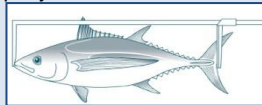


SPC TAG RECOVERY FORM - CANNERY/CARRIER UNLOADING

TAGGED FISH COMING FROM THE SAME CARRIER

REVISED SPC -May 2012

Upper jaw to FORK LENGTH



CANNERY BATCH REFERENCE

LOT N° / ID No

Raw Material code:

"When the tag is removed from the fish, be sure none of it remains inside the fish"

INFORMATION ON CATCH DETAILS AT THE BACK OF THE FORM



DATE WHEN TAGS FOUND:	YY	MM	DD	ACTIVITY WHEN FOUND:	<input type="checkbox"/> Unloading	<input type="checkbox"/> Processing fish
WHERE FOUND:	<input type="checkbox"/> Fishing vessel	<input type="checkbox"/> Reefer / Transfer / Carrier	<input type="checkbox"/> Port	<input type="checkbox"/> Cold storage	<input type="checkbox"/> Cannery	

TAG NUMBER:		SPECIES:		<input type="checkbox"/> SKJ	<input type="checkbox"/> BET	<input type="checkbox"/> YFT	<input type="checkbox"/> Other: please specify:	IDENTIFICATION:		<input type="checkbox"/> Confirmed	<input type="checkbox"/> Guessed
Upper jaw to FORK LENGTH cm	NO length Information <input type="checkbox"/>	HOW MEASURED?		<input type="checkbox"/> Measuring tool	<input type="checkbox"/> Estimated						
	PROCESSED STATE WHEN MEASURED:		<input type="checkbox"/> Fresh	<input type="checkbox"/> Frozen	<input type="checkbox"/> Frozen then thawed	<input type="checkbox"/> Cooked					
FISH WEIGHT kg	NO weight information <input type="checkbox"/>	HOW WEIGHED?		<input type="checkbox"/> Measuring tool	<input type="checkbox"/> Estimated						
	PROCESSED STATE WHEN WEIGHED:		<input type="checkbox"/> Whole weight	<input type="checkbox"/> Gilled & gutted	<input type="checkbox"/> Other.... please specify:						

TAG NUMBER:		SPECIES:		<input type="checkbox"/> SKJ	<input type="checkbox"/> BET	<input type="checkbox"/> YFT	<input type="checkbox"/> Other: please specify:	IDENTIFICATION:		<input type="checkbox"/> Confirmed	<input type="checkbox"/> Guessed
Upper jaw to FORK LENGTH cm	NO length Information <input type="checkbox"/>	HOW MEASURED?		<input type="checkbox"/> Measuring tool	<input type="checkbox"/> Estimated						
	PROCESSED STATE WHEN MEASURED:		<input type="checkbox"/> Fresh	<input type="checkbox"/> Frozen	<input type="checkbox"/> Frozen then thawed	<input type="checkbox"/> Cooked					
FISH WEIGHT kg	NO weight information <input type="checkbox"/>	HOW WEIGHED?		<input type="checkbox"/> Measuring tool	<input type="checkbox"/> Estimated						
	PROCESSED STATE WHEN WEIGHED:		<input type="checkbox"/> Whole weight	<input type="checkbox"/> Gilled & gutted	<input type="checkbox"/> Other.... please specify:						

TAG NUMBER:		SPECIES:		<input type="checkbox"/> SKJ	<input type="checkbox"/> BET	<input type="checkbox"/> YFT	<input type="checkbox"/> Other: please specify:	IDENTIFICATION:		<input type="checkbox"/> Confirmed	<input type="checkbox"/> Guessed
Upper jaw to FORK LENGTH cm	NO length Information <input type="checkbox"/>	HOW MEASURED?		<input type="checkbox"/> Measuring tool	<input type="checkbox"/> Estimated						
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	PROCESSED STATE WHEN WEIGHED:		<input type="checkbox"/> Whole weight	<input type="checkbox"/> Gilled & gutted	<input type="checkbox"/> Other.... please specify:						

FISH CATCH INFORMATION / VESSEL INFORMATION Date and position when fish was caught by the fishing vessel

VESSEL NAME Identified by Batch number (where tagged fish were coming from)	Flag	PERIOD FISH CAUGHT Vessel trip date YY MM DD to YY MM DD

CARRIER INFORMATION

NAME OF CARRIER:	FLAG:	WELL/HATCH NUMBER : (where tagged fish were coming from)	CARRIER STORAGE PLAN PROVIDED: YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF TRANSHIPMENT FISHING VESSEL TO CARRIER: YY MM DD to YY MM DD	LOCATION OF TRANSHIPMENT FROM FISHING VESSEL TO CARRIER (EEZ/Port):		TRANSHIPMENT POSITION: LATITUDE dd ° mm.mmm N / S LONGITUDE ddd ° mm.mmm E/W

OTHER VESSEL INFORMATION (from the same hatch number)

OTHER VESSEL NAME from the same carrier	Flag	PERIOD FISH CAUGHT Vessel trip date YY MM DD to YY MM DD	OTHER VESSEL NAME from the same carrier	Flag	PERIOD FISH CAUGHT Vessel trip date YY MM DD to YY MM DD

CANNERY / COLD STORAGE INFORMATION

CANNERY NAME:	DATE UNLOADING AT CANNERY / COLD STORAGE : YY MM DD to YY MM DD
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FINDER INFORMATION / finder details for lottery

FINDER NAME:	FINDER ADDRESS:	COUNTRY OF RECOVERY:
RECOVERY INFORMATION RECEIVED AT: (Cannery/company/agency name)	FORM COMPLETED BY:	TYPE OF REWARD <input type="checkbox"/> Not given <input type="checkbox"/> T-shirt <input type="checkbox"/> Cap <input type="checkbox"/> Cash - amount: _____

COMMENTS

Attach the tags here

ARCHIVAL TAG NUMBER (If applicable):

Type of tag	Reward
Yellow tag, Orange tag or Green tag	- 10\$ or Cap or T-shirt
Internal archival tag	- 250\$

Email: tagging@spc.int

Website: www.spc.int/tagging