

*OBSERVER(S) ID		*VESSEL AND CAPTAIN NAME		*REGISTRATION	
*TRANSIT	*DATE	*TIME		*PORT	
EXIT/...../20.....h.....m			
ENTRANCE/...../20.....h.....m			
VESSEL'S DESCRIPTION					
*SIZE	meters	*YEAR		CREW N°	
N° GEAR	lost _____ recovered _____ abandoned _____	gear retrieved _____			
*OBSERVATION POINT (HEIGHT)	_____ meters	GPS <input type="checkbox"/>	Ploter <input type="checkbox"/>		
ENGINE	_____ horsepower	CONSUMPTION		_____ LT/h	
WASTE CONTAINER	Yes <input type="checkbox"/> No <input type="checkbox"/>	DIMENSION _____ LT		SEPARATION <input type="checkbox"/>	
DUMP SITE	Recycling bin <input type="checkbox"/> Unsorted waste <input type="checkbox"/>				
FUEL	Petrel <input type="checkbox"/> Diesel <input type="checkbox"/> Other _____ <input type="checkbox"/> _____ €/lt				
USED WATER	_____ LT				
STOWAGE	Electric box <input type="checkbox"/> Box with ice <input type="checkbox"/> Other _____ <input type="checkbox"/> DIMENSION _____ LT				
*GEAR	Pot <input type="checkbox"/> Trawl <input type="checkbox"/> Purse seine <input type="checkbox"/> Trap <input type="checkbox"/> Beach seine <input type="checkbox"/> Gillnet: 1 layer <input type="checkbox"/> 2 layers <input type="checkbox"/> Trammel net <input type="checkbox"/> Surface <input type="checkbox"/> Longline: Demersal <input type="checkbox"/> Bottom <input type="checkbox"/> Surface <input type="checkbox"/>				

ON-BOARD SAFETY					
N° LIFE JACKETS		N° LIFE BUOYS		Safety boat	_____ people <input type="checkbox"/> No
LOGBOOK	Yes <input type="checkbox"/> No <input type="checkbox"/> Non existent <input type="checkbox"/>				
BLUE BOX	Always ON <input type="checkbox"/> Always OFF <input type="checkbox"/> OFF at least 1 time <input type="checkbox"/> Non existent <input type="checkbox"/>				
SOS KIT ON-BOARD	Yes <input type="checkbox"/> No <input type="checkbox"/>				
UDHR	Verbal aggression <input type="checkbox"/> Physical aggression <input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Other _____ <input type="checkbox"/>				
ANIMOSITY	Among elements of the crew <input type="checkbox"/> With elements from other boats <input type="checkbox"/>				

LANDINGS (if applicable)		
PORT	SPECIES / QUANTITY (KG)	COMERCIAL VALUE (€/KG)

EQUAL DISTRIBUTION OF FISH BETWEEN CREW						Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fishermen role	Share (%)	Fishermen role	Share (%)	Fishermen role	Share (%)	Fishermen role	Share (%)

* FILLED FORMS (total)	
FORM	No OF PAGES

*GPS		
DEVICE ID	RESPONSIBLE	NOTES

TRAINING COURSES OF THE CREW	
COURSE¹	N° OF CREW

¹Fishermen skipper (local) / Foreman fisherman / Master coastal fisherman / Fisherman / Traceability and food safety on board / Netting / Environment, safety, hygiene and health at work / Basic first aid on board / Maritime safety - Personal survival techniques / Others

*Required field

SPILLS AND OTHER POLLUTANTS		
TYPE ²	NUMBER OF TIMES RELEASED / AMOUNT	DIMENSION³

²Bleach / Fuel / Oils / Detergents / Aerosols / Buts / Glass / Plastic / Metal / Styrofoam / Other packaging / Paper / Wood / Nets / Hooks / Fishing buoys / Traps / Fishing line

³1 - <10cm / 2 - 10 a 25cm / 3 - 25 a 100cm / 4 - >100cm

NOTES _____

