

UPPER COLUMBIA RIVER

FINAL White Sturgeon Tissue Study Data Summary Report

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ACRONYMS AND ABBREVIATIONS

ACG	analytical concentration goal
ALS	ALS Environmental
BDE	bromodiphenyl ether
CCT	Confederated Tribes of the Colville Reservation
CH2M	CH2M HILL
COI	chemical of interest
DQO	data quality objective
EDL	estimated detection limit
EMPC	estimated maximum possible concentration
ESI	Environmental Standards, Inc.
EPA	U.S. Environmental Protection Agency
FL	fork length
FSP	field sampling plan
FSR	field summary report
GPS	global positioning system
HHRA	human health risk assessment
HS	hatchery sturgeon
ID	identification
LCS	laboratory control sample
MDL	method detection limit
MQO	measurement quality objective
MRL	method reporting limit
MS/MSD	matrix spike/matrix spike duplicate
NPS	National Park Service
OPR	ongoing precision and recovery
PARCC	precision, accuracy, representativeness, comparability, and completeness
PBDE	polybrominated diphenylether
PCB	polychlorinated biphenyl
PeCDF	pentachlorodibenzofuran

PIT	passive integrated transponder
QC	quality control
QAPP	quality assurance project plan
RI/FS	remedial investigation/feasibility study
RL	reporting limit
RM	river mile
STI	Spokane Tribe of Indians
TAL	target analyte list
TAI	Teck American Incorporated
TCDF	tetrachlorodibenzofuran
TEF	toxic equivalency factor
TEQ	toxic equivalents
UCR	Upper Columbia River
WDFW	Washington Department of Fish and Wildlife
WDOH	Washington Department of Health

UNITS OF MEASURE

cm	centimeter(s)
dw	dry weight
ft	foot/feet
g	gram(s)
in.	inch(es)
kg	kilogram(s)
mg/kg	milligram(s) per kilogram
ng/kg	nanogram(s) per kilogram
pg/g	picogram(s) per gram
µg/kg	microgram(s) per kilogram
ww	wet weight

1 INTRODUCTION

This report presents the results of the 2016 hatchery white sturgeon tissue study (herein referred to as the study) conducted by CH2M HILL (CH2M) on behalf of the U.S. Environmental Protection Agency (EPA) and Teck American Incorporated (TAI) for the Upper Columbia River (UCR) Site, herein referred to as the Site.¹ The study was planned to determine if the consumption of hatchery white sturgeon collected from the Site would result in human health risks. White sturgeon have been identified as a traditional tribal food source and common sport fish in the Columbia River, but they were not sampled as part of the 2009 fish tissue sampling study, because they were not part of a legal fishery at the Site during the course of that study (SRC 2016). Survival rates and abundance of hatchery white sturgeon at the Site are much higher than anticipated, and this has prompted plans for targeted removal of hatchery white sturgeon in order to prevent the dilution of genetic diversity in the wild sturgeon population (SRC 2016). The preferred approach to removing hatchery white sturgeon is to establish recreational and subsistence fisheries and to distribute hatchery sturgeon collected during targeted removals to tribal memberships and local food banks. Before hatchery white sturgeon can be considered safe for human consumption, fish tissues need to be evaluated to determine if their consumption poses human health risks (SRC 2016).

Sampling and analyses were conducted as described in the quality assurance project plan (QAPP) for the study prepared for the EPA (SRC 2016). The QAPP for the study is Addendum No. 1 to the QAPP for the 2009 fish tissue study (Parametrix et al. 2009). This study was conducted as part of the remedial investigation and feasibility study (RI/FS) for the Site. The objective of the study was to supplement the original data quality objectives (DQOs) of the 2009 fish tissue study by providing data that could be used to evaluate potential exposure to chemicals of interest (COIs) by people consuming hatchery white sturgeon from the Site.

To meet the study objective, hatchery white sturgeon tissue samples were collected during a population stock assessment and subsequently analyzed. Tissue samples were collected from fish caught by the Lake Roosevelt fisheries sampling team, comprised of the Confederated Tribes of the Colville Reservation (CCT) and Spokane Tribe of Indians (STI). The population stock assessment was conducted in areas extending from Inchelium/Gifford to the U.S.-Canada border (Reaches 1 through 4 of the UCR Site), which is where the vast majority of hatchery white sturgeon are distributed (Stroud et al. 2012; as cited in Environment International 2016). A subset of fish caught by the Lake Roosevelt fisheries sampling team was

¹ The Site, as defined in the June 2, 2006, Settlement Agreement (USEPA 2006), is “the areal extent of hazardous substances contamination within the United States in or adjacent to the Upper Columbia River, including the Franklin D. Roosevelt Lake (“Lake Roosevelt”), from the border between the United States and Canada downstream to the Grand Coulee Dam, and all suitable areas in proximity to such contamination necessary for implementation of the response actions....”

given to EPA for tissue collection and analysis. Although the population stock assessment took place throughout Reaches 1 through 4 of the UCR Site, the hatchery white sturgeon tissue samples were obtained from fish caught in areas where hatchery white sturgeon were thought to be abundant (Reaches 2, 3, and 4 of the UCR Site). Composites of white sturgeon filets representing three different size classes of fish were analyzed for the following: conventional parameters, concentrations of common target analyte list (TAL) metals/metalloids identified as COIs in the 2009 human health risk assessment (HHRA) work plan (SRC 2009), and concentrations of organic chemicals that the Washington Department of Health (WDOH) had determined were of concern in updating fish advisories for the UCR. Each size class was represented by three replicate composites consisting of eight fish filets. The size classes were defined as 50 to 97, 98 to 137, and 138 to 160 cm. Fish tissue sampling activities for this study were performed between August 30 and September 13, 2016.

1.1 STUDY PURPOSE AND DATA QUALITY OBJECTIVES

The DQO process summarized in the QAPP (SRC 2016) identified an approach for filling a data gap regarding the characterization of potential risk associated with the consumption of hatchery white sturgeon from the UCR Site by humans. As part of the DQO process, the goals of the study were identified.

The primary goals of the study were:

- To provide information to be used in the HHRA to determine whether contaminants in hatchery white sturgeon tissue in the UCR Site pose an unacceptable risk to human health; and
- To provide data required by WDOH to evaluate the need for a fish advisory for white sturgeon.

1.2 REPORT ORGANIZATION

This report is organized into the following sections:

- **Section 1—Introduction.** This section provides background information, identifies the purpose of the study, and outlines the organization of the report.
- **Section 2—Study Design and Methods.** This section describes the study design and sampling locations, the methods used for collecting fish tissues, the methods used for compositing fish tissues, and the methods used for conducting field and laboratory analyses.
- **Section 3—Quality Assurance Project Plan Modifications and Deviations.** This section discusses modifications to and deviations from the QAPP.
- **Section 4—Validation Assessment.** This section provides a summary of the validation assessment of the analytical results of the study samples.

- **Section 5—Results.** This section presents a summary of the analytical results.
- **Section 6—Summary.** This section presents a summary of the study.
- **Section 7—References.** This section presents bibliographic information for the documents cited in this report.

Figures, maps, and data tables are provided following Section 7. Data tables presented herein have been provided in electronic format, including raw data (provided on CD-ROM). Data may also be obtained directly from the project database, accessible at: <http://teck-ucr.exponent.com>.

2 STUDY DESIGN AND METHODS

This section summarizes the study design and methods (including field collection and laboratory methods). Additional details of the study plan are presented in the QAPP (SRC 2016).

2.1 STUDY DESIGN

The 2016 white sturgeon tissue sampling study targeted locally abundant hatchery white sturgeon to provide data to support the HHRA. The CCT and STI fisheries personnel performed a stock assessment of hatchery white sturgeon from reaches 1 through 4 during August and September 2016. During the stock assessment, hatchery white sturgeon from reaches 2 through 4 were provided to CH2M/EPA personnel for filleting of tissues prior to chemical analysis.

The following sections provide details on the white sturgeon size classes, tissue types analyzed, sample locations, analyte list and methods, sampling effort and collection methods, biological measurements, and sample compositing. Additional details on the study design and its implementation are presented in Section B of the QAPP (SRC 2016) and in the field summary report (FSR; Appendix A). Details regarding the fillet compositing plan are presented in Appendix B.

2.1.1 White Sturgeon Size Classes

Three size classes of hatchery white sturgeon were targeted to provide representative data on COI concentrations in hatchery white sturgeon of the various sizes that are targeted for removal. Hatchery white sturgeon with a 50- to 160-cm fork length (FL) are being targeted for removal because of concerns over the potential reduction in genetic diversity of white sturgeon in the UCR (SRC 2016). Offspring of relatively few parents comprise the majority of hatchery white sturgeon, which outnumber the wild sturgeon population (SRC 2016). The Lake Roosevelt Fishery Co-Managers have recommended reducing the abundance of hatchery white sturgeon produced from adult broodstock crosses completed prior to 2010 (McLellan 2016). The size range of fish targeted for removal (i.e., 50- to 160-cm FL) is based on the minimum and maximum lengths of hatchery white sturgeon from the selected brood years that have been caught in previous monitoring efforts (SRC 2016). The three size classes selected within this size range were defined as follows:

- 50 to 97 cm (A—small)
- 98 to 137 cm (B—medium)
- 138 to 160 cm (C—large).

The medium size class (B) was selected based upon the current fishery downriver from the Bonneville Dam to The Dalles Dam (38 to 54 inches [in.], e.g., 97 to 137 cm). The small and large size classes (A and C) were selected to determine if hatchery white sturgeon could be provided to tribal members or food banks after the targeted removal of the hatchery white sturgeon of the selected brood classes (i.e., brood years 2001 to 2010).

2.1.2 Tissue Type

Fillets with skin removed were collected from hatchery white sturgeon. Because sturgeon skin is generally considered inedible, fillets without skin best represent human exposure via consumption. Composite samples of the fillets were prepared according to the sample compositing plan described in Section 2.1.7 and Appendix B.

2.1.3 Sample Locations

The hatchery white sturgeon stock assessment extended from Inchelium/Gifford to the U.S.-Canada border (Reaches 1 through 4 of the UCR Site). However, the sturgeon tissue samples for this study were obtained from fish caught in Reaches 2, 3, and 4 of the UCR Site. Fillets from individual fish were collected from river mile (RM) 684 to RM 723 (Map 2-1). This is the area in which the majority of hatchery white sturgeon are distributed (Stroud et al. 2012; as cited in Environment International 2016).

The average spatial location of each composite sample (calculated by averaging the RM associated with each individual fillet of a composite) is shown on Maps 2-2 to 2-10.

2.1.4 Analyte List and Methods

Planned target analytes as defined in the QAPP (SRC 2016) are presented in Table 2-1. Analytical procedures used for this study were standard EPA-approved analytical protocols (Table 2-2) with detection limits sufficiently low to provide concentration data that are below risk-based benchmarks when possible (Table 2-1). Analytical laboratory procedures for analysis of polychlorinated biphenyl (PCB) congeners, dioxins/furans, and polybrominated diphenylethers (PBDEs) were performed by Vista Analytical Laboratory. All other analytical laboratory procedures, including tissue homogenization, compositing, and analysis, were performed by ALS Environmental (ALS).

2.1.5 Sampling Effort and Collection Methods

Hatchery white sturgeon were collected by Lake Roosevelt fisheries sampling team personnel (CCT and STI) via set lining, and whole or partially dissected sturgeon were provided to CH2M for processing. The Lake Roosevelt fisheries sampling team recorded the global

positioning system (GPS) coordinates (latitude and longitude) where fish were collected (i.e., point coordinates for set lines).

Sampling was performed by one field team consisting of CH2M and EPA personnel. For the first week, the team consisted of one CH2M field team lead, one CH2M sampling staff, and one EPA representative. CH2M performed all duties and responsibilities for sample preparation, sample collection, and sample handling. EPA staff reviewed and approved sampling changes/deviations, and supported CH2M with sampling. For the remainder of the sampling event, the team consisted of one CH2M field team lead and one CH2M sampling staff.

Sample pick-up and processing was conducted on boats provided by the National Park Service (NPS) from August 30 through September 7, 2016, and by Columbia Navigation on September 8, 9, and 13, 2016.

A total of 72 hatchery white sturgeon were sampled during the 2016 field sampling effort. The length and weight of each fish, as well as other field collection and fillet processing information is provided in the FSR (Appendix A).

Fish Collection and Handling

All hatchery white sturgeon were measured for fork length (cm) and weighed (kg) by the Lake Roosevelt fisheries sampling team upon retrieval from the set lines. Wild white sturgeon were returned to the water alive. The hatchery white sturgeon were euthanized using a sharp blow to the head with a decontaminated mallet or club, being careful not to break the skin of the fish. Fish were also scanned with a passive integrated transponder (PIT) tag reader to determine brood year.

Specimens of hatchery white sturgeon that met the size class requirements for tissue sampling were transferred to CH2M for tissue sample processing. Prior to transfer of fish from the Lake Roosevelt fisheries sampling team, internal organs (stomachs and gonad tissue) of some fish were removed for use in separate studies (Appendix A provides additional details). The Lake Roosevelt fisheries sampling team provided CH2M with the PIT tag identification (ID), fish brood year, length, and weight of each fish at the time fish were transferred.

Tissue Sample Processing

All tissue processing was performed on the boat operated by the NPS or Columbia Navigation. The processing boat either traveled to shore and fish processing was conducted on the boat while beached to provide a stable platform, or if calm water permitted, fish were processed while the boat floated in water deeper than 50 feet (ft). The tagged fish were held in decontaminated plastic tubs prior to processing.

Fish were photographed and examined for external abnormalities, filleted with skin removed, and at least 200 ± 20 g wet weight (ww) of fillet was collected, wrapped in foil, labeled², double-bagged in re-sealable plastic bags and placed in a cooler on ice. For fish in the C size class, 400 g of fillet was collected for some samples because there was a concern that there would not be a sufficient number (i.e., 24) of C size class hatchery white sturgeon caught during the sampling effort. During filleting, no internal organs were punctured. As previously noted, some fish were received with stomach or gonad tissue removed for separate studies. According to CCT and STI fisheries personnel, removal of the organs did not impact the white sturgeon tissue that was sampled because the incisions were small relative to the overall size of the fish and not in the part of the fish that was filleted and sampled.

Equipment Decontamination

The field team thoroughly rinsed all sampling equipment that came into contact with fish between samples and upon completion of the study.

Rinsing was performed using river water away from the shoreline and any areas where sediment had been disturbed during beaching of the boat. Equipment used for processing the fish was washed with soap (i.e., Alconox™) and rinsed with river water after each use. Cleanroom 100 certified nitrile gloves used for handling fish were discarded, not decontaminated. Clean gloves were worn when handling each fish to avoid transfer of potential contaminants among samples. This equipment decontamination procedure deviates from that described in the QAPP in that methanol and nitric acid rinses were not performed due to lack of availability at the sampling locations (i.e., shipping issues).

Fish Identification Numbering

Individual fish were identified with the letters “EPA,” a species abbreviation, brood year, a sequential number, and a composite bin/replicate identifier (e.g., EPA-HS-01-001-A1). Individual fish ID codes included the following information:

- Species = Hatchery White Sturgeon (HS)
- Brood year designated as follows
 - 2001 = 01
 - 2002 = 02
 - 2003 = 03
 - 2004 = 04
 - 2005 = 05
 - 2006 = 06

² Field sample labels included the task name, sample location, fish number, CH2M sampler initials, analyses to be performed, and sample date and time.

- 2007 = 07
- 2008 = 08
- 2009 = 09
- 2010 = 10
- Sequential fish number expressed as three digits, starting with 001 (e.g., 001 or 002)
- Composite bin identifier
 - A = 50 to 97 cm
 - B = 98 to 137 cm
 - C = 138 to 160 cm
- Composite bin replicate number 1, 2, or 3³.

