

DOC/NOAA Fisheries
Pacific Islands Region
Longline Observer Program

AS

Trip No.

Set No.

Catch Form Line No.

Date/Time Day Month Year
 20

Tag Event

Comments:

Species Code	<input type="text"/> <input type="text"/> <input type="text"/>	
Tag Event Type	<input type="text"/> <input type="text"/>	AP Tag Applied RC Tag Recaptured RM Tag Removed
Tag Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Tag Type	0 <input type="text"/>	01 Spaghetti 02 Archival 03 Leg Band 04 Flipper 05 PSAT
Tag Location	<input type="text"/> <input type="text"/>	Turtles: 01 Front Left Flipper 02 Front Right Flipper 03 Rear Left Flipper 04 Rear Right Flipper Birds: 05 Left Leg 06 Right Leg Fish: 07 Left Dorsum 08 Right Dorsum 09 Left Belly 10 Right Belly 11 Other
Tag Material	0 <input type="text"/>	01 Plastic 02 Metal
Tag Color	<input type="text"/> <input type="text"/>	01 Blue 06 Yellow 11 Red 02 Green 07 Magenta 12 Orange 03 Black 08 Mixed 13 Silver/Metal 04 Pink 09 Other 05 White 10 Clear

Tag Contact Information: _____

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From front of this form

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Comments (cont. from the front of this form)	Tag Contact Information (cont. from the front of this form)