



MALDIVES MARINE RESEARCH INSTITUTE

Ministry of Fisheries, Marine Resources and Agriculture
Male', Republic of Maldives

މާލެ ސަރުކާރުގެ ގެޒެޓް ގައި ބަޔާންކުރި ގޮތުގައި
 ދިވެހިރާއްޖޭގެ ފަރާތްތަކުން ހިންގާ ދަނޑު ފަރާތްތަކުން
 ފަރާތްތަކުން ހިންގާ ދަނޑު ފަރާތްތަކުން

FISH KILL REPORTING FORM

The purpose of this form is to provide the public with an easy means of reporting information about fish kill events to the Maldivian Authorities working on this issue. If any additional information is required, a representative of the concerned authorities will contact you as soon as possible after receiving this report.

1. Incident reported by:	
Name:	Affiliation:
Phone:	Email:

2. Location of fish kill:
Date and time of observation:
Atoll/island:
Additional information about the location:
Extent of affected area:

3. Species affected:			
Estimated total number of fish affected:	<input type="checkbox"/> Minor (<100)	<input type="checkbox"/> Moderate (100-1000)	<input type="checkbox"/> Major(>1000)
If a count was done, total number:			
Species of fish affected:			
Species/type	No. observed	Fish behaviour/condition	Fish size
1			
2			
3			
4			
5			
6			
7			

4. Fish condition and location in water (check all that applies)

<input type="checkbox"/> Dead and floating	<input type="checkbox"/> Dead on the bottom	<input type="checkbox"/> Dead on shore	<input type="checkbox"/> Dead stuck on debris
<input type="checkbox"/> Alive and swimming	<input type="checkbox"/> Alive on bottom	<input type="checkbox"/> Other:	

5. Fish behaviour (check all that applies)

<input type="checkbox"/> Surface breathing	<input type="checkbox"/> Splashing	<input type="checkbox"/> Flipping out of water	<input type="checkbox"/> Swimming erratically
<input type="checkbox"/> Near surface	<input type="checkbox"/> Sluggish/lethargic	<input type="checkbox"/> Other:	

6. General condition of water (check all that applies)

Water level:	<input type="checkbox"/> High	<input type="checkbox"/> Low	<input type="checkbox"/> Normal		
Water colour:	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Muddy	<input type="checkbox"/> Other:	
Water smell:	<input type="checkbox"/> None	<input type="checkbox"/> Dead fish	<input type="checkbox"/> Sewage	<input type="checkbox"/> Oil/petrol	<input type="checkbox"/> Other:

7. General weather condition (Please provide as much detail as possible)

8. Condition of other fish/aquatic animals that may appear unaffected (Please indicate if you observed species of fish and/or aquatic animals other than those mentioned above that appeared to behave normal)

9. Previous occurrences (If you observed or are aware of a similar event in or near this location in the past, please provide as much information as possible)

Year:	Month:
Species affected:	
Duration:	
Please provide any other information that may be useful in relation to previous occurrences (information on actions taken, tests carried out, etc)	

10. Other relevant information