The example fish identifier code EPA-HS-01-001-A1 represents a hatchery white sturgeon from the 2001 brood year that was the first fish selected by the Lake Roosevelt fisheries sampling team for tissue sampling, and in the first group of the 50- to 97-cm size class. Ultimately, the composite bin replicate numbers were not used for assigning individual fish to replicate composites for each size class.

2.1.6 Sample Compositing

A plan for compositing individual sturgeon tissue samples into size class-specific composites was developed after the field sampling program was complete. The original compositing plan described in the QAPP, which indicated that fish tissues would be composited by reach, was not used. The compositing plan, detailed in a letter from EPA to TAI on September 30, 2016 (Appendix B), consisted of a stratified random approach based on fork length in each size class. The locations where fish assigned to each composite sample were caught are shown on Maps 2-2 through 2-10.

ALS prepared the fillet composites by combining equal masses of individual homogenized fillets. The composites were then homogenized and subsampled for analysis. Homogenates from the individual fillets were archived at the laboratory. Any remaining homogenized composite sample material was discarded.

³ The individual fish ID applied in the field designated a composite replicate number, but the field-assigned composite replicate number was not ultimately used for determining compositing in the laboratory.

3 QUALITY ASSURANCE PROJECT PLAN MODIFICATIONS AND DEVIATIONS

This section provides a description of deviations from the 2016 QAPP and field sampling plan (FSP), and how these changes affect the quality of data.

3.1 DEVIATIONS FROM QAPP AND FSP

Two deviations from the QAPP and FSP occurred during the field event due to unanticipated conditions. The changes to field sampling procedures were approved by EPA personnel present between August 30 and September 2, 2016. Copies of the field change forms are presented in the FSR (Appendix A) and summarized below.

- Modification to equipment decontamination. The FSP called for a methanol and nitric acid rinse of fish processing equipment. Shipping of these materials to the sampling site was delayed because methanol and nitric acid are considered hazardous substances. As a consequence, these chemicals did not arrive in a timely manner. As a modification, field equipment used for processing the fish was washed with soap (i.e., Alconox™) and rinsed with deionized water and site water prior to the start of sampling each day. In addition, the field team used river water to thoroughly rinse all sampling equipment that came into contact with fish after each use and upon completion of the study.
- Modification to sample packaging. Dry ice was not available during the first week of sampling. As a consequence, samples were packaged and shipped using wet ice during that time. Wet ice was double-bagged in resealable plastic bags, and coolers were lined on the top and bottom with ice to ensure that samples remained at temperature during shipping.

In addition to the above-mentioned modifications, EPA provided oversight during only the first week of tissue collection, and not during the entire tissue collection event. Also, the QAPP states that the CH2M/EPA processing team was to receive whole fish, but some fish were received partially dissected. The level of oversight and the sample handling procedures for these fish were not specified in the QAPP or in the FSR.

None of the modifications described herein are anticipated to adversely affect the quality of the data collected during the 2016 white sturgeon tissue study.

4 VALIDATION ASSESSMENT

Data validation was performed by Environmental Standards, Inc. (ESI) of Valley Forge, Pennsylvania, in accordance with the QAPP (SRC 2016) and based on EPA guidance from applicable analytical methods and the following documents:

- *Guidance for Labeling Externally Validated Laboratory Analytical Data for Superfund Use* (EPA 540-R-08-005) (USEPA 2009)
- *USEPA Contract Laboratory Program National Functional Guidelines for Inorganic Superfund Data Review* (EPA 540-R-013-001) (USEPA 2014a)
- *USEPA Contract Laboratory Program National Functional Guidelines for Superfund Organic Methods Data Review* (EPA 540-R-014-002) (USEPA 2014b)
- *USEPA Contract Laboratory Program National Functional Guidelines for Chlorinated Dibenzo-p-Dioxins (CDDs) and Chlorinated Dibenzofurans (CDFs) Data Review* (EPA 540-R-11-016) (USEPA 2011).

Stage 4 validation was conducted for all data. Data were qualified, as needed, based on an evaluation of the following quality control (QC) criteria:

- Holding times
- Condition of samples upon laboratory receipt
- Sample preparation
- Initial and continuing calibrations
- Blank results
- Matrix spike/matrix spike duplicates (MS/MSDs) results
- Laboratory control sample (LCS) results
- Laboratory duplicate and triplicate results
- Ongoing precision and recovery (OPR) standard results
- Mass tuning
- Labeled compound recoveries
- Reporting limit (RL) standard results
- Interference check sample results
- Post-digestion spike results
- Serial dilution results
- Internal standard performance
- Instrument sensitivity
- Retention times
- Analytical sequence and quantitation of positive results.

The ESI data validation report is provided in Appendix C and is also available on the Downloads page of the project database (<http://teck-ucr.exponent.com>). The results of the data validation for overall data quality of chemistry results; sample transport and holding times; and equipment blank data, inorganic tissue data, and organic tissue data are summarized in Sections 4.1, 4.2, and 4.3 through 4.5, respectively.

4.1 OVERALL DATA QUALITY

Chemistry data for equipment rinsate blanks and fish tissues meet quality requirements in accordance with the QAPP (SRC 2016). A summary of the qualifiers assigned to equipment blank and tissue results is presented in Tables 4-1 and 4-2, respectively. No data were rejected and all data are usable with the qualifiers presented. The following data qualifiers were applied by ESI:

- Estimated maximum possible concentration (EMPC)—Chromatographic peaks were present in the expected retention time window; however, the peaks did not meet all of the conditions required for a positive ID. The detection limit represents the maximum possible concentration if the analyte was present.
- J—The concentration was considered estimated due to one or more of the following conditions: concentration was between the detection limit and the reporting limit, extraction standard recovery was either low or high, or the result exceeded instrument calibration range.
- U—The analyte was not detected at or above the method detection limit (MDL) for inorganics or the estimated detection limit (EDL) for organics.
- U*—The analyte was considered not detected because a similar concentration was detected in an associated blank sample. ESI considered sample weight, percent solids, and dilution factor when evaluating blank contamination. For results qualified as U*, the detection limit was changed to the concentration of the qualified result.

Data quality indicators for precision, accuracy or bias, representativeness, completeness, and comparability (PARCC) were specified in the 2016 QAPP addendum (SRC 2016) and measurement quality objectives (MQOs) were listed in Table B-4 of the 2009 fish tissue QAPP (Parametrix et al. 2009). The data validator used the project-specific MQOs to evaluate sturgeon tissue data for the quantitative components of PARCC (i.e., precision and accuracy or bias). Duplicate relative percent differences and triplicate relative standard deviations were used to assess precision. The evaluation of accuracy and bias was based on the results of QC samples such as matrix spikes, internal standards, and

equipment and method blanks. The data validator also assessed sample handling, laboratory methods, and holding times to evaluate the representativeness and comparability of analytical data. Data were qualified as necessary by ESI when MQOs were not met. A data completeness goal of 95 percent was specified in the QAPP (Parametrix et al. 2009). Data completeness was 100 percent for all analyte groups.

The following sections discuss the data review findings and reasons qualifiers were applied by the data validator. Laboratory QC samples (i.e., laboratory duplicate and triplicate samples) were included in the validation assessment, and are, therefore, also indicated in the qualifier counts below. Tables 4-1 and 4-2 show both the number of qualifiers applied by the analytical laboratory and the number of qualifiers applied by the data validator. These sections also summarize the data validation results for sample transport and holding times, equipment blanks, and tissue data.

4.2 SAMPLE TRANSPORT AND HOLDING TIMES

The caps on the containers for samples EPA-HS-A1 DUP and EPA-HS-B2 were broken upon receipt at Vista Analytical. The jars and samples were uncompromised and no data were qualified due to this issue.

4.3 EQUIPMENT BLANK DATA

This section summarizes equipment blank concentrations and data qualifiers for equipment blank results. Data qualifiers are summarized in Table 4-1. Qualifiers were added to equipment blank data by ESI based on an evaluation of QC factors such as laboratory blank concentrations and ion abundance ratios.

Because the equipment blanks were liquid (rinse water) and the samples analyzed were a solid matrix (tissue), equipment blank concentrations were converted to the same units as the tissue data in order to evaluate contamination. Equipment blank concentrations did not warrant the qualification of any tissue results.

The first equipment rinsate blank created by ALS (Homogenization Blank 10/17/16) contained limited volume and was not analyzed for PCB congeners. Subsequent rinsate blanks were created with enough volume for all target analyte groups.

The only qualifiers applied to equipment blank results were due to ion abundance ratios. Rinsate blank concentrations were qualified as EMPC due to out of control ion abundance ratios for the following analytes and numbers of samples:

- Octachlorobiphenyl homologs – 1
- PBDE-47 – 1
- PBDE-99 – 1
- PBDE-153 – 1
- PCB-16/32 – 1
- PCB-18 – 2
- PCB-20/21/33 – 1
- PCB-28 – 2
- PCB-31 – 2
- PCB-43 – 2
- PCB-61/70 – 1
- PCB-95/98/102 – 1
- PCB-110 – 1
- PCB-194 – 1
- Pentachlorobiphenyl homologs – 1
- Total tetra-bromodiphenyl ether (BDE) – 1
- Trichlorobiphenyl homologs – 1.

4.4 INORGANIC TISSUE DATA

This section summarizes data quality issues for inorganic tissue results, including laboratory duplicate and triplicate samples as qualified by ESI based on an evaluation of various QC factors (e.g., LCS and MS recoveries, laboratory blank concentrations, and laboratory duplicate and triplicate results). Data qualifiers are summarized in Table 4-2.

The only qualifiers applied to inorganic tissue results were due to method or calibration blank contamination. Tissue concentrations were qualified as non-detected (U* flagged) due to the presence of the analyte in an associated blank for the following analytes and numbers of samples (numbers of laboratory QC samples⁴ qualified are shown in parentheses):

- Aluminum – 3
- Antimony – 8 (3)
- Silver – 3 (3).

4.5 ORGANIC TISSUE DATA

This section summarizes the number of organic tissue results qualified by ESI, including laboratory duplicate and triplicate samples. Data qualifiers are also summarized in

⁴ Laboratory duplicate and laboratory triplicate samples.

Table 4-2. Qualifiers were applied as needed based on an evaluation of various QC factors (e.g., calibration and extraction standard recoveries and laboratory blank concentrations). Organic tissue data were qualified due to calibration, method blank, ion abundance ratio, and extraction standard results, as detailed in the subsections below. All other QC parameters were within control limits.

4.5.1 Calibration

Tissue concentrations were qualified as estimated (J flagged) due to results exceeding the instrument calibration range for PBDE-47 in nine samples and two laboratory QC samples.

4.5.2 Blanks

Tissue concentrations were qualified as non-detected (U* flagged) due to the presence of the analyte in an associated method blank for PCB-11 in nine samples and two laboratory QC samples.

4.5.3 Ion Abundance Ratios

Tissue concentrations were qualified as EMPC due to out of control ion abundance ratios for the following analytes and numbers of samples (numbers of laboratory QC samples qualified are shown in parentheses):

- 1,2,3,7,8-pentachlorodibenzofuran (PeCDF) – 4
- 2,3,4,7,8-PeCDF – 4
- 2,3,7,8-tetrachlorodibenzofuran (TCDF) – 0 (1)
- Monochlorobiphenyl homologs – 3
- Octachlorodibenzodioxin – 2
- PCB-1 – 3
- PCB-3 – 4
- PCB-4/10 – 2
- PCB-6 – 2
- PCB-34 – 1 (2)
- PCB-40 – 1 (1)
- PCB-46 – 1
- PCB-50 – 1
- PCB-54 – 1
- PCB-55 – 1
- PCB-67 – 1 (1)
- PCB-77 – 1
- PCB-94 – 1
- PCB-103 – 0 (1)
- PCB-145 – 1
- PCB-150 – 1 (1)
- Total PeCDF – 4
- Total TCDF – 0 (1)
- Total di-BDE – 2.

4.5.4 Extraction Standards

Tissue concentration was qualified as estimated (J flagged) due to low extraction standard recoveries for total tetra-BDE in one sample.

Tissue concentrations were qualified as estimated (J flagged) due to high extraction standard recoveries for the following analytes and numbers of samples (numbers of laboratory QC samples qualified are shown in parentheses):

- Total hepta-BDE – 0 (1)
- PBDE-99 – 2
- Total penta-BDE – 2
- Total hexa-BDE – 2.

5 RESULTS

This section summarizes the sturgeon tissue results and analytical concentration goal (ACG) screens for each analyte group. A total of nine sturgeon fillet composites representing three sturgeon size classes were analyzed for metals, conventional parameters (i.e., fluoride, lipid content, and total solids), dioxins/furans, PCB congeners, and PBDEs.

Summary statistics for all COIs are presented in Tables 5-1, 5-2, and 5-3 for small (50 to 97 cm), medium (98 to 137 cm), and large (138 to 160 cm) hatchery white sturgeon fillet composites, respectively. Chemical concentration data are summarized on a dry weight basis for metals and on a wet weight basis for organic chemicals, as reported by the laboratory. This also facilitates comparison with ACGs. In addition, tissue concentration data for metals are summarized on a wet weight basis (Table 5-4) to facilitate comparisons with previously reported data. Prior to summarizing tissue concentration data for metals on a wet weight basis, reported tissue concentration data were converted from a dry weight basis to a wet weight basis for each composite using this equation: wet weight concentration = dry weight concentration*percent solids/100. Percent solids was measured for each composite sample and is reported in the project database. The chemical concentration data are also shown by size class in Figures 5-1 through 5-5. ACGs were compared to actual method reporting limits (MRLs) for non-detected inorganics results and to EDLs for non-detected organics results, as summarized in the following sections and in Tables 5-5 through 5-8.

5.1 TARGET ANALYTE LIST METALS/METALLOIDS AND CONVENTIONAL PARAMETERS

All composite fillet samples were analyzed for the following metals/metalloids and conventional parameters: aluminum, antimony, total arsenic, inorganic arsenic, barium, beryllium, boron, cadmium, calcium, chromium, cobalt, copper, fluoride, iron, lead, magnesium, manganese, mercury, molybdenum, nickel, potassium, selenium, silicon, silver, sodium, sulfur, thallium, tin, uranium, vanadium, zinc, lipid content, and total solids. Summary statistics for all COIs and conventionals are presented in Tables 5-1 through 5-3. Tissue concentrations for metals are also summarized in Table 5-4 on a wet weight basis. Figures 5-1a through 5-1d and 5-2a through 5-2c show metal/metalloid and conventional results, respectively, for each sturgeon fillet composite by size class.

ACG, planned MRLs, and actual MRLs for metals/metalloids and conventional parameters are shown in Table 5-5. Actual MRLs were compared to ACGs for

non-detected results, and the only exceedances were for inorganic arsenic. None of the inorganic arsenic results (n = 9) were detected, and the actual MRL was four times the ACG of 0.02 mg/kg. Actual MRLs were below the ACG for all other non-detected results.

5.2 DIOXINS/FURANS

All composite fillet samples were analyzed for dioxin/furan congeners. Summary statistics for dioxins/furans and calculated mammalian toxic equivalents (TEQs) and congener sums are presented in Tables 5-1 through 5-3. Figures 5-3a and 5-3b show total and dioxin TEQ⁵ concentrations for each sturgeon fillet composite by size class.

ACGs, planned MDLs, and toxic equivalency factor (TEF)-adjusted EDLs for dioxins/furans and dioxin-like congeners are shown in Table 5-6. EDLs were weighed by the appropriate mammalian TEF from Van den Berg et al. (2006) and compared to the ACG. There were no ACG exceedances for non-detected dioxins/furans or dioxin-like congeners.

5.3 POLYCHLORINATED BIPHENYLS

All composite fillet samples were analyzed for PCB congeners. Summary statistics for PCB congeners and the calculated sum of total PCB congeners are presented in Tables 5-1 through 5-3. Figures 5-4a and 5-4b show total PCB congener and PCB TEQ⁶ concentrations for each sturgeon fillet composite by size class.

