

FFAW COD QUALITY PROJECT DAILY HARVESTING LOG SHEET

COMPLETED FORMS ARE TO BE FAXED ON A WEEKLY BASIS

HARVESTER NAME: FIN	CFV# _____ LOA: _____ CFV# _____ LOA: _____ (PLEASE COMPLETE IF ANOTHER VESSEL WAS USED)
SITE NUMBER:	NAFO ZONE:
DATE: (DD/MM/YYYY)	HOMEPORT:
TEMPERATURE LOGGER USED? IF YES, PROVIDE ID NUMBER	BATCH NUMBER:

FISHING DETAILS

Latitude(N): _ _ _ _ _	Longitude (W): _ _ _ _ _	Classification of Cod Harvested (circle one of the following): <div style="display: flex; justify-content: space-around; font-weight: bold;"> Cod Quality Stewardship Commercial </div>			
Depth (min & max fathoms):	Gear Type:	Gear quantity:	If automatic jigger, provide brand:	Bait species:	Bait per hook:
Day and Time Set: at AM or PM	Day and Time Hauled: at AM or PM		Mesh Size (if using Gillnets):		
Air Temp (°C):	Water Temp (°C):		Fish Temp (°C):		

ONBOARD HANDLING – TIME COMPLETED

Bleeding Start:	Bleeding End:	Gutting Start:	Gutting End:
Washing Start:	Washing End:	Stowing Start:	Stowing End:

CATCH DETAILS

Live (lbs):	Dead (lbs):
Discards (lbs):	Landing Location:
Other Species Caught:	
Landing Time: AM or PM	Buyer:
Landed Form (Gutted Head on/Gutted Head off/Round):	Fish Temp at landing (°C):
Unloading Start Day and Time: at AM or PM	Unloading End Time: AM or PM

SUBMITTED BY	SUBMIT PROMPTLY TO FFAW
Signature:	Fax: 1-709-579-6263

See Reverse for Comments

