

POTENTIAL SYMPTOMS/SOURCES OBSERVED

SYMPTOMS	POTENTIAL CAUSE	POTENTIAL SOURCE	PRESENT	
			Y	N
		Sewage Treatment Plant		
		Livestock Feedlot		
Fish coming to surface gulping for air. Low dissolved oxygen	Oxygen depletion	Irrigation/De-icing Runoff		
		Decaying Plant Matter		
		Dying Algal Bloom		
Fish coming to surface gulping for air.	Early oxygen depletion with	Ammonia Chemicals		
Adequate dissolved oxygen.	slow re-oxygenation	Livestock Feedlot		
		Heavy Metal Plant		
Fish swimming erratically. Fish moving upstream to avoid something in water	Chemical Pollution	Chemical Waste Facility		
		Sewage Treatment Plant		
Fish dying or dead after heavy rain	Pesticide, herbicide washed out/runoff	Farms, Crop Fields		
		Aerial Crop Sprayer		
		Man/mechanical Sprayer		
Fish coming to surface gulping for air	Oxygen depletion	Dredging/Marina activity		
Low pH (Y/N), good clarity (Y/N), orange discoloration (Y/N)	Acid	Coal/Strip Mining		
Fish dying below a dam or industrial plant	Turbines or thermal shock	Heated water		
Kill restricted to one species or size class	Spawning stress, disease	Pathogens, Poor Water Quality		
Other				

FISH CONDITIONS OBSERVED

- | | |
|---|--|
| <input type="checkbox"/> DYING | <input type="checkbox"/> HYPERSENSITIVITY |
| <input type="checkbox"/> LETHARGY | <input type="checkbox"/> INCREASED RESPIRATION |
| <input type="checkbox"/> GILLS FLARED | <input type="checkbox"/> RED/PINK GILLS |
| <input type="checkbox"/> GILL CLUBBING | <input type="checkbox"/> SPASMS/CONVULSIONS |
| <input type="checkbox"/> SWIMMING AT SURFACE | <input type="checkbox"/> ERRATIC SWIMMING |
| <input type="checkbox"/> EQUILIBRIUM LOSS | <input type="checkbox"/> ODD FIN POSITION |
| <input type="checkbox"/> TRYING TO GET OUT OF WATER | <input type="checkbox"/> HEMORRHAGING |
| <input type="checkbox"/> EMACIATED | <input type="checkbox"/> SPINE CURVED |
| <input type="checkbox"/> BLOATED | <input type="checkbox"/> MOUTH AGAPE |

EYES SUNKEN

EYES BULGING

OTHER _____

REPORTING PERSONNEL

NAME _____
 AFFILIATION _____
 PHONE _____ EMAIL _____
 ADDRESS _____

ADDITION INFORMATION

sketch map and indicate: North, Direction of flow, Area Surveyed, Fish Distribution, Access, Station Numbers, Barriers, Land Owners (name, residence, phone, etc.)

COMMENTS