ACGs, planned MDLs, and EDLs for PCB congeners are shown in Table 5-7. ACGs for individual PCB congeners were presented in the QAPP (Parametrix et al. 2009), and an ACG for total PCB congeners was presented in the QAPP (SRC 2016). EDLs were compared to ACGs and there were no ACG exceedances for non-detected PCBs.

⁵ Dioxin TEQ was calculated by summing the products of the concentration of each of the 17 individual dioxin/furan congeners and its specific TEF from Van den Berg et al. (2006). Total TEQ was calculated by summing the products of the concentration of each of the 17 individual dioxin/furan congeners and the 12 individual dioxin-like PCB congeners and its specific TEF from Van den Berg et al. (2006). Congeners that were undetected for a given sample were assigned a value equal to one-half the sample-specific DL for use in the TEQ calculation.

⁶ PCB TEQ was calculated by summing the products of the concentration of each of the 12 individual dioxin-like PCB congeners and its specific TEF from Van den Berg et al. (2006). Congeners that were undetected for a given sample were assigned a value equal to one-half the sample-specific DL for use in the TEQ calculation.

5.4 POLYBROMINATED DIPHENYLEETHERS

All composite fillet samples were analyzed for PBDEs. Summary statistics for PBDEs are presented in Tables 5-1 through 5-3. Figures 5-5a through 5-5n show PBDE concentrations for each sturgeon fillet composite by size class.

ACGs, planned MDLs, and EDLs for PBDEs are shown in Table 5-8. EDLs were compared to ACGs and there were no ACG exceedances for non-detected PBDEs.

6 SUMMARY

Consistent with the QAPP (SRC 2016), 72 individual fish fillet samples were composited into 9 samples representing 3 different size classes of hatchery white sturgeon and were analyzed for COIs. The targeted number of hatchery white sturgeon was obtained for chemical analysis. All samples were analyzed for COIs appropriately and in accordance with the QAPP (SRC 2016). For inorganic COIs, all samples had detected concentrations or non-detected MRLs that met the ACGs, with the exception of inorganic arsenic. All samples had inorganic arsenic concentrations that were non-detected, and the MRL was higher than the ACG. For organic COIs, all EDLs were below associated ACGs. As part of the data validation assessment, no data were rejected and all data are considered usable with the qualifiers presented.

7 REFERENCES

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FIGURES

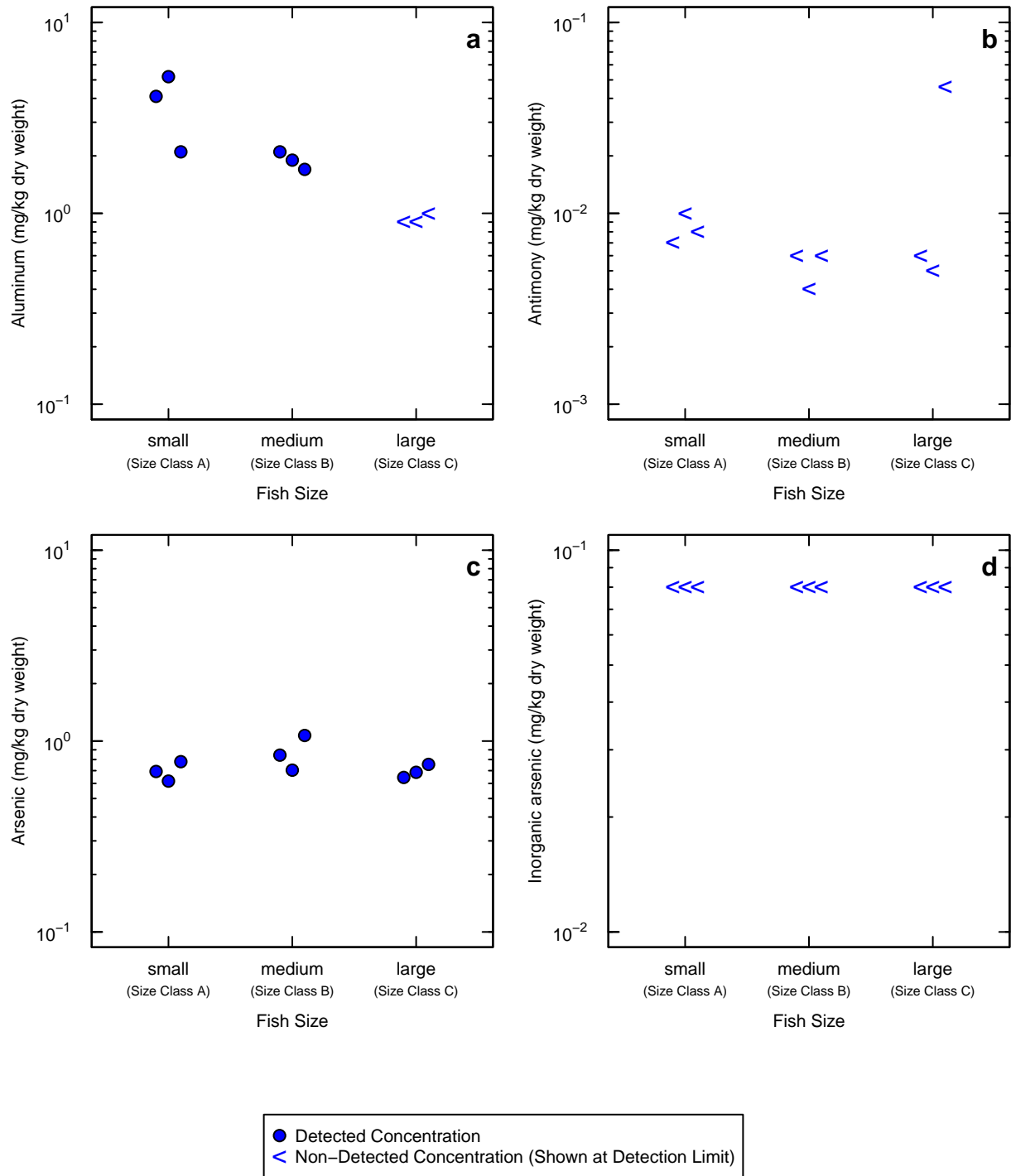


Figure 5-1a through d. Concentrations of Metals/Metalloids in White Sturgeon Fillet Composites

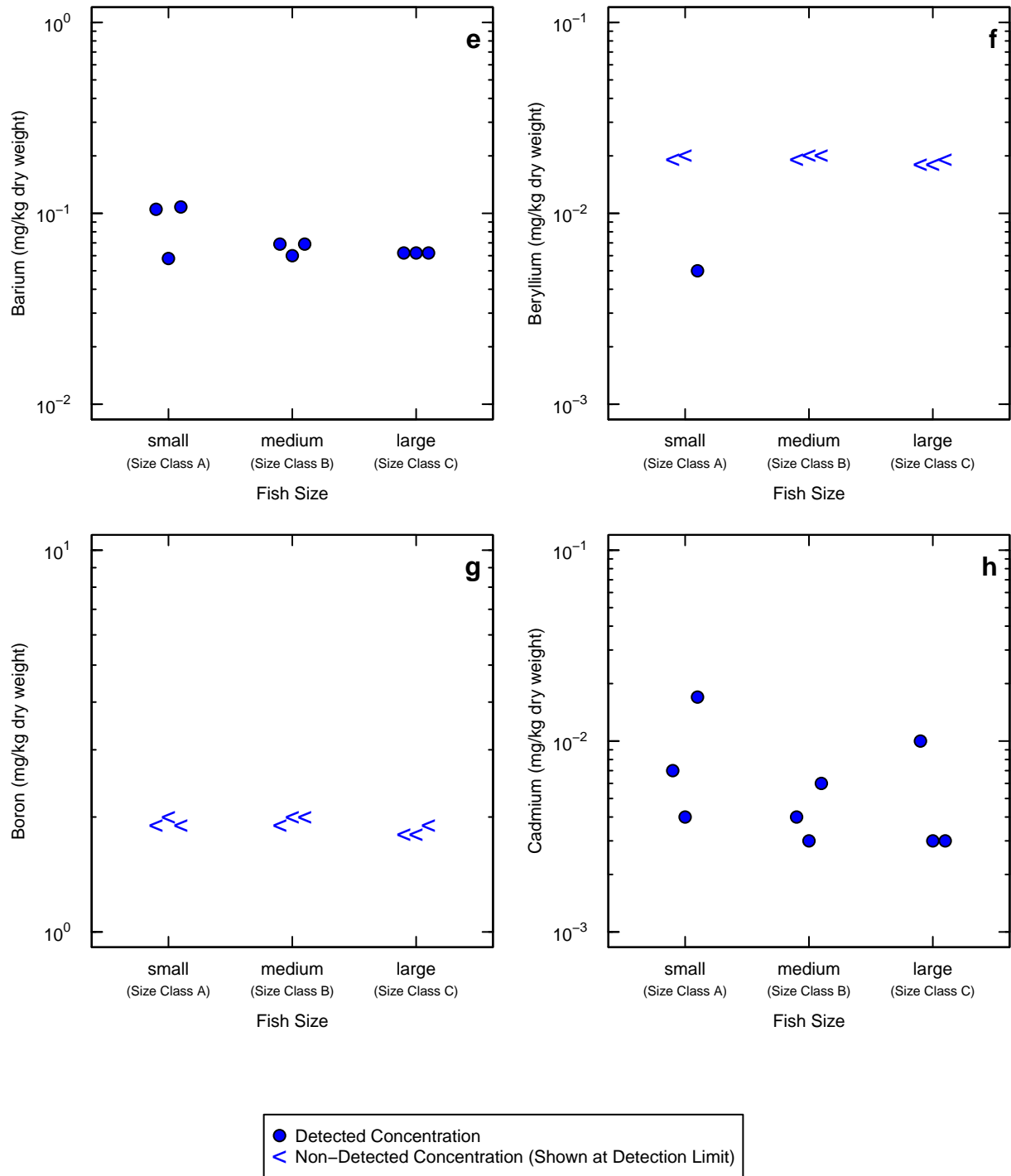


Figure 5-1e through h. Concentrations of Metals/Metalloids in White Sturgeon Fillet Composites

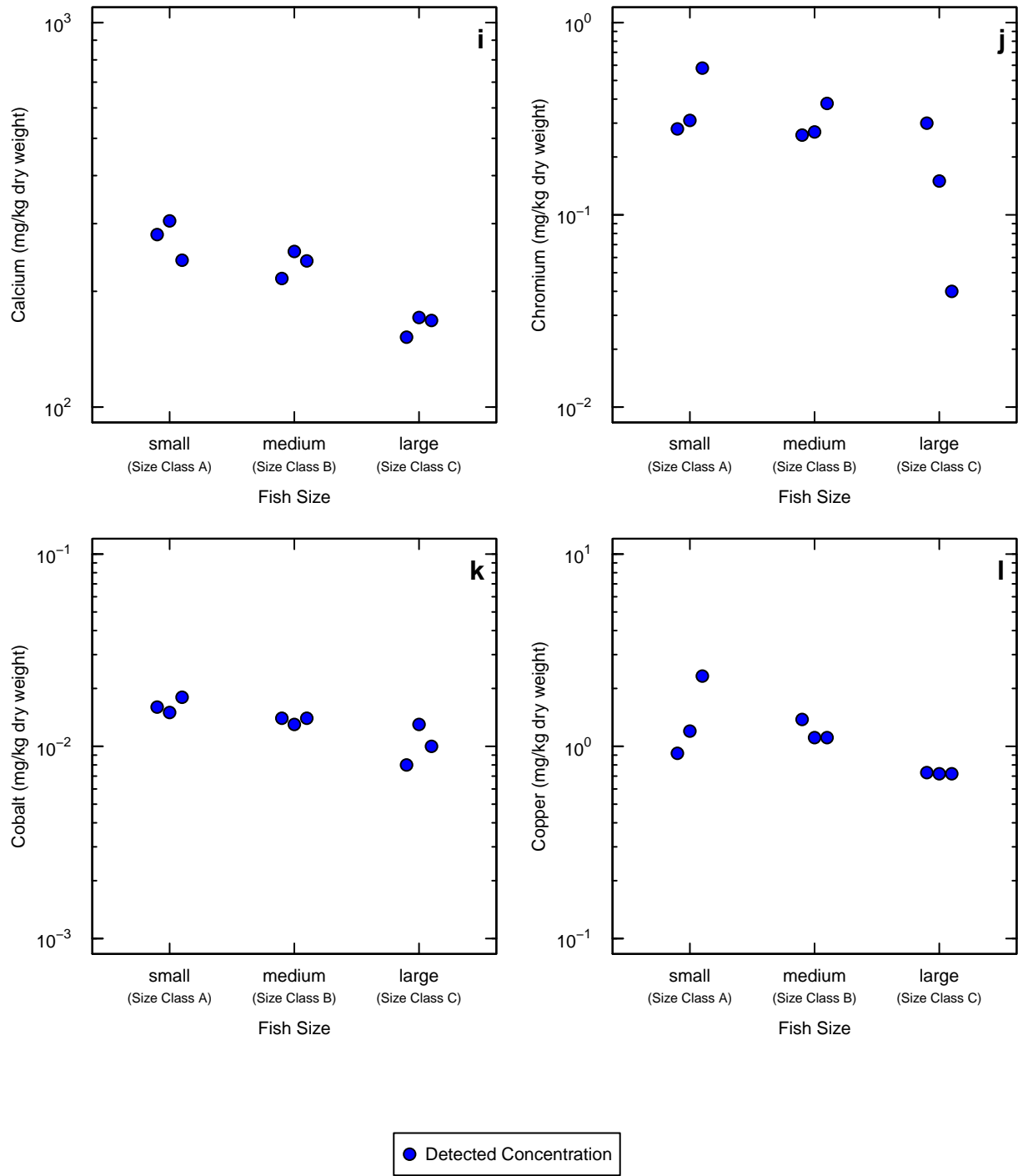


Figure 5–1i through l. Concentrations of Metals/Metalloids in White Sturgeon Fillet Composites

