

**FISH KILL INVESTIGATION REPORT FORM**

<b>1 Date:</b> 	<b>2 Time of Arrival:</b>  <b>Total Time spent at site:</b> _____	<b>3. Waterbody Location:</b> _____	<b>4. Person reporting:</b> Name: _____ Phone: _____ Address: _____ Affiliation: _____	
<b>5. # of fish Killed:</b> _____ <b>Incident Size:</b> Minor <100 <input type="checkbox"/> Moderate 100-1000 <input type="checkbox"/> Major >1000 <input type="checkbox"/>	<b>6. Dimensions of fish kill:</b> _____ by _____	<b>7. Fish Species Affected:</b> 1. _____ Same <input type="checkbox"/> Different <input type="checkbox"/> Range _____ to _____ in. 2. _____ Same <input type="checkbox"/> Different <input type="checkbox"/> Range _____ to _____ in. 3. _____ Same <input type="checkbox"/> Different <input type="checkbox"/> Range _____ to _____ in. 4. _____ Same <input type="checkbox"/> Different <input type="checkbox"/> Range _____ to _____ in. 5. _____ Same <input type="checkbox"/> Different <input type="checkbox"/> Range _____ to _____ in. 6. _____ Same <input type="checkbox"/> Different <input type="checkbox"/> Range _____ to _____ in.  <b>7a. Other Species Affected:</b> 1. _____ Dead <input type="checkbox"/> Dying <input type="checkbox"/> Lethargic <input type="checkbox"/> Live <input type="checkbox"/> 2. _____ Dead <input type="checkbox"/> Dying <input type="checkbox"/> Lethargic <input type="checkbox"/> Live <input type="checkbox"/> 3. _____ Dead <input type="checkbox"/> Dying <input type="checkbox"/> Lethargic <input type="checkbox"/> Live <input type="checkbox"/> 4. _____ Dead <input type="checkbox"/> Dying <input type="checkbox"/> Lethargic <input type="checkbox"/> Live <input type="checkbox"/>		
<b>8. Fish Species Not Affected</b> _____ _____ _____ _____	<b>9. Weather</b> Temp (F) _____ Cloud Cover (%) _____ Precipitation (%) _____ Wind Speed (mph) _____ Wind direction _____			
<b>10. Water Quality:</b> Temp (C): _____ pH: _____ DO: _____ Conductivity: _____ Salinity: _____ Chlorine: _____ Alkalinity: _____	<b>11. Water Condition:</b> Turbid <input type="checkbox"/> Sediment Loading <input type="checkbox"/> Colored: _____ <input type="checkbox"/> Odor: _____ <input type="checkbox"/> Tidal Stage: _____ SAV/ macroalgae _____ <input type="checkbox"/>	<b>12. Fish Condition:</b> Dying <input type="checkbox"/> Discoloration <input type="checkbox"/> Increased respiration <input type="checkbox"/> Emaciated <input type="checkbox"/> Gills flared <input type="checkbox"/> Odd fin position <input type="checkbox"/> Eyes sunken in <input type="checkbox"/> Spasms, convulsions <input type="checkbox"/> Red/pink gills <input type="checkbox"/> Swimming at surface <input type="checkbox"/> Eyes bulging <input type="checkbox"/> Erratic Swimming <input type="checkbox"/> Gill clubbing <input type="checkbox"/> Equilibrium loss <input type="checkbox"/> Bloated <input type="checkbox"/> Lethargy <input type="checkbox"/> Excessive mucus <input type="checkbox"/> Trying to get Mouth agape <input type="checkbox"/> Hemorrhaging <input type="checkbox"/> Lesions <input type="checkbox"/> out of water <input type="checkbox"/> Hypersensitivity <input type="checkbox"/> Spine curved <input type="checkbox"/> Other _____ Run samples for: _____		
<b>13. Symptoms/Conditions</b>		<b>Possible Cause</b>	<b>Possible Source</b>	<b>Source present?</b>
<ul style="list-style-type: none"> <li>• Fish coming to surface gulping for air <input type="checkbox"/></li> <li>• Low dissolved oxygen <input type="checkbox"/></li> </ul>		Oxygen depletion	Sewage Treatment Plan Livestock Feedlot Irrigation/De-icing Runoff Decaying Plant Matter Dying Algal Bloom	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fish coming to surface gulping for air <input type="checkbox"/></li> <li>• Adequate dissolved oxygen <input type="checkbox"/></li> </ul>		Early oxygen depletion with slow re-oxygenation	Ammonia Chemicals Livestock Feedlot	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fish swimming erratically <input type="checkbox"/></li> <li>• Fish moving upstream to avoid something in water <input type="checkbox"/></li> </ul>		Chemical pollution	Heavy Metal Plant Chemical Waste Facility Sewage Treatment Plant	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fish dying or dead after heavy rain <input type="checkbox"/></li> </ul>		Pesticide, herbicide washed out/runoff	Farms, Crop fields Aerial Crop Sprayer Man/mechanical Sprayer	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fish coming to surface gulping for air <input type="checkbox"/></li> </ul>		Oxygen depletion	Dredging/ Marina activity	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Low pH <input type="checkbox"/> Good clarity <input type="checkbox"/> Orange Discoloration <input type="checkbox"/></li> </ul>		Acid	Coal/Strip Mining	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fish dying below a dam or industrial plant <input type="checkbox"/></li> </ul>		Turbines or thermal shock	Heated water	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Kill restricted to one species or size class <input type="checkbox"/></li> </ul>		Spawning stress, disease	Pathogens, WQ poor	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>14. Documentation and Samples:</b> Photos taken <input type="checkbox"/> Water samples <input type="checkbox"/> Number: _____ Sent to: _____ Tested For: _____ Fish Samples <input type="checkbox"/> Number: _____ Sent to: _____ Tested For: _____				<b>15. Prepared By:</b> _____

Additional Comments: