

| <b>Wildlife Observation Form</b><br>Return form(s) to Supervisor, Wildlife Branch, or wildlife agency representative                                                                 |                            |                                                                                                                                        | Incident Name:                                                    |                                                                                                                                          | Date (MM/DD/YYYY): | INV (OLE Use Only):                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------|
| ICS Position (Group, Task Force, Strike Team, or other name if no ICS Position):                                                                                                     |                            |                                                                                                                                        | Lead Observer Name & Employer (Phone & Email if no ICS Position): |                                                                                                                                          |                    |                                                                                                            |
|                                                                                                                                                                                      |                            |                                                                                                                                        | Training/Experience:                                              |                                                                                                                                          |                    |                                                                                                            |
| Other Observer(s) Names & Employers:                                                                                                                                                 |                            |                                                                                                                                        |                                                                   |                                                                                                                                          |                    |                                                                                                            |
| General Location:                                                                                                                                                                    |                            | GPS Datum: WGS84 (preferred) <input type="checkbox"/> ; NAD83 <input type="checkbox"/> ; NAD27 <input type="checkbox"/> ; Other: _____ |                                                                   | Camera & SD Card ID #:                                                                                                                   |                    |                                                                                                            |
|                                                                                                                                                                                      |                            |                                                                                                                                        |                                                                   | GPS & SD Card ID #:                                                                                                                      |                    |                                                                                                            |
| For surveys, GPS Trackline File Name: _____ Total distance surveyed: _____ mi <input type="checkbox"/> or km <input type="checkbox"/>                                                |                            |                                                                                                                                        |                                                                   |                                                                                                                                          |                    |                                                                                                            |
| <b>OBSERVATION INFORMATION</b>                                                                                                                                                       |                            |                                                                                                                                        |                                                                   |                                                                                                                                          |                    |                                                                                                            |
| Platform: On foot <input type="checkbox"/> Truck/4-wheeler <input type="checkbox"/> Vessel <input type="checkbox"/> Aircraft <input type="checkbox"/> Other <input type="checkbox"/> |                            |                                                                                                                                        | Platform Description:                                             |                                                                                                                                          |                    |                                                                                                            |
| Cloud Cover (%) _____                                                                                                                                                                |                            | Wind Speed _____ mph <input type="checkbox"/> knots <input type="checkbox"/> OR Beaufort Wind Scale (1-6): _____                       |                                                                   | Direction wind is blowing from: _____                                                                                                    |                    |                                                                                                            |
| Precipitation: None <input type="checkbox"/> Fog/Mist <input type="checkbox"/> Light Rain <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Snow <input type="checkbox"/> |                            |                                                                                                                                        |                                                                   | Visibility: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> |                    |                                                                                                            |
| Time                                                                                                                                                                                 | Latitude (decimal degrees) | Longitude (decimal degrees)                                                                                                            | Species/Species Group                                             | ID Certainty                                                                                                                             | # of Animals       | Details                                                                                                    |
| EXAMPLE<br>0805                                                                                                                                                                      | 57.70818 N                 | -52.32819 W                                                                                                                            | seabirds                                                          | certain                                                                                                                                  | 18                 | mixed seabird flock incl 10 least auklets; feeding, not traveling, 2 km from oil, no visible oiling, WP 33 |
|                                                                                                                                                                                      |                            |                                                                                                                                        |                                                                   |                                                                                                                                          |                    | <b>START SURVEY</b> (write time, location)                                                                 |
|                                                                                                                                                                                      |                            |                                                                                                                                        |                                                                   |                                                                                                                                          |                    |                                                                                                            |
|                                                                                                                                                                                      |                            |                                                                                                                                        |                                                                   |                                                                                                                                          |                    |                                                                                                            |
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