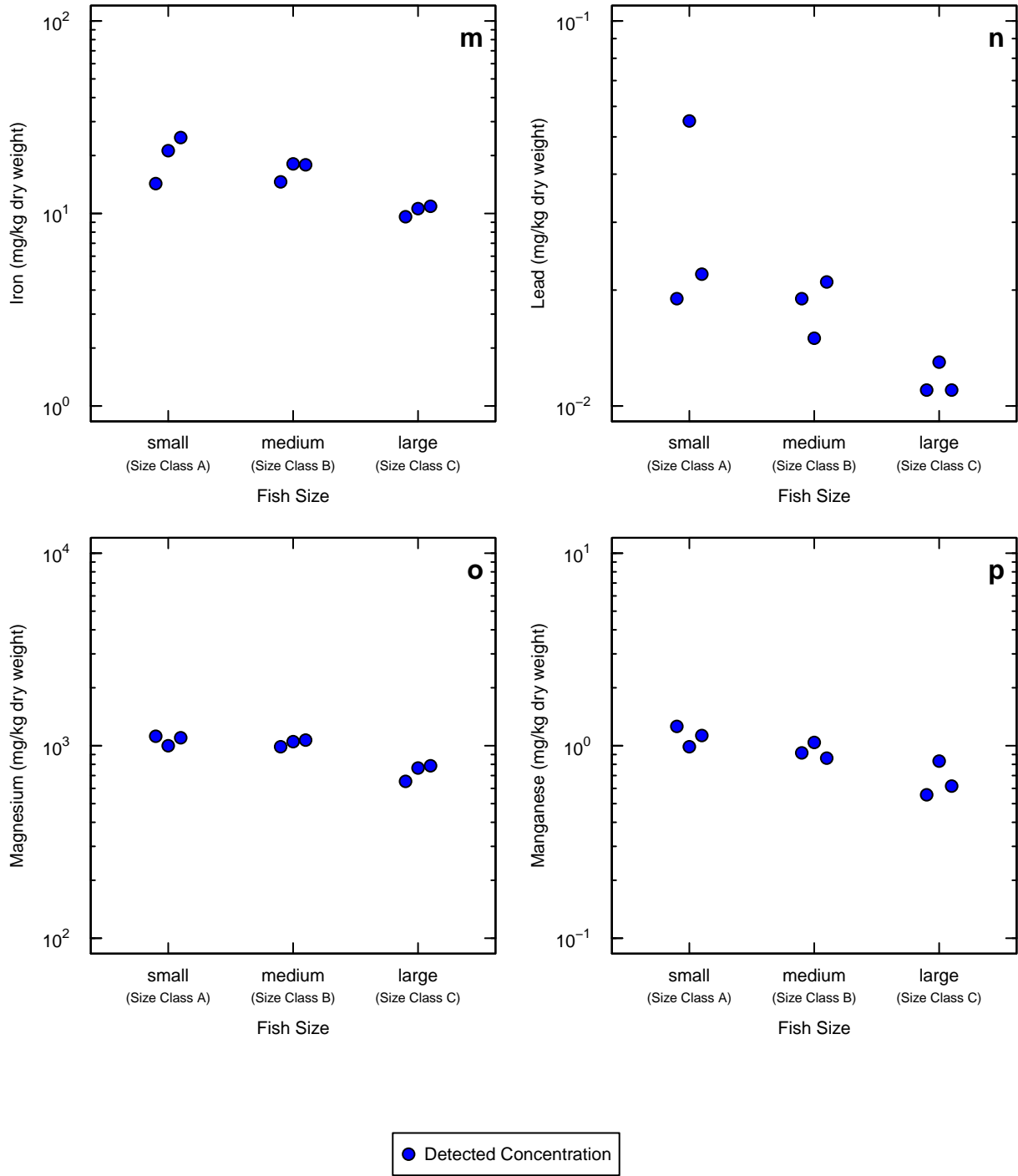


Figure 5–1m through p. Concentrations of Metals/Metalloids in White Sturgeon Fillet Composites

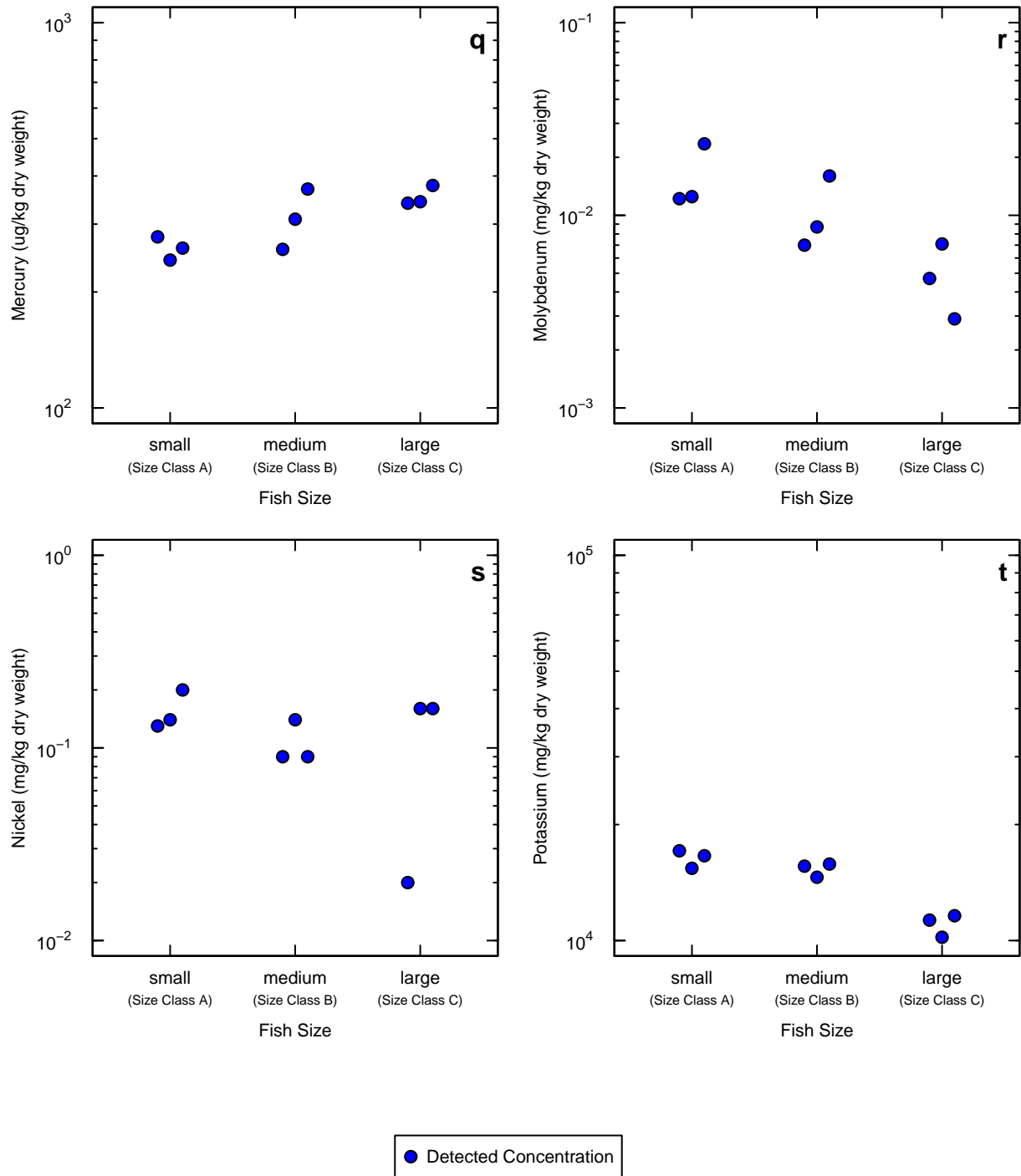


Figure 5-1q through t. Concentrations of Metals/Metalloids in White Sturgeon Fillet Composites

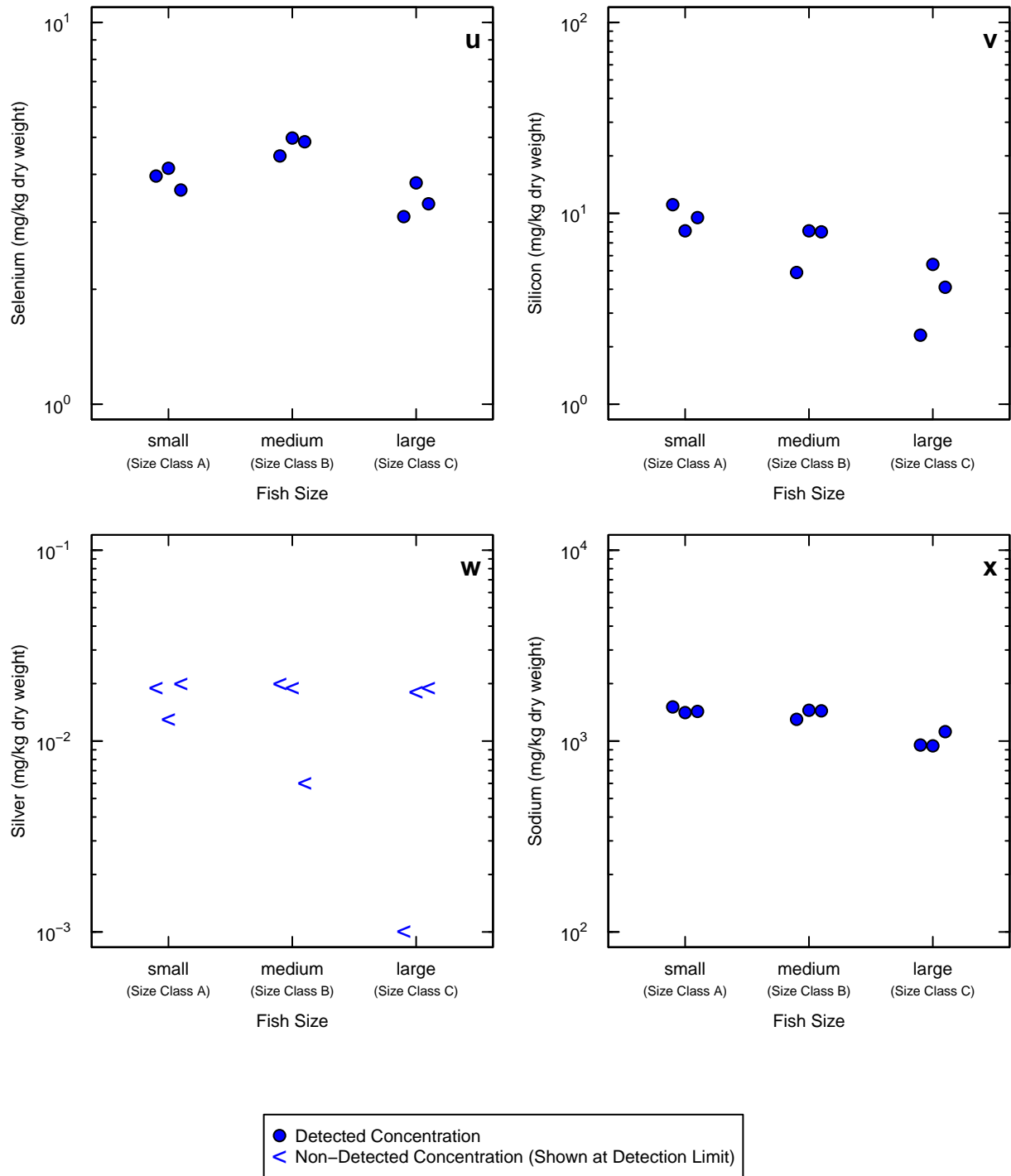


Figure 5–1u through x. Concentrations of Metals/Metalloids in White Sturgeon Fillet Composites

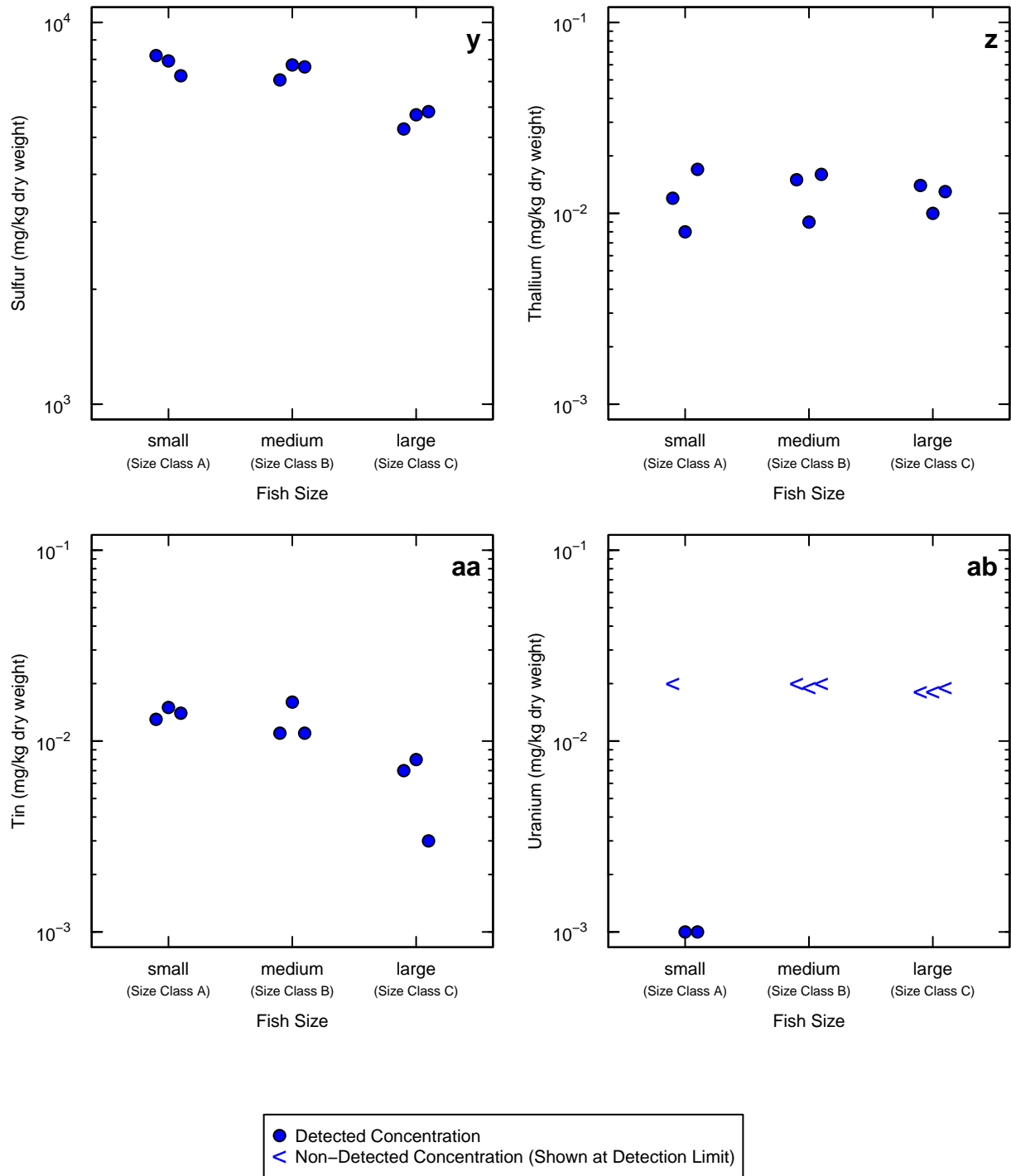
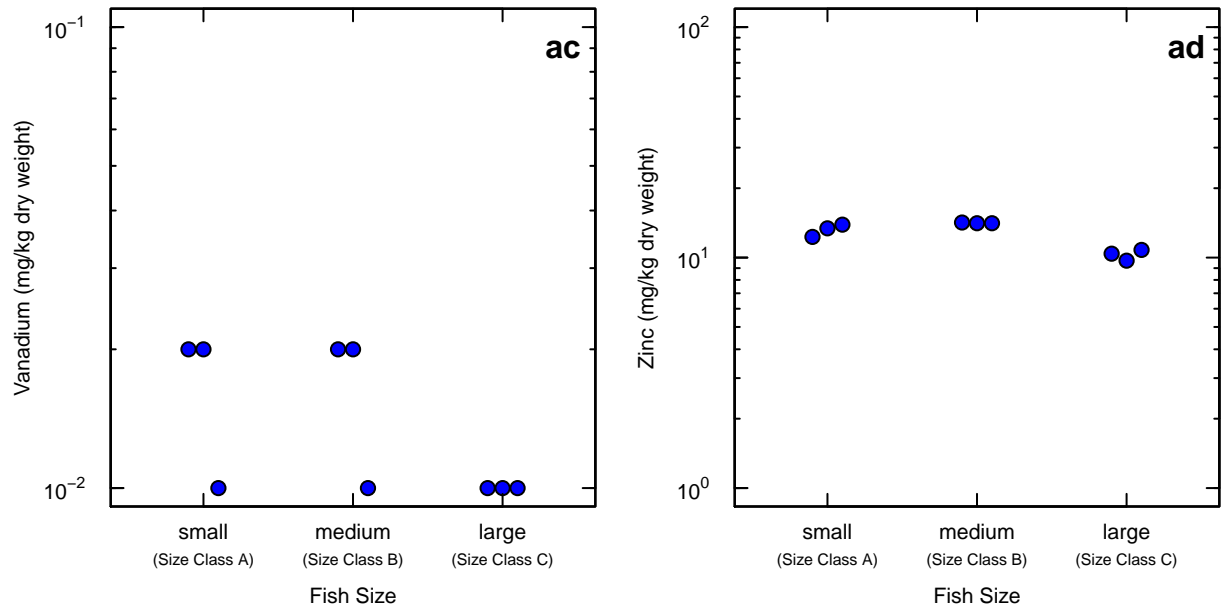


