

# 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 email the completed form to: [DMRPublicHealthDiv@maine.gov](mailto:DMRPublicHealthDiv@maine.gov)** or send via US mail to: **DMR Nearshore Marine Resources Program, P.O. Box 8 West Boothbay Harbor, ME 04575 within 20 days of the transplant activity.**

**Transplant Information:**

Town/Program:			
Supervisor:			
Date of Activity:			
Species transplanted:	<input type="checkbox"/> Soft Shell Clam	<input type="checkbox"/> Quahog	<input type="checkbox"/> Razor Clam
	<input type="checkbox"/> Surf Clam	<input type="checkbox"/> American Oyster	<input type="checkbox"/> European Oyster
Seed amount:			
Average size:	<input type="checkbox"/> mm	<input type="checkbox"/> inches	
Size range:	<input type="checkbox"/> mm	<input type="checkbox"/> inches	
Source (if hatchery):			
Source Flat:			
Receiving Flat:			

**Conservation Considerations:**

Were predator controls used?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please describe:
Was the flat prepared in any way?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please describe:
The area will be closed until (date):		
How will the success of this project be monitored?		

**Crew Information:**

Number of crew:	
Names of crew: (everyone in attendance)	