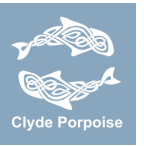


SURVEY SIGHTINGS FORM



Date:		Vessel:			Contact:		
Survey Start Time:		Survey End Time:			Field of View: 180°fwd - 90°L - 90°R - 360°		
Survey Start Position:				Survey End Position			
Observer Eye Height Above Sea Level	ID A	ID B	ID C	ID D	ID E		

Ref. No.	Time (UT)	Location of vessel (lat/long)	Species	Conf.	Total Num.	No. Juves	No. Calves	Animal Bearing	Dist. to Animal	Behaviour	Reaction	Animal Heading	Seabirds	Observ. ID

Please use back of sheet for additional notes quoting sighting Ref. No.

sightings@clydeporpoise.org