Figure 5-1y through ab. Concentrations of Metals/Metalloids in White Sturgeon Fillet Composites



● Detected Concentration

Figure 5-1ac through ad. Concentrations of Metals/Metalloids in White Sturgeon Fillet Composites

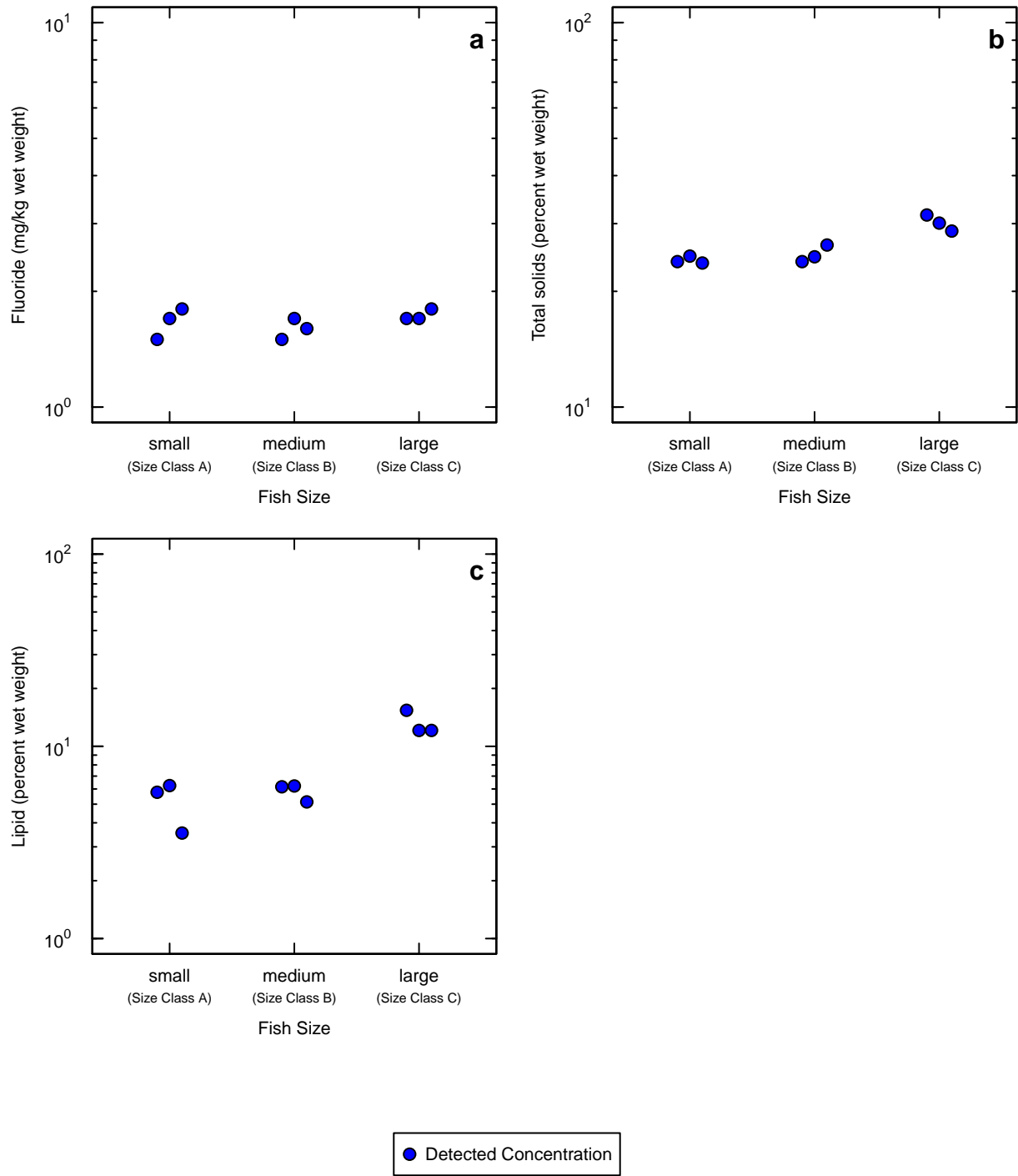
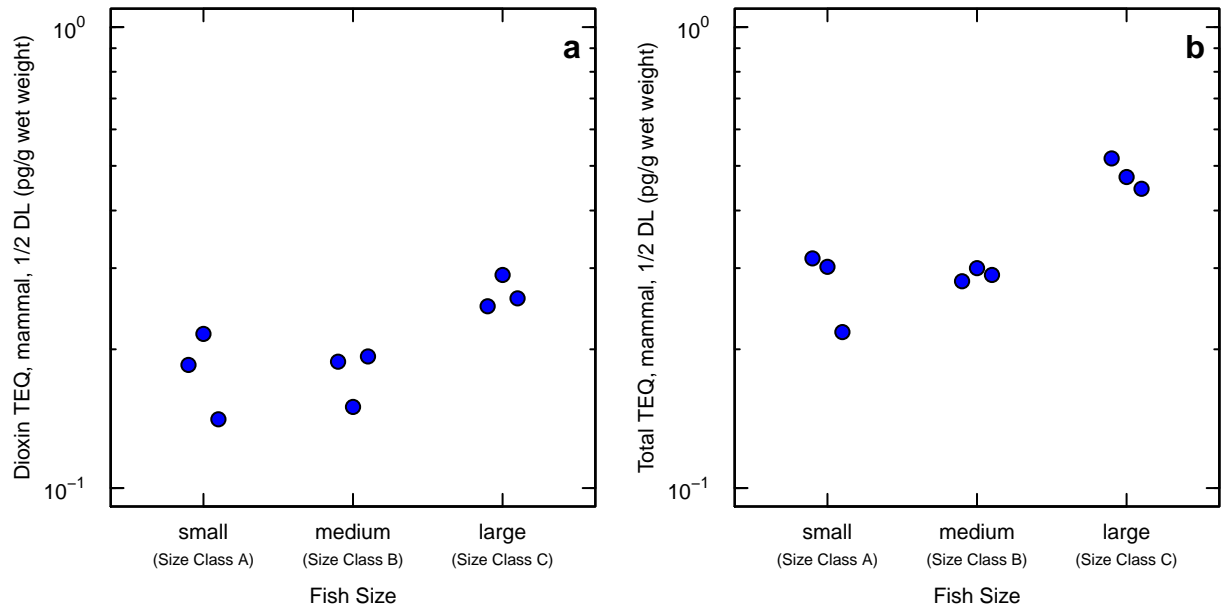


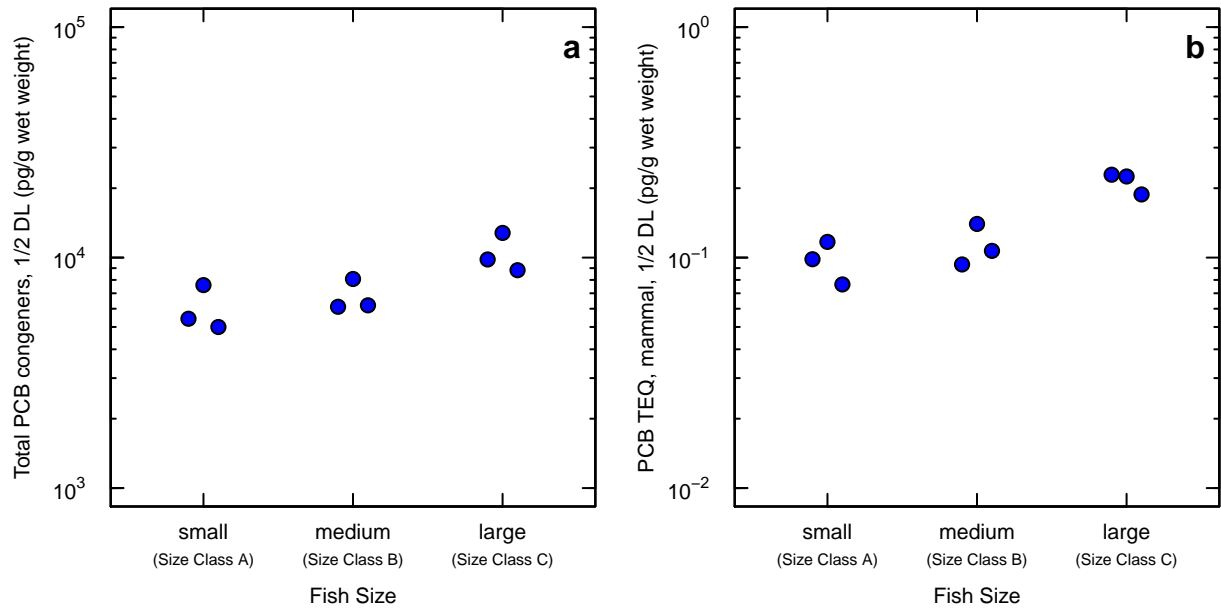
Figure 5-2a through c. Concentrations of Conventional Parameters in White Sturgeon Fillet Composites



● Detected Concentration

Figure 5–3a and b. Concentrations of Dioxins/Furans in White Sturgeon Fillet Composites

Notes: Dioxin TEQ was calculated by summing the products of the concentrations of each of the 17 individual dioxin/furan congeners and its specific TEF from Van den Berg et al. (2006). Total TEQ was calculated by summing the products of the concentrations of each of the 17 individual dioxin/furan congeners and the 12 individual dioxin-like PCB congeners and its specific TEF from Van den Berg et al. (2006). Congeners that were undetected for a given sample were assigned a value equal to one-half the sample-specific detection limit (DL) for use in the TEQ calculation.



● Detected Concentration

Figure 5-4a and b. Concentrations of Polychlorinated Biphenyls in White Sturgeon Fillet Composites

Notes: PCB TEQ was calculated by summing the products of the concentrations of each of the 12 individual dioxin-like PCB congeners and its specific TEF from Van den Berg et al. (2006). Congeners that were undetected for a given sample were assigned a value equal to one-half the sample-specific detection limit (DL) for use in the TEQ calculation.

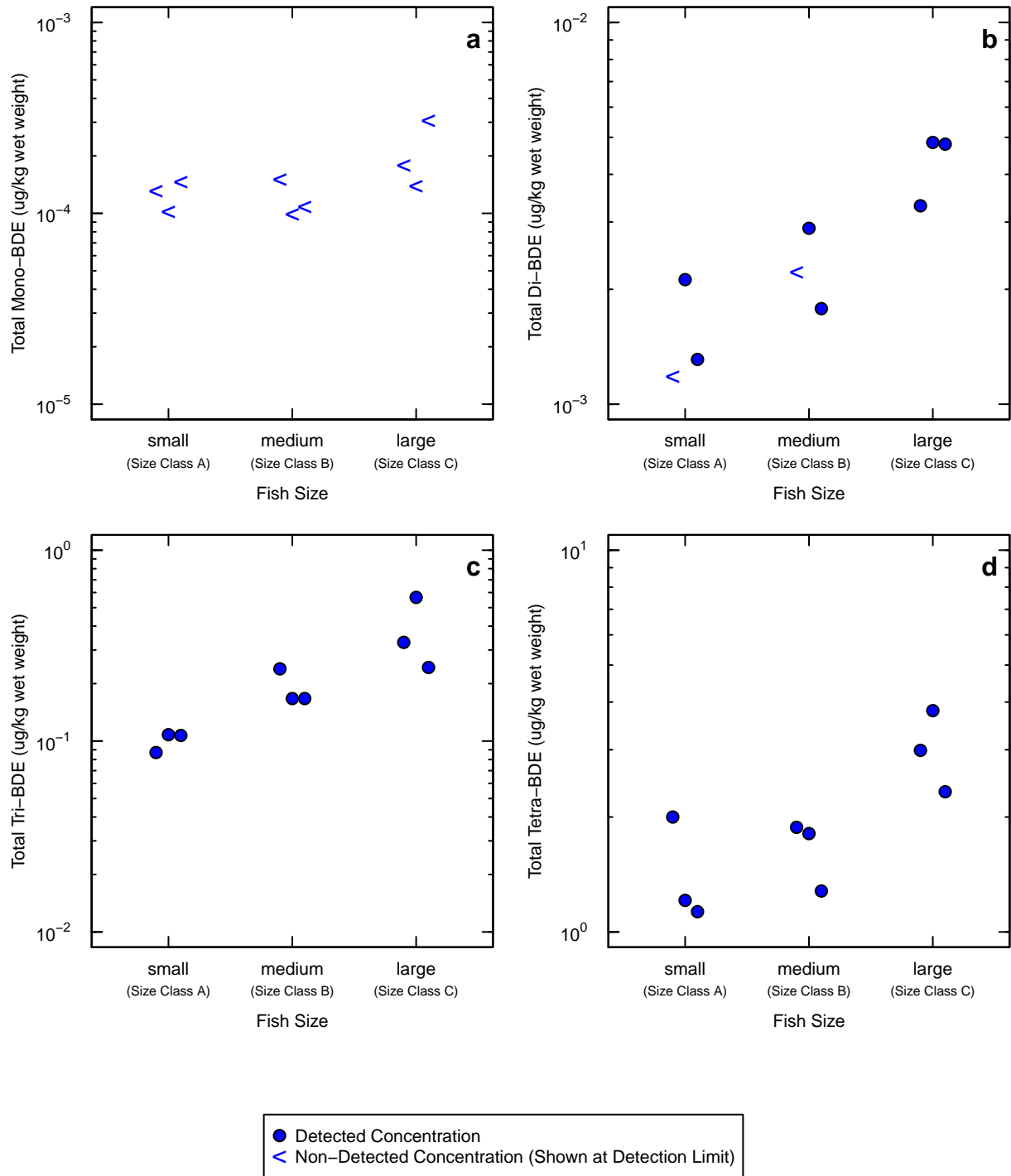


Figure 5-5a through d. Concentrations of Polybrominated Diphenylethers in White Sturgeon Fillet Composites

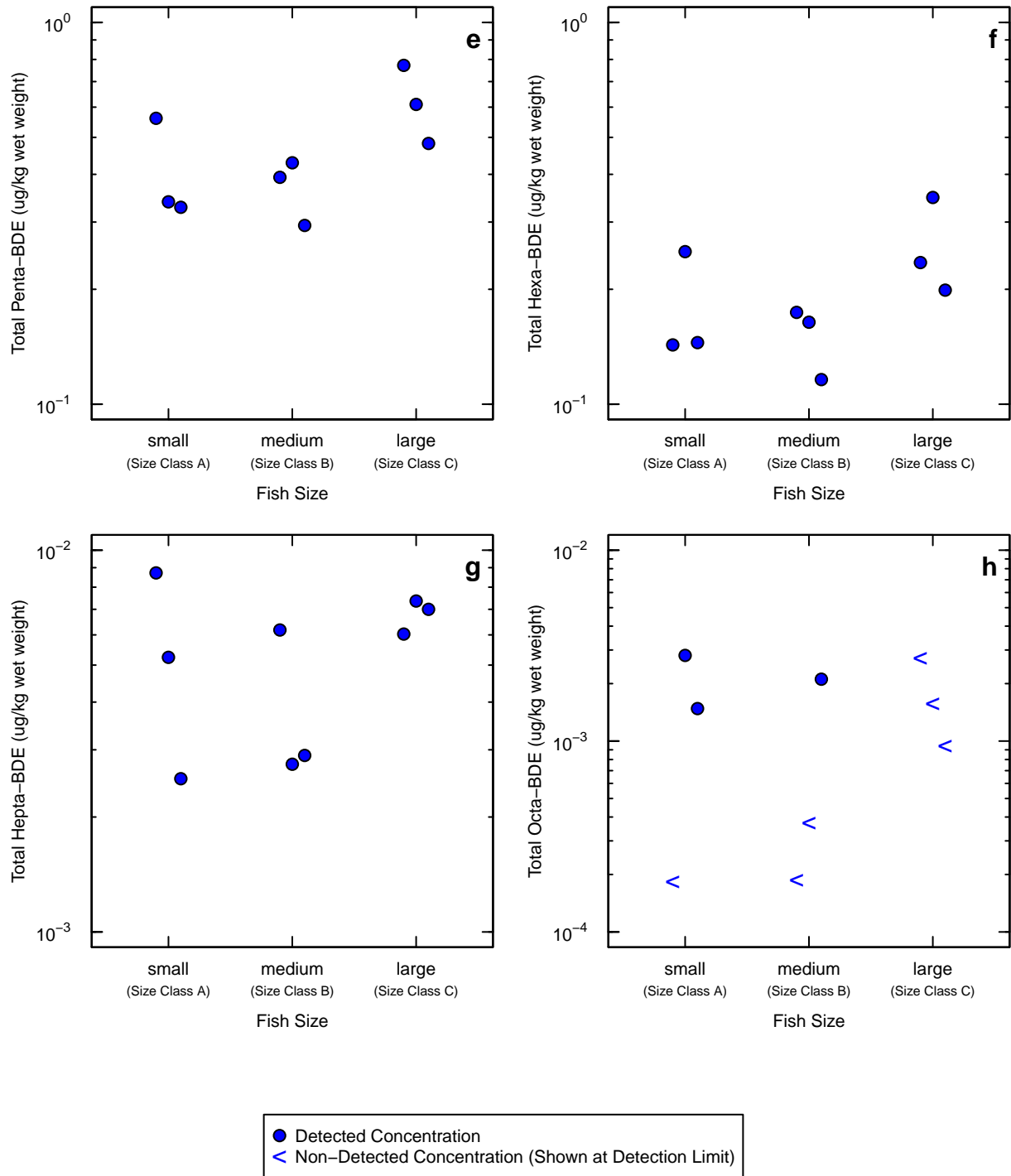


Figure 5–5e through h. Concentrations of Polybrominated Diphenylethers in White Sturgeon Fillet Composites

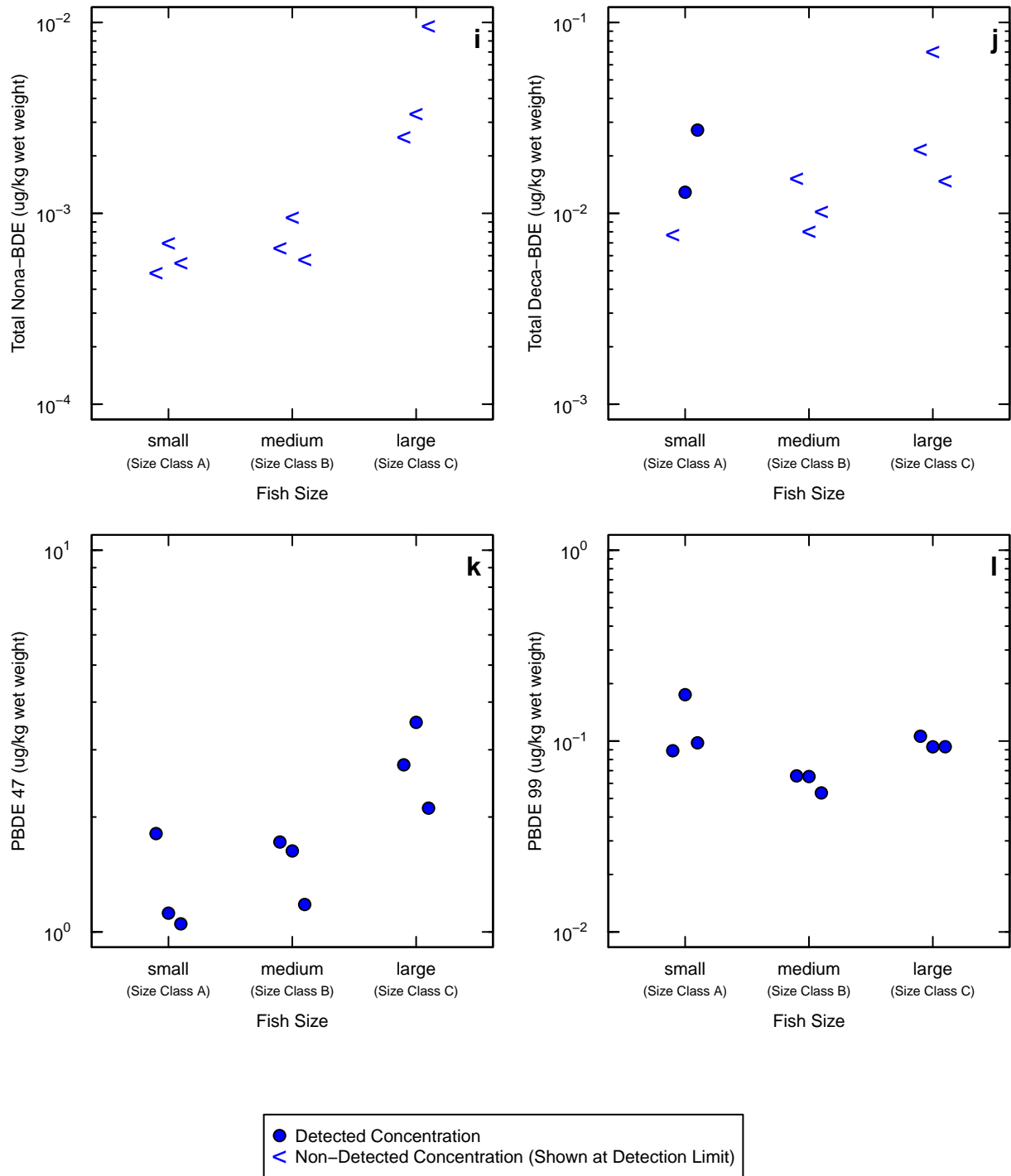


Figure 5-5i through 5-5l. Concentrations of Polybrominated Diphenylethers in White Sturgeon Fillet Composites

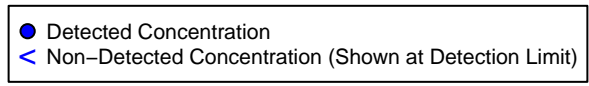
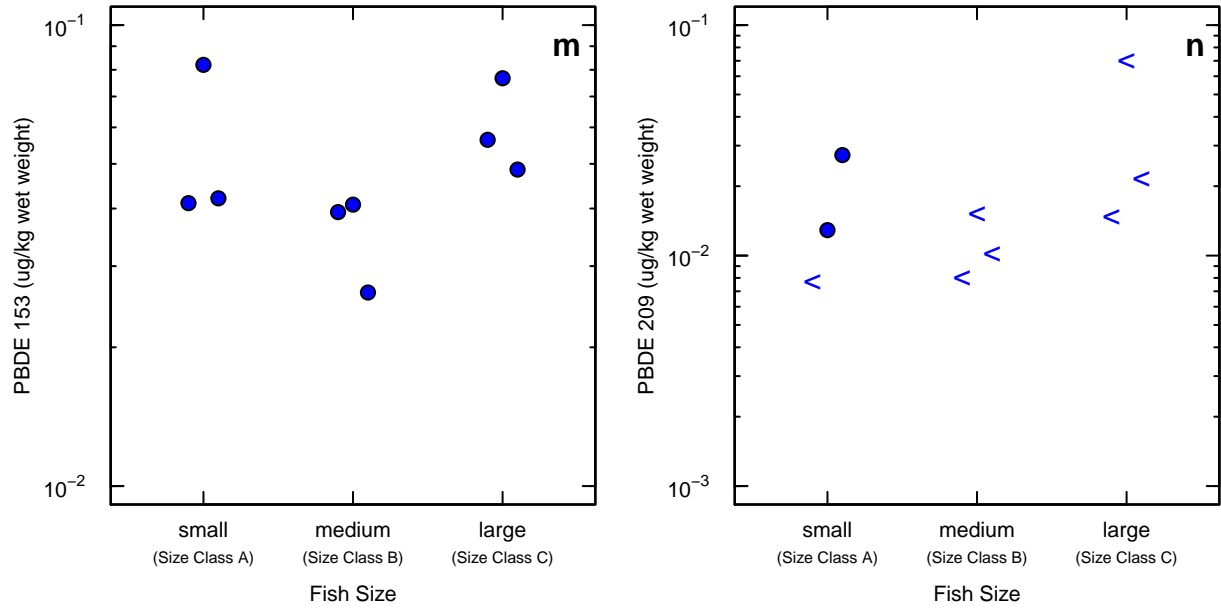
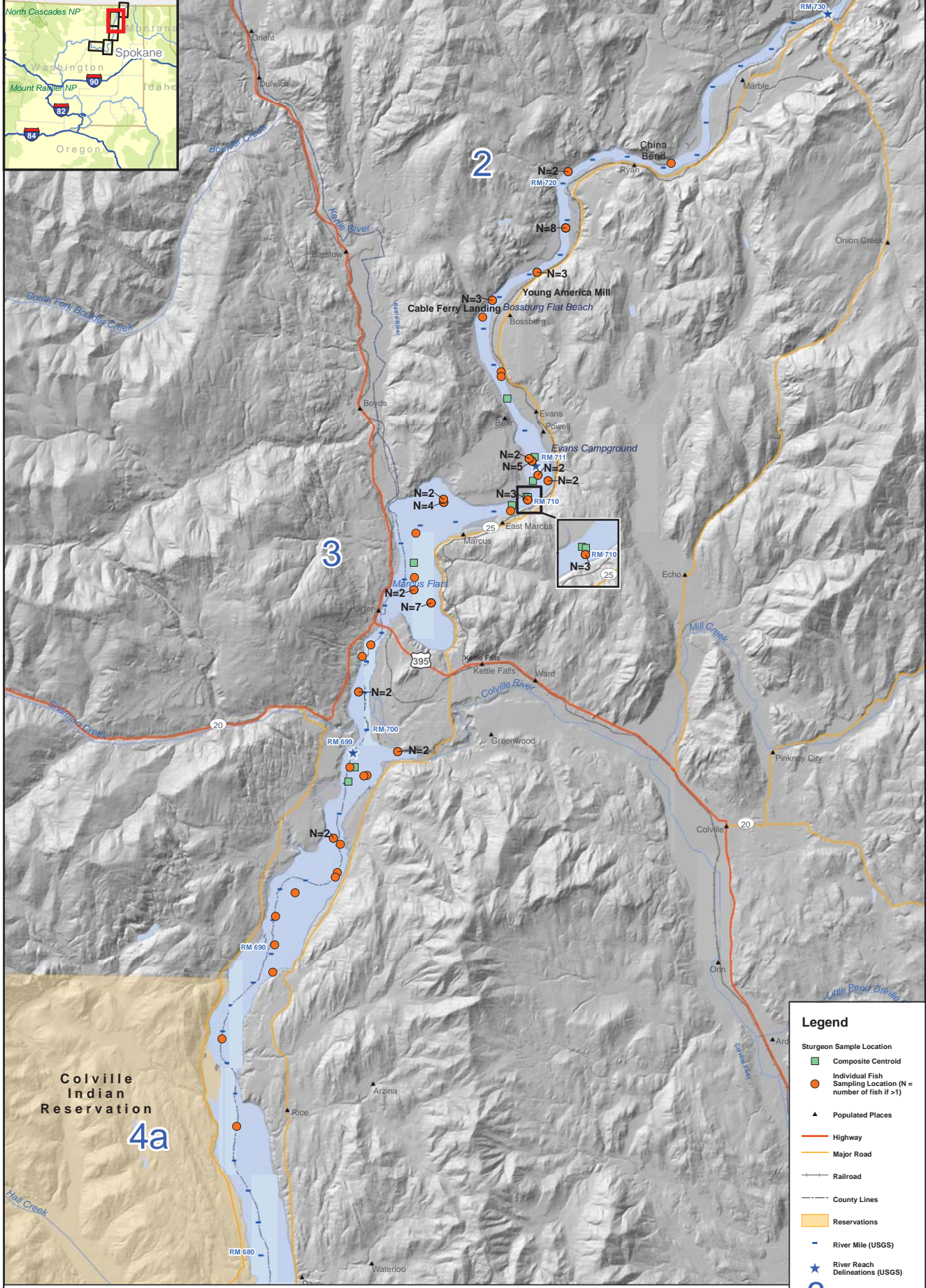
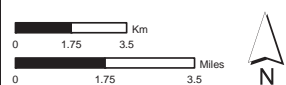


Figure 5–5m through n. Concentrations of Polybrominated Diphenylethers in White Sturgeon Fillet Composites

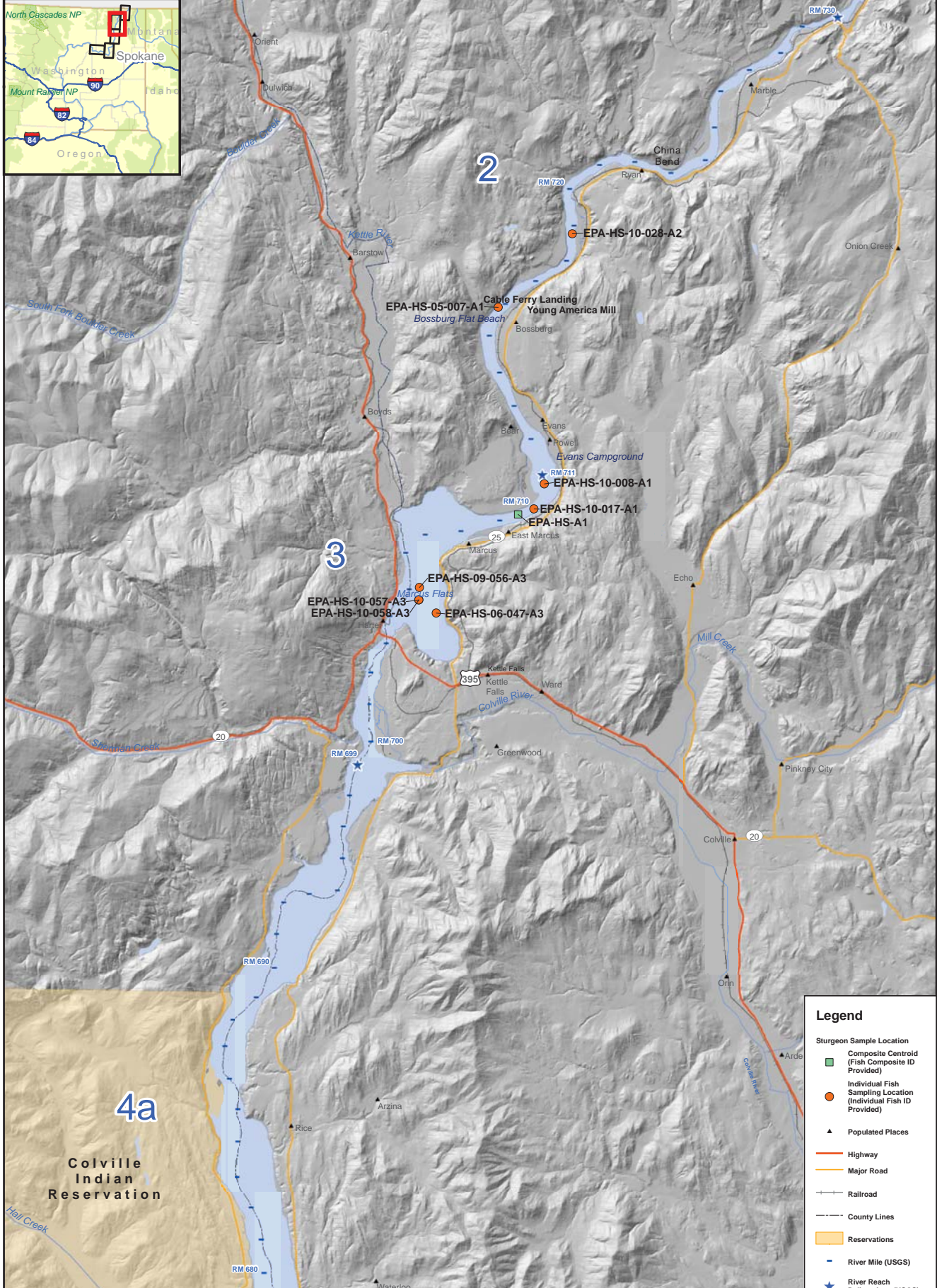
MAPS



Notes: Composite sturgeon sample locations were derived by calculating the average river mile for the 8 sturgeon filets in each composite. Reach 4 is divided into two segments: 4a from RM 676 to 699 and 4b from RM 640 to 676.



