



EYES OF THE REEF NETWORK

Fish Disease and Miscellaneous Report

Fill out the report to the best of your knowledge. Upon completion, select **SUBMIT** at the top of the form.
For instructions see **Report Form Instructions** on our webpage.

Please direct any questions to your Island Coordinator at: **Contact EOR Coordinator**

A. OBSERVER INFORMATION Observation Date: _____ Time: _____

Name: _____ Phone: _____ Email: _____

Address: _____

Observer Category: Resident Visitor Tourism Industry Commercial Research Education Other

Vessel/Organization (if applicable) _____

B. SITE INFORMATION Island: O'ahu Kaua'i Maui Hawai'i Moloka'i Lana'i

Site Name: _____ Latitude: _____ Longitude: _____

Buoy #/Area of Reef: _____ Max. Depth: _____

Reef Condition: Percent Live Coral (Table 1)			Most Abundant Coral Types: Identify 1, 2, & 3		
0% <input type="checkbox"/>	1-10% <input type="checkbox"/>	11-30% <input type="checkbox"/>	Small/Branching _____	Rice _____	Other _____
31-50% <input type="checkbox"/>	51-75% <input type="checkbox"/>	76-100% <input type="checkbox"/>	Smooth Corals: Mounding _____	Finger _____	Plate & Pillar _____

ARE PHOTOGRAPHS AVAILABLE? YES NO

C. FISH DISEASE Type/Species: _____

Number of Fish Affected: _____ Skin Discoloration Tumor

Other (Describe):

D. ANYTHING ELSE YOU WANT TO REPORT?

Describe: