carcass

Straight length: \_\_\_\_\_  cm  in  actual  estimated

Weight: \_\_\_\_\_  kg  lb  actual  estimated

**PHOTOS/VIDEOS TAKEN:**  YES  NO

Photo/Video Disposition: \_\_\_\_\_

**TAG DATA** Tags Were:

Present at Time of Stranding (Pre-existing):  YES  NO

Applied during Stranding Response:  YES  NO

ID#	Color	Type	Placement* (Circle ONE)	Applied	Present
_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>
			LF LR RF RR		
_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>
			LF LR RF RR		
_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>
			LF LR RF RR		

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

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

1. Left at Site  4. Towed: Lat \_\_\_\_\_ Long \_\_\_\_\_  7. Landfill

2. Buried  5. Sunk: Lat \_\_\_\_\_ Long \_\_\_\_\_  8. Unknown

3. Rendered  6. Frozen for Later Examination  9. Other: \_\_\_\_\_

**SPECIMEN DISPOSITION** (Check one or more)

1. Scientific collection  2. Educational collection

3. Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**NECROPSIED**  NO  YES  Limited  Complete

Carcass Fresh  Carcass Frozen/Thawed

**NECROPSIED BY:** \_\_\_\_\_

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

