OMB Control No. 0648-0214
Expiration Date: xx/xx/xxxx

Serial #

NATIONAL MARINE FISHERIES SERVICE
PACIFIC ISLANDS REGION

PACIFIC ISLANDS CRUSTACEAN DAILY CATCH REPORT LOG

Name of Vessel: _____ Crustacean Permit No. _____

Number of Crew:_____ Start Latitude: _____(N/S) Start Longitude: _____(E/W)

Wave Height: ☐ 0-2 ft. ☐ 2-4 ft. ☐ 4-6 ft. ☐ 6-8 ft. ☐ 8-10 ft. ☐ 10-15 ft. ☐ >15 ft.

Depth of set (fathoms): _____ Sea Surface Temp. (°F): _____ Wind Speed (knots): _____

Bait type:_____ # of Trap strings:_____ # Traps Set: _____

Date Gear Set: _____ Time Begin Set (24 hr clock):_____ # Traps Hauled:_____

Date Gear Haul:_____ Time End Haul (24 hr clock):_____ # Traps Lost:_____

CATCH INFORMATION

Species	Number KEPT	**Pounds KEPT**	Number DISCARDED	**Pounds DISCARDED**
Spiny Lobster (specify species)				
Slipper Lobster (specify species)				
Deepwater Shrimp *(Heterocarpus laevigatus)*				
Deepwater Shrimp (*Heterocarpus ensifer*)				
Kona Crab *(Ranina ranina)*				
Octopus				
Other (specify species)				
Other (specify species)				

PROTECTED SPECIES INFORMATION

Enter protected species numbers; identify "Other" species and number in appropriate box.	Monk Seal/Other Marine Mammal	Turtle/Scalloped Hammerhead Shark	Other
Observed in area			
Observed in vicinity of gear			
Interfering with fishing operations			
Preying on released lobsters			
Entangled and released uninjured			
Entangled and released injured			
Entangled and released dead			

I certify that the above information is complete and true to the best of my knowledge.

Logged by Vessel Captain: Date: _____

Print Name: _____ Signature: _____

SAMPLE