

**APPENDIX B**  
**NESTING DATA SHEET**

**ST. JOHNS COUNTY DAILY FIELD DATA FORM**

<b>Survey Date:</b> /    /  <b>Species:</b> <input type="checkbox"/> Loggerhead ( <i>Caretta caretta</i> ) <input type="checkbox"/> Green        ( <i>Chelonia mydas</i> ) <input type="checkbox"/> Leatherback ( <i>Dermochelys coriacea</i> )  <b>Most Recent High Tide Line:</b> <input type="checkbox"/> Above <input type="checkbox"/> Below	<b>Observer:</b> _____ <b>Permit#:</b> _____  <b>Nest Identification #:</b> _____ <b>Index#:</b> _____ (Crawl ID or Nest ID)  <b>Type of Crawl:</b> <input type="checkbox"/> Nest <input type="checkbox"/> False Crawl  <b>GPS Location (dd.ddddd):</b>  Latitude: _____        Longitude: _____  <b>Shore Type:</b> <input type="checkbox"/> Dune <input type="checkbox"/> Seawall <input type="checkbox"/> Revetment <input type="checkbox"/> Escarpment
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**Descriptive Location:**

House Number	Street	City	Mileage From Landmark or Ramp
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<b>Nest or Apex of Crawl Located:</b> <input type="checkbox"/> Inside CZ <input type="checkbox"/> Outside CZ <input type="checkbox"/> In Driving Lane <input type="checkbox"/> Inlet	<b>Obstacles Encountered During Crawl &amp;/or Comments:</b> <input type="checkbox"/> Sand fencing <input type="checkbox"/> Beach Furniture <input type="checkbox"/> Catamaran/Boat <input type="checkbox"/> CZ post <input type="checkbox"/> Walkover <input type="checkbox"/> Other: Explain below  _____ _____ _____
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<b>Nest Protection:</b> <input type="checkbox"/> None <input type="checkbox"/> Self-releasing Cage <input type="checkbox"/> Self-releasing Screen <input type="checkbox"/> Restraining Cage  <b>Date Protection Installed:</b> /    /	Indicate entrance and exit of crawl & depict any obstacles encountered  
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<b>Nest Relocated</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please provide the following:</b>  Latitude: _____  Longitude: _____	_____ _____ _____ _____ _____ _____
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<b>Reason &amp; Date of Relocation:</b> <input type="checkbox"/> Below Recent High Tide <input type="checkbox"/> Escarpment <input type="checkbox"/> Renourished Beach <input type="checkbox"/> Inlet <input type="checkbox"/> Washout Event  /    /  <b>Relocation Comments:</b>  _____ _____	Recent High Tide   WATERS EDGE  If confirming clutch location, measure from each stake &/or dune stake
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# ST. JOHNS COUNTY DAILY FIELD DATA FORM

**Nest Damage:**

Predation			Inundation/Overwash		
Date	Observer	Predator Type	Date	Observer	Storm /Lunar Event
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Vandalism		Notify FWC law enforcement immediately 1-888-404-3922		Poached		Notify FWC law enforcement immediately 1-888-404-3922	
Date	Observer	Vandalism Type		Date	Observer	Comments	
/ /				/ /			
/ /				/ /			

**Emergence & Evaluation:**

<b>1st Emergence Event</b>  Date: ___ / ___ / ___ Observed by: _____  Tire ruts present: <input type="checkbox"/> Yes <input type="checkbox"/> No  Horse tracks present: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2nd Emergence Event</b>  Date: ___ / ___ / ___ Observed by: _____  Tire ruts present: <input type="checkbox"/> Yes <input type="checkbox"/> No  Horse tracks present: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Nest Evaluation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Date: ___ / ___ / ___    Conducted by: _____  Not evaluated, explain: _____  Anomalies present in egg chamber: <input type="checkbox"/> Roots <input type="checkbox"/> Fire Ants <input type="checkbox"/> Crabs <input type="checkbox"/> Eggs Scattered By Another Turtle <input type="checkbox"/> Other (Explain): _____
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**Reproductive Success:**

Grey shaded areas are actual counts done during evaluation								
Hatched Eggs (>50%)	Live Hatchlings in Nest	Dead Hatchlings in Nest	Unhatched Eggs				(*) # of Hatchlings Emerged	(**) Total # of Eggs
			Live Pipped	Dead Pipped	Whole	Damaged		
(*) Count only those hatchlings that emerged unaided (prior to nest evaluation)								
# of Hatchlings Emerged	=	Hatched Eggs	-	Live Hatchlings in Nest	-	Dead Hatchlings in Nest		
(**) Total # of eggs	=	Hatched Eggs	+	Live Pipped	+	Dead Pipped	+	Whole + Damaged

Remarks: \_\_\_\_\_