Shellfish Transplant Activity Log

INSTRUCTIONS: The following information must be recorded during any transplanting activity from Prohibited/Restricted areas and should be recorded for all other transplant activities. This information will also be required for the Annual Management Review: Summary of Transplant Activities. **Please send the completed form to the Department within ten days of the transplant activity.**

Date of Activity: _____ Supervisor: _____

Amount Dug: _____ Average Size: _____ Size Range: _____

Source (if Hatchery):_____

Source Flat:_____ Receiving Flat:_____

Was predator netting used? ☐ yes ☐ no

Was the flat prepared in any way? ☐ yes ☐ no

The area will be closed until: _____

Number of Crew: _____

The remainder of the page may be used to record the names of those in attendance.