

WBWS Horseshoe Crab Rapid Assessment Survey Data Sheet

Date _____ Time of High Tide (if known) _____ (am or pm)

Person(s) conducting survey:

Name	Phone	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Environmental Conditions

Cloud Cover (circle one): Clear Partly Cloudy Overcast

Natural Light (circle all that apply): Dawn Full Sun Part Sun Dusk Moonlight Full Dark

Air Temp _____ °C Water Temp _____ °C Wind Speed _____ mph

Wind Direction (circle one): N NE E SE S SW W NW

Precipitation (circle one): None Fog Light Rain Heavy Rain Sleet

Wave Height (circle one): <6 inches 6-12 inches > 12 inches

Beach Name/Town: _____ Start Location Description: _____

Start Location Coordinates: _____ Survey Start Time _____ (am / pm)

of **Male** HS crabs: _____

of **Female** HS crabs: _____

End Location Description: _____ Survey End Time _____ (am / pm)

End Location Coordinates: _____ Length of Beach (meters): _____

Comments:

Please return to WBWS – Dana Grieco – Mailbox at the back of the staff offices

****only fill this out if you FIND a Horseshoe Crab with a Button Tag!!!!****

Horseshoe Crab Resight Data Sheet

Resight Beach Name/Town: _____, Massachusetts

Total # Crabs in Area: _____

How many people were actively searching for horseshoe crabs? : _____

Location of HSC (coordinates)	Tag Number	Other Tag Number	Alive/Dead	Tag Removed (Y/N)	Comments

Comments: