

FISH KILL INVESTIGATION REPORT FORM	1. Incident/Location:	2. Date/time prepared:	3. Person reporting: Name: Phone: Address: Affiliation:		
	4. # of fish Killed: _____ Incident Size: Minor <100 <input type="checkbox"/> Moderate 100-1000 <input type="checkbox"/> Major >1000 <input type="checkbox"/>	5. Dimensions of fish kill: ____ ft by ____ ft ____ yds by ____ yds ____ mi by ____ mi	6. Number of different types (species): _____ (List known types)		7. Fish types (species) not affected:
8. Fish size differences: Relatively the same <input type="checkbox"/> Different <input type="checkbox"/> Range: _____ to _____	9. Weather	Today	Last Night	Yesterday	10. Other animals: (frogs, mussels, birds, etc.) Live <input type="checkbox"/> Lethargic/slow <input type="checkbox"/> Dying <input type="checkbox"/> Dead <input type="checkbox"/>
	Temperature (F)				
	Cloud Cover (%)				
	Precipitation (%)				
	Wind Speed (mph)				
Wind direction (compass)					
11. Nearby Vegetation: Discolored <input type="checkbox"/> Burned, brown <input type="checkbox"/> Dying <input type="checkbox"/> Dead <input type="checkbox"/>	12. Water Condition: Colored: _____ <input type="checkbox"/> Heavy Sediment Load <input type="checkbox"/> Temperature (F): _____ Odor: _____ pH: _____ Dissolved Oxygen: _____ H ₂ O Conductivity: _____	13. Fish Condition (General): Dying <input type="checkbox"/> Discoloration <input type="checkbox"/> Gills flared <input type="checkbox"/> Odd fin position <input type="checkbox"/> Mouth agape <input type="checkbox"/> Swimming at surface <input type="checkbox"/> Spine curved <input type="checkbox"/> Equilibrium loss <input type="checkbox"/> Excessive mucus <input type="checkbox"/> Trying to get out of water <input type="checkbox"/> Lesions <input type="checkbox"/>		14. Insecticide Impacts: (organophosphates) Increased ventilation <input type="checkbox"/> Lethargy <input type="checkbox"/> Jerky fin movement <input type="checkbox"/> Dark reddishness <input type="checkbox"/> Jerky body movement <input type="checkbox"/> Hemorrhaging fin <input type="checkbox"/> Spasms, convulsions <input type="checkbox"/> Hypersensitivity <input type="checkbox"/> Racing <input type="checkbox"/> Convulsions <input type="checkbox"/> Erratic Swimming <input type="checkbox"/> Coughing/Tremors <input type="checkbox"/> High excitability <input type="checkbox"/> Sinal abnormality <input type="checkbox"/>	
15. Symptoms/Conditions	Possible Cause	Possible Source	Source present?		
<ul style="list-style-type: none"> Large fish coming to surface gulping for air <input type="checkbox"/> Small fish alive and normal <input type="checkbox"/> Low dissolved oxygen <input type="checkbox"/> 	Oxygen depletion	Sewage Treatment Plant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Livestock Feedlot	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Irrigation/De-icing Runoff	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Decaying Plant Matter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Dying Algal Bloom	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<ul style="list-style-type: none"> Large fishing coming to surface gulping for air <input type="checkbox"/> Adequate dissolved oxygen <input type="checkbox"/> 	Early oxygen depletion with slow reoxygenation	Ammonia Chemicals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Livestock Feedlot	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<ul style="list-style-type: none"> Fish swimming erratically <input type="checkbox"/> Fish moving upstream to avoid something in water <input type="checkbox"/> 	Chemical pollution	Heavy Metal Plant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Chemical Waste Facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Sewage Treatment Plant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<ul style="list-style-type: none"> Fish dying or dead after heavy rain <input type="checkbox"/> 	Pesticide, herbicide washed out	Farms, Crop fields	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Aerial Crop Sprayer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Man/mechanical Sprayer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<ul style="list-style-type: none"> Stream banks/bottom covered with organge color <input type="checkbox"/> Water has high conductivity <input type="checkbox"/> 	Brine Water	Drilling Operation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Acid	Coal/Strip Mining	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Documentation and Samples: Photos taken <input type="checkbox"/> Number: _____ Water samples <input type="checkbox"/> Number: _____ Fish Samples <input type="checkbox"/> Number: _____	17. Trustees Contacted: Name(s): Phone: Date/time notified:			18. Prepared By:	