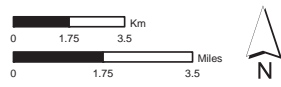
Map 2-1. Sturgeon Tissue Study Sample Locations
Upper Columbia River, WA



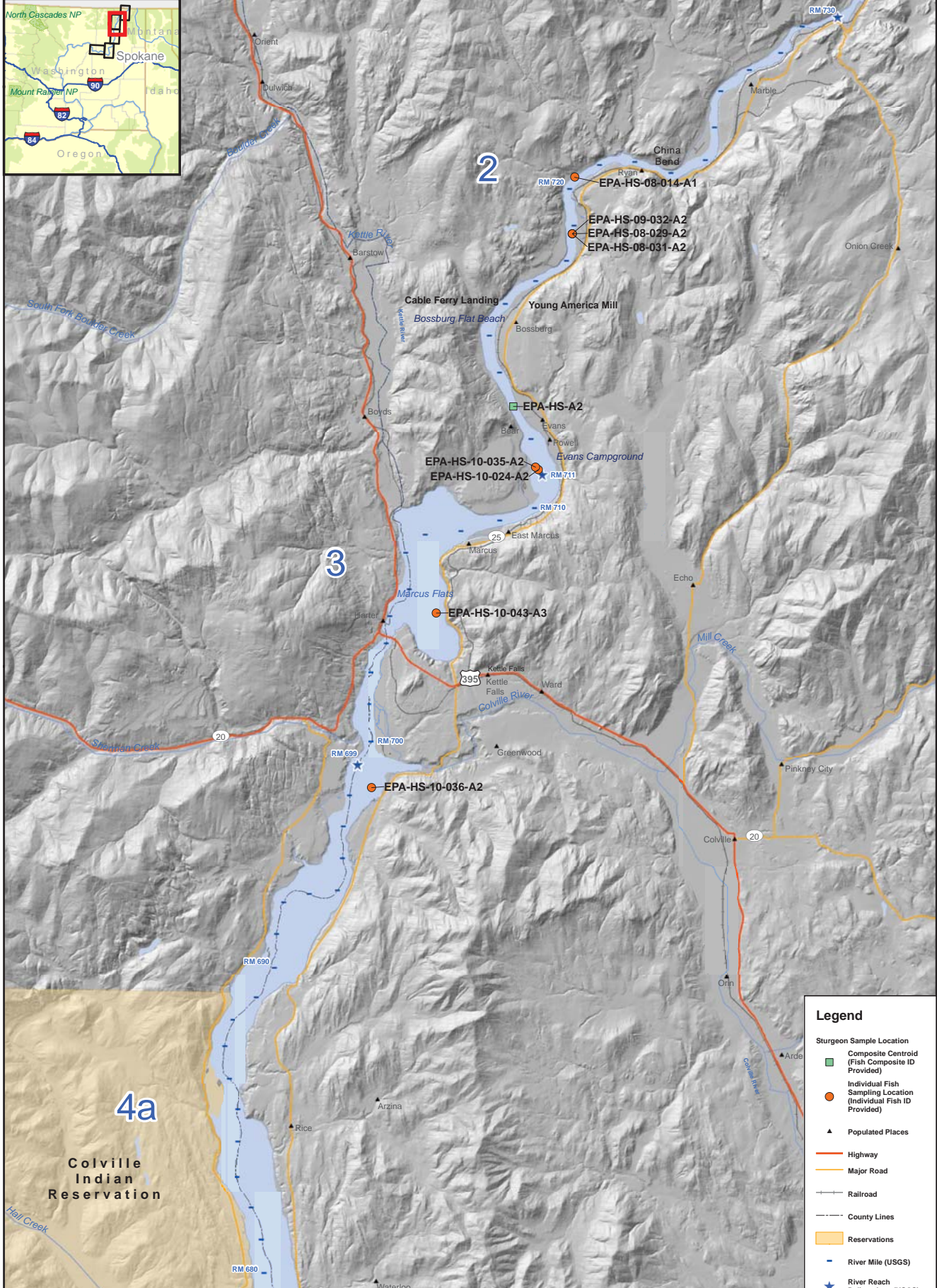
Legend

- Sturgeon Sample Location
- Composite Centroid (Fish Composite ID Provided)
- Individual Fish Sampling Location (Individual Fish ID Provided)
- Populated Places
- Highway
- Major Road
- Railroad
- County Lines
- Reservations
- River Mile (USGS)
- River Reach Delineations (USGS)
- River Reach Number

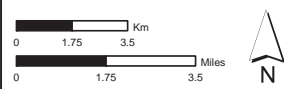
Notes: Composite sturgeon sample location was derived by calculating the average river mile for the 8 sturgeon filets in each composite. Reach 4 is divided into two segments: 4a from RM 676 to 699 and 4b from RM 640 to 676. Composite A1 represents replicate 1 of the fillet composites for the small size class (A – 50 to 97 cm).



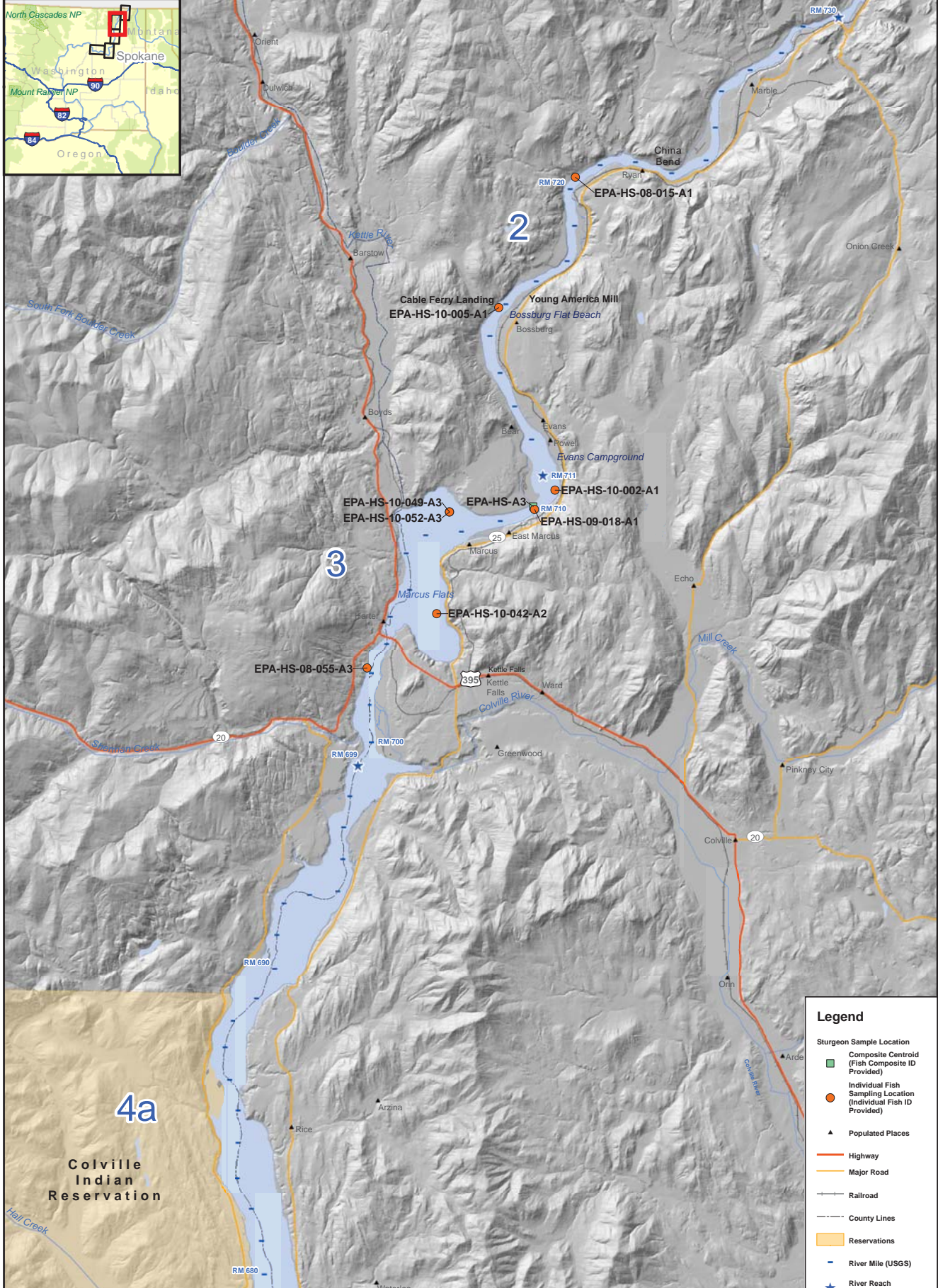
Map 2-2. Sturgeon Tissue Study Composite A1 Locations
Upper Columbia River, WA



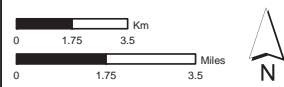
Notes: Composite sturgeon sample location was derived by calculating the average river mile for the 8 sturgeon filets in each composite.
 Reach 4 is divided into two segments: 4a from RM 676 to 699 and 4b from RM 640 to 676.
 Composite A2 represents replicate 2 of the fillet composites for the small size class (A – 50 to 97 cm).



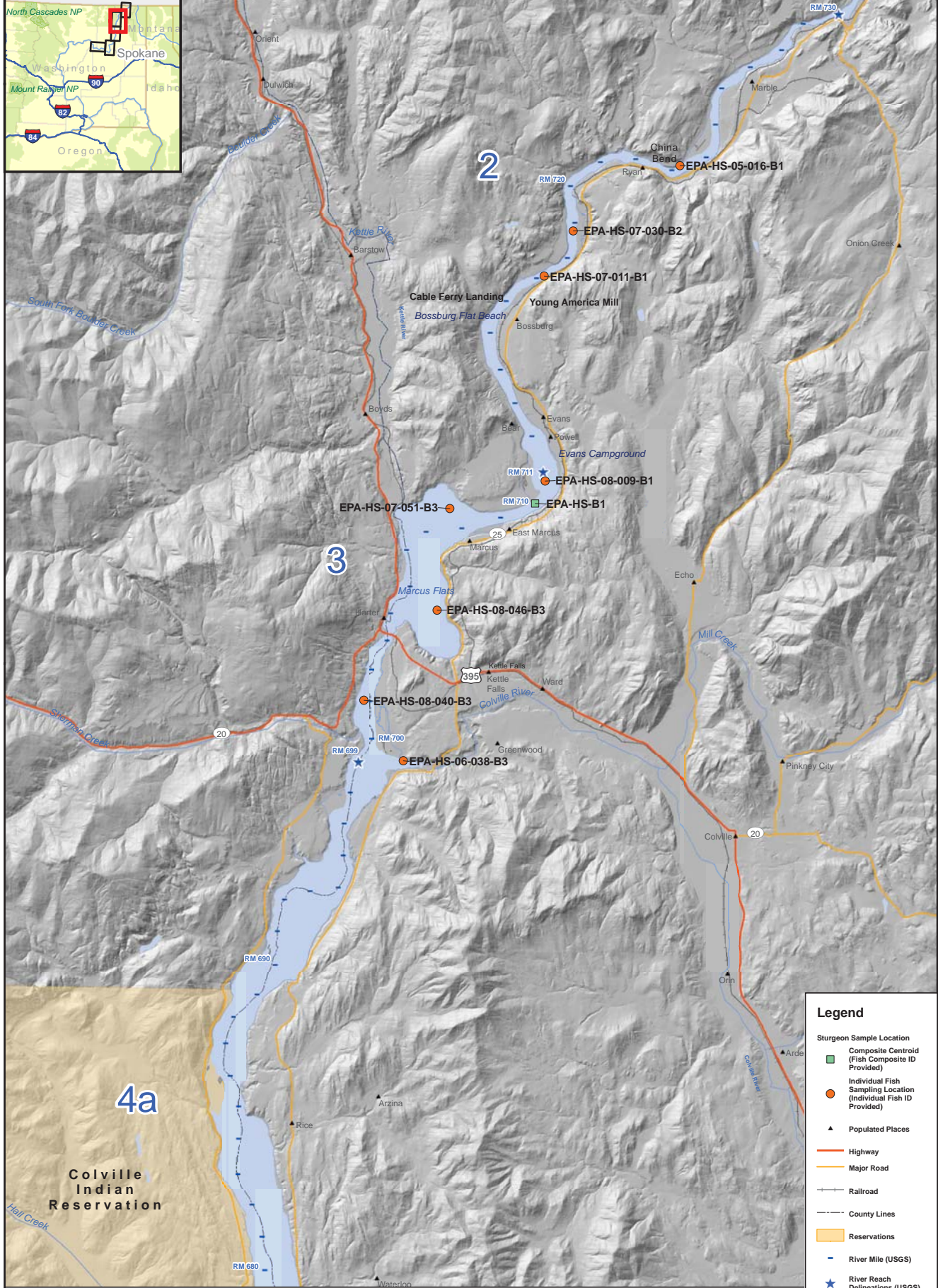
Map 2-3. Sturgeon Tissue Study Composite A2 Locations
 Upper Columbia River, WA



Notes: Composite sturgeon sample location was derived by calculating the average river mile for the 8 sturgeon filets in each composite. Reach 4 is divided into two segments: 4a from RM 676 to 699 and 4b from RM 640 to 676. Composite A3 represents replicate 3 of the fillet composites for the small size class (A – 50 to 97 cm).



