

data entered

### BEACHED BIRD SURVEY DATA FORM

**SPECIES CODE:** \_\_\_\_\_ **COMMON NAME:** \_\_\_\_\_  
Family: \_\_\_\_\_ Genus: \_\_\_\_\_ Species: \_\_\_\_\_

**EXAMINER**

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>LOCATION</b> Beach # _____ State: _____ Town: _____ County: _____ Beach Name: _____ Locality Details (start point): _____ _____ (end point): _____ _____ Miles of Beach Covered: _____ mi Start Point Latitude: _____ N Longitude: _____ W End Point Latitude: _____ N Longitude: _____ W	<b>CONDITIONS</b> Date: ___/___/___ Start Time: _____ End Time: _____ Temperature: _____ Wind Dir: _____ Fog: 0 1 2 3 Rain: 0 1 2 3 Cloud Cover: _____ (0-100%) Sea State: <input type="checkbox"/> Calm <input type="checkbox"/> Choppy <input type="checkbox"/> Pounding surf Tide: <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High Post-storm: <input type="checkbox"/> No <input type="checkbox"/> Yes Recent Wrack Line Average Depth: _____ ft Recent Wrack Line Average Width: _____ ft Quantity/Description of Human-generated Wrack: _____ _____ Ice/Snow on beach: <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full coverage Mass Stranding: <input type="checkbox"/> YES <input type="checkbox"/> NO # Animals: _____
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<b>OBSERVATION DETAILS</b> STATUS (Check One) <input type="checkbox"/> Alive <input type="checkbox"/> Fresh Dead <input type="checkbox"/> Moderate Decomposition <input type="checkbox"/> Advanced Decomposition <input type="checkbox"/> Mummified Skeletal <input type="checkbox"/> Dead - Condition Unknown	Evidence of Scavenging: <input type="checkbox"/> YES <input type="checkbox"/> NO MORPHOLOGICAL DATA SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown AGE CLASS: <input type="checkbox"/> Adult <input type="checkbox"/> Subadult <input type="checkbox"/> Fledgling <input type="checkbox"/> Chick <input type="checkbox"/> Unknown Wing Chord: _____ cm Culmen: _____ mm Tarsus: _____ mm Location of specimen: Lat _____ Long _____
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<b>SPECIMEN CONDITION</b> Oil on Bird: <input type="checkbox"/> No oil <input type="checkbox"/> Slightly oiled <input type="checkbox"/> Moderately oiled <input type="checkbox"/> Heavily oiled <input type="checkbox"/> Cannot be determined Degree of Emaciation: <input type="checkbox"/> Round <input type="checkbox"/> Even <input type="checkbox"/> Concave <input type="checkbox"/> Cannot be determined	<b>Cause of Mortality (can check more than one):</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Entanglement in fishing gear or <input type="checkbox"/> Plastic <input type="checkbox"/> Oiling <input type="checkbox"/> Drowning <input type="checkbox"/> Choking on food or <input type="checkbox"/> Other material <input type="checkbox"/> Predation <input type="checkbox"/> Starvation <input type="checkbox"/> Gunshot wound
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<b>SPECIMEN DISPOSITION</b> <input type="checkbox"/> Left at Site <input type="checkbox"/> Transferred for Rehabilitation <input type="checkbox"/> Transferred for Necropsy Facility: _____ Necropsied By: _____ <b>PHOTOGRAPHS TAKEN</b> <input type="checkbox"/> Yes - label given: _____ <input type="checkbox"/> No	<b>MARKING</b> <input type="checkbox"/> Wing Previously Clipped (Circle) R L <input type="checkbox"/> Unmarked Did you clip the wing? Y N (Circle) R L <input type="checkbox"/> Banded Band # (or color) _____
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