



Oyster Mortality Report Form

Contact Name:	Email:	Phone #:
Today's Date:	Are you willing to have product sampled?	YES NO

Mortality Event #1 (Please document mortality events separately; e.g., beach vs deep water events.)		
Date Mortality first Observed:	Estimated Mortality Rate (x days or x weeks):	
Mortality Estimates (percentage):	Number of Oysters Lost (dozens):	
Information about Oysters Experiencing High Mortality:		
Size:	Age:	Reproductive State:
Cultivation Type (Beach, Raft, Longline):		Depth Range (for deep water events):
Origin of Seed:		Date Product Last Handled:
Farm Information:		
DFO Area-SubArea: _____ - _____	Landfile Number:	Description of location:
Possible Stress Events (e.g., last date handled, temperature, salinity, dissolved oxygen, etc):		
Comments:		

Mortality Event #2 (Please separate beach mortality events; e.g., beach vs deep water events.)		
Date Mortality first Observed:		Estimated Mortality Rate (x days or x weeks):
Mortality Estimates (percentage):		Number of Oysters Lost (dozens):
Information about Oysters Experiencing High Mortality:		
Size:	Age:	Reproductive State:
Cultivation Type (Beach, Raft, Longline):		Depth Range (for deep water events):
Origin of Seed:		Date Product Last Handled:
Farm Information:		
DFO Area-SubArea: ____ - ____	Landfile Number:	Description of location:
Possible Stress Events:		
Comments:		

Mortality Event #3 (Please separate beach mortality events; e.g., beach vs deep water events.)		
Date Mortality first Observed:		Estimated Mortality Rate (x days or x weeks):
Mortality Estimates (percentage):		Number of Oysters Lost (dozens):
Information about Oysters Experiencing High Mortality:		
Size:	Age:	Reproductive State:
Cultivation Type (Beach, Raft, Longline):		Depth Range (for deep water events):
Origin of Seed:		Date Product Last Handled:
Farm Information:		
DFO Area-SubArea: ____ - ____	Landfile Number:	Description of location:
Possible Stress Events:		
Comments:		