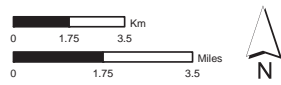
Map 2-4. Sturgeon Tissue Study Composite A3 Locations
Upper Columbia River, WA



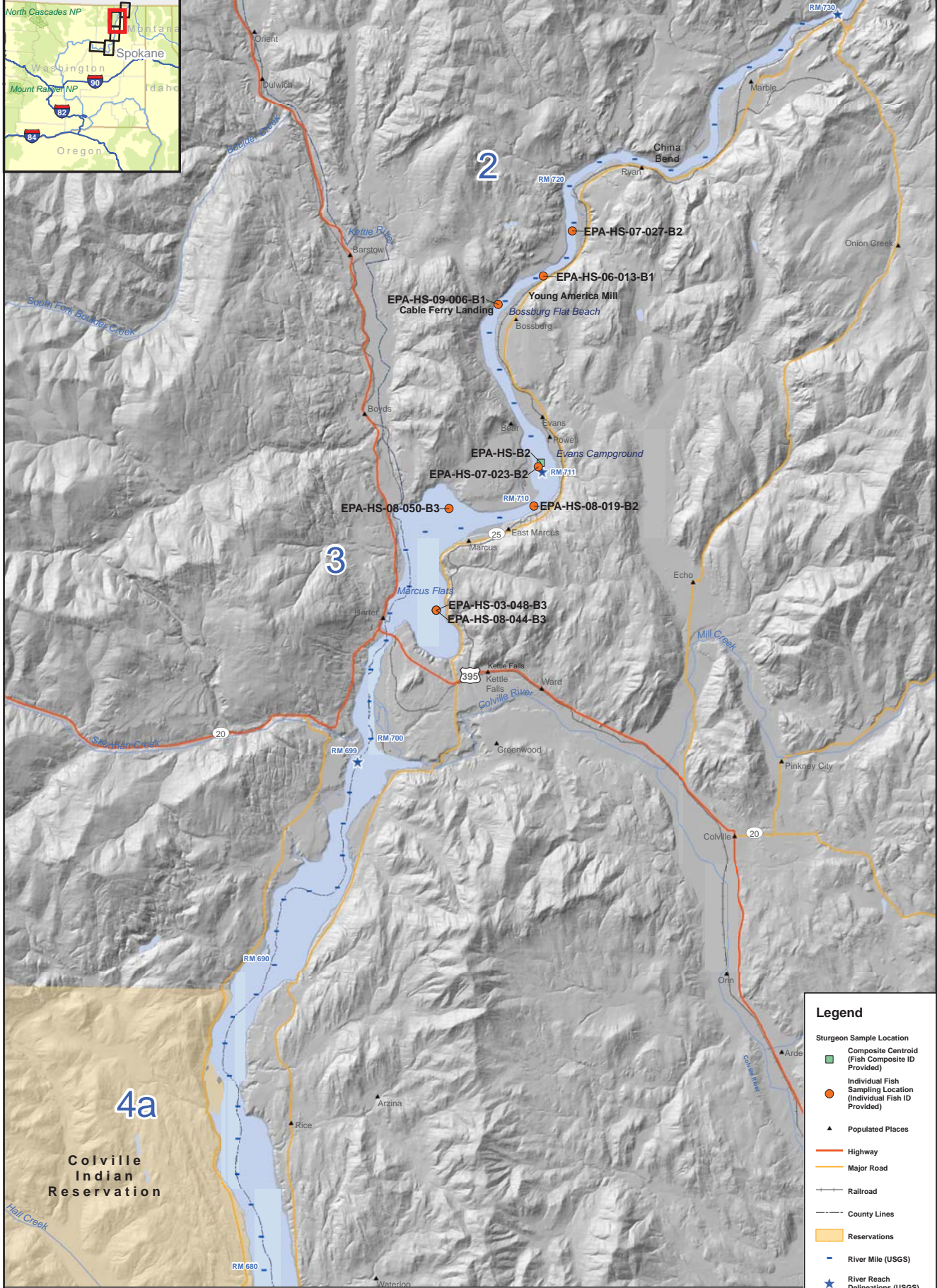
Legend

- Sturgeon Sample Location
- Composite Centroid (Fish Composite ID Provided)
- Individual Fish Sampling Location (Individual Fish ID Provided)
- Populated Places
- Highway
- Major Road
- Railroad
- County Lines
- Reservations
- River Mile (USGS)
- River Reach Delineations (USGS)
- River Reach Number

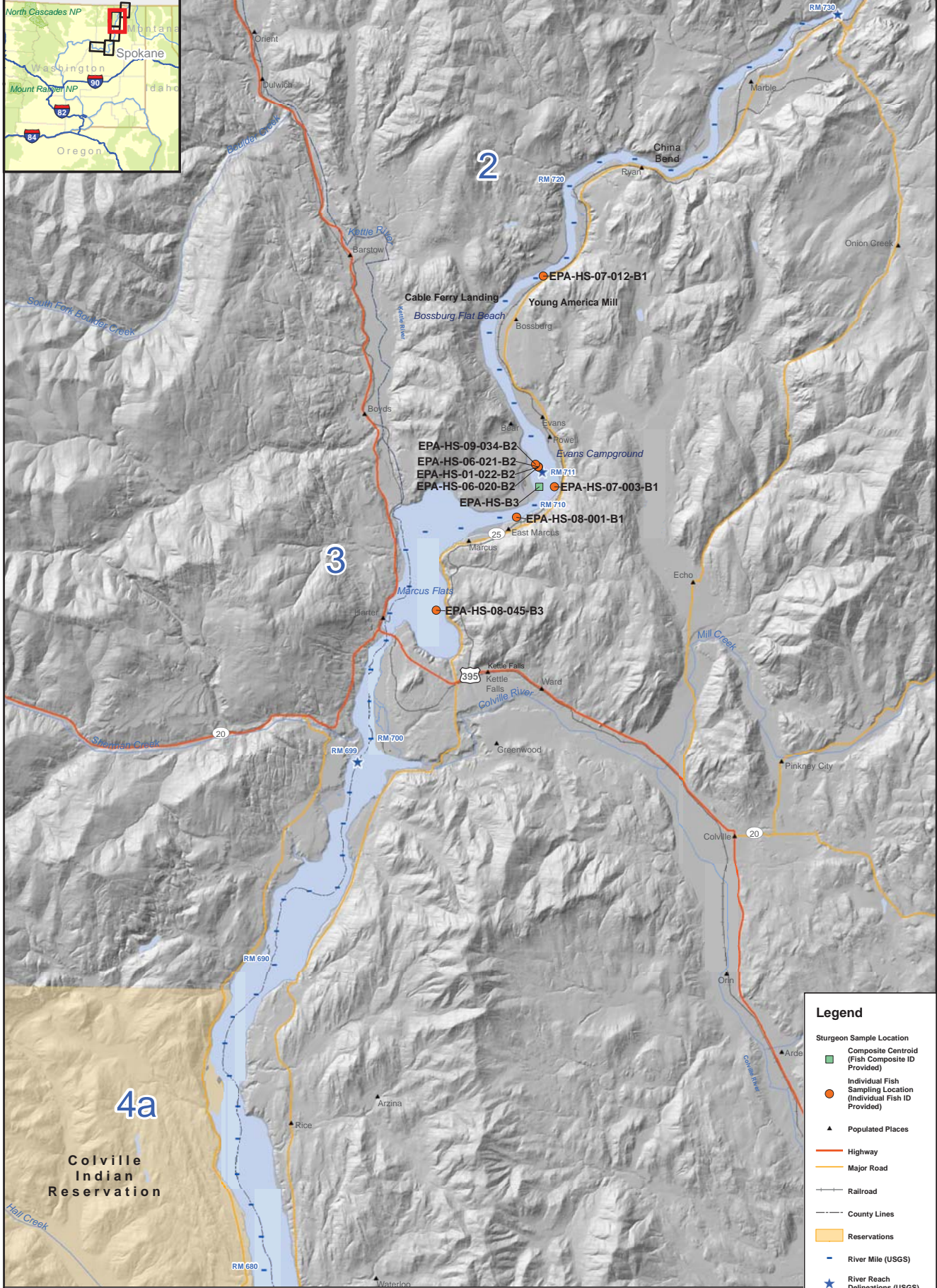
Notes: Composite sturgeon sample location was derived by calculating the average river mile for the 8 sturgeon filets in each composite. Reach 4 is divided into two segments: 4a from RM 676 to 699 and 4b from RM 640 to 676. Composite B1 represents replicate 1 of the fillet composites for the medium size class (B – 98 to 137 cm).



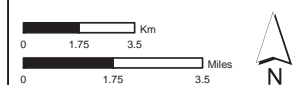
Map 2-5. Sturgeon Tissue Study Composite B1 Locations
Upper Columbia River, WA



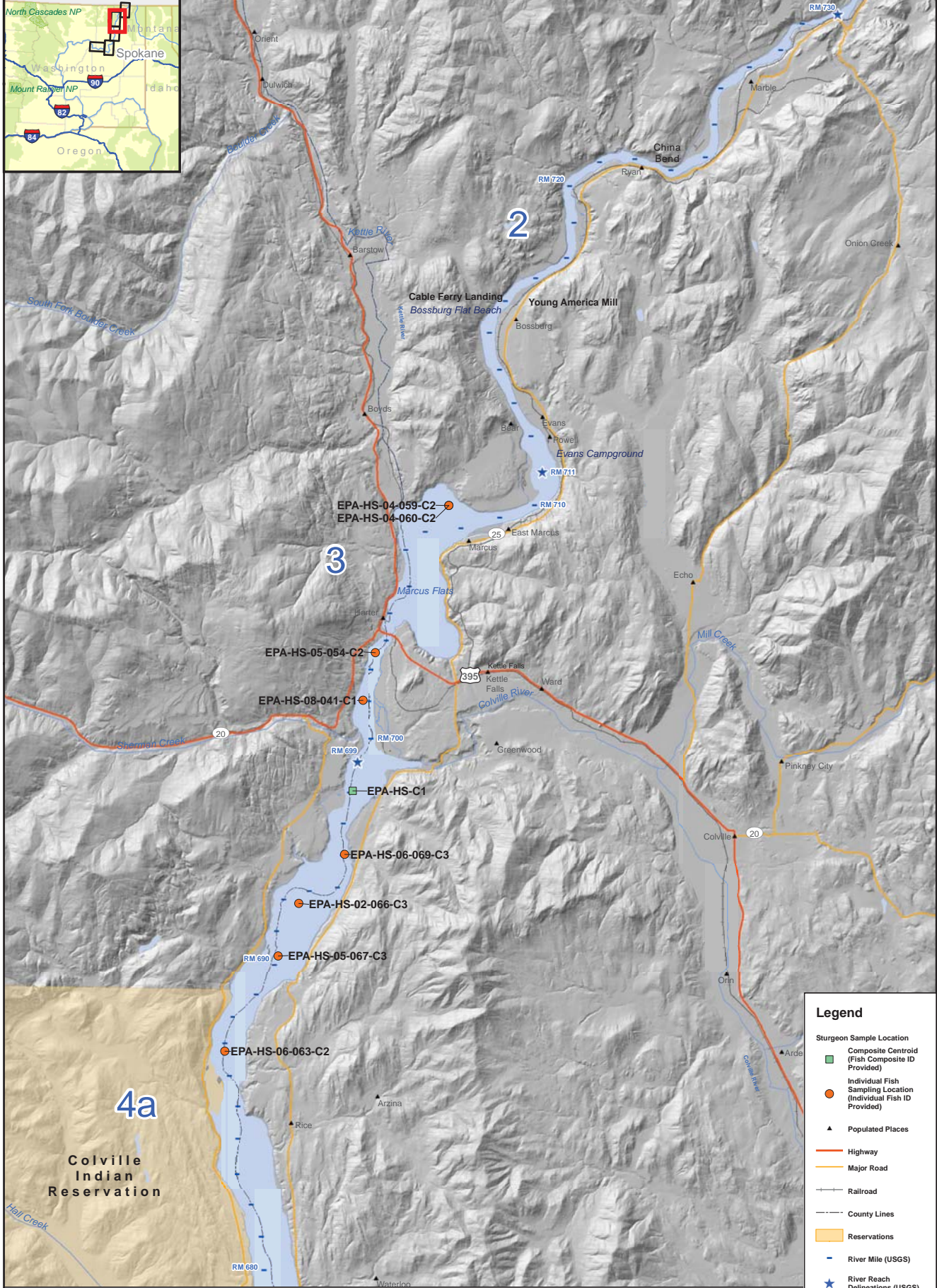
Notes: Composite sturgeon sample location was derived by calculating the average river mile for the 8 sturgeon filets in each composite. Reach 4 is divided into two segments: 4a from RM 676 to 699 and 4b from RM 640 to 676. Composite B2 represents replicate 2 of the fillet composites for the medium size class (B – 98 to 137 cm).



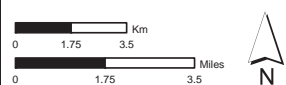
Notes: Composite sturgeon sample location was derived by calculating the average river mile for the 8 sturgeon filets in each composite. Reach 4 is divided into two segments: 4a from RM 676 to 699 and 4b from RM 640 to 676. Composite B3 represents replicate 3 of the fillet composites for the medium size class (B – 98 to 137 cm).



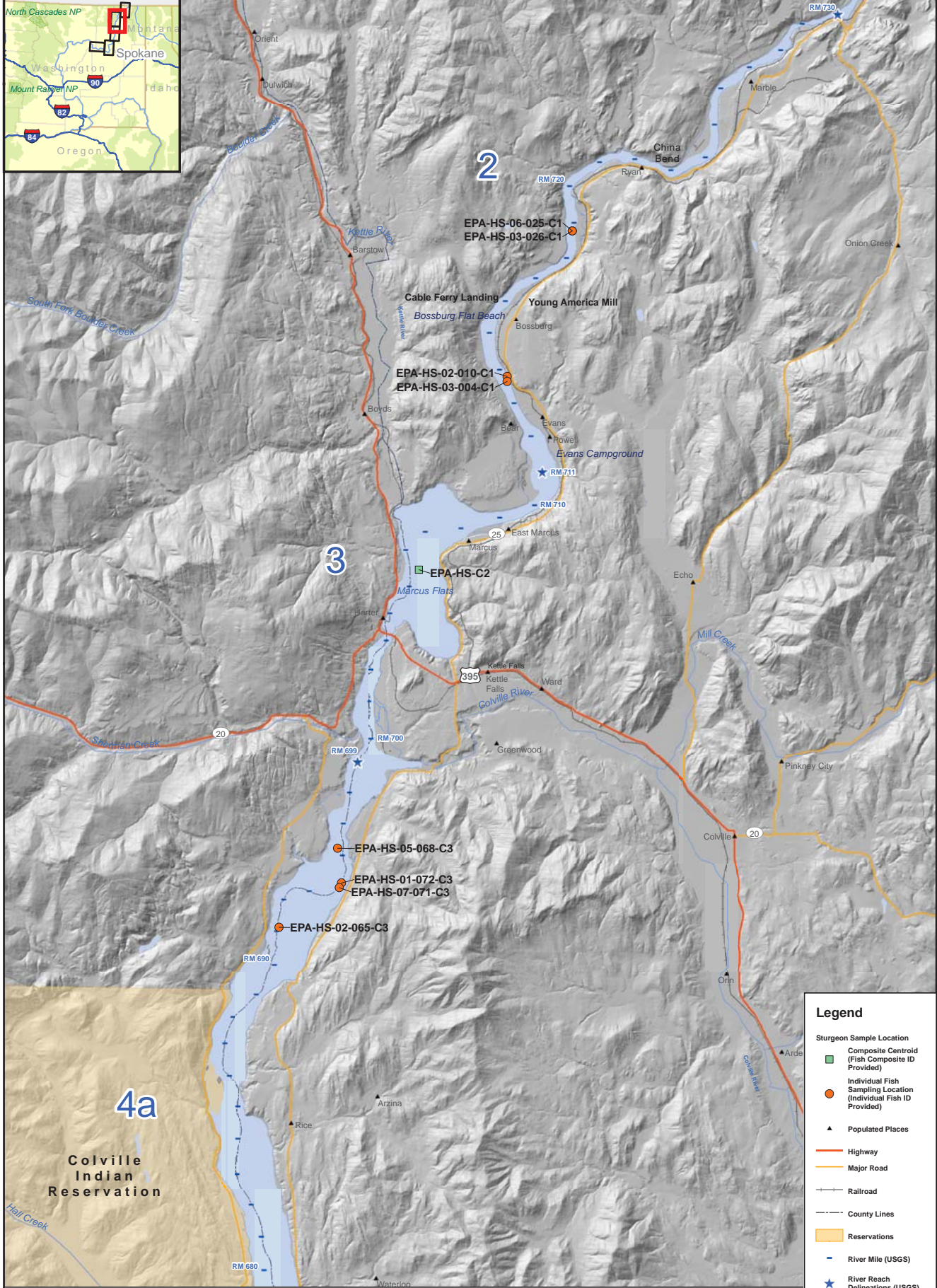
Map 2-7. Sturgeon Tissue Study Composite B3 Locations
Upper Columbia River, WA



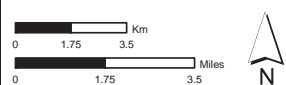
Notes: Composite sturgeon sample location was derived by calculating the average river mile for the 8 sturgeon fillets in each composite. Reach 4 is divided into two segments: 4a from RM 676 to 699 and 4b from RM 640 to 676. Composite C1 represents replicate 1 of the fillet composites for the large size class (C – 138 to 160 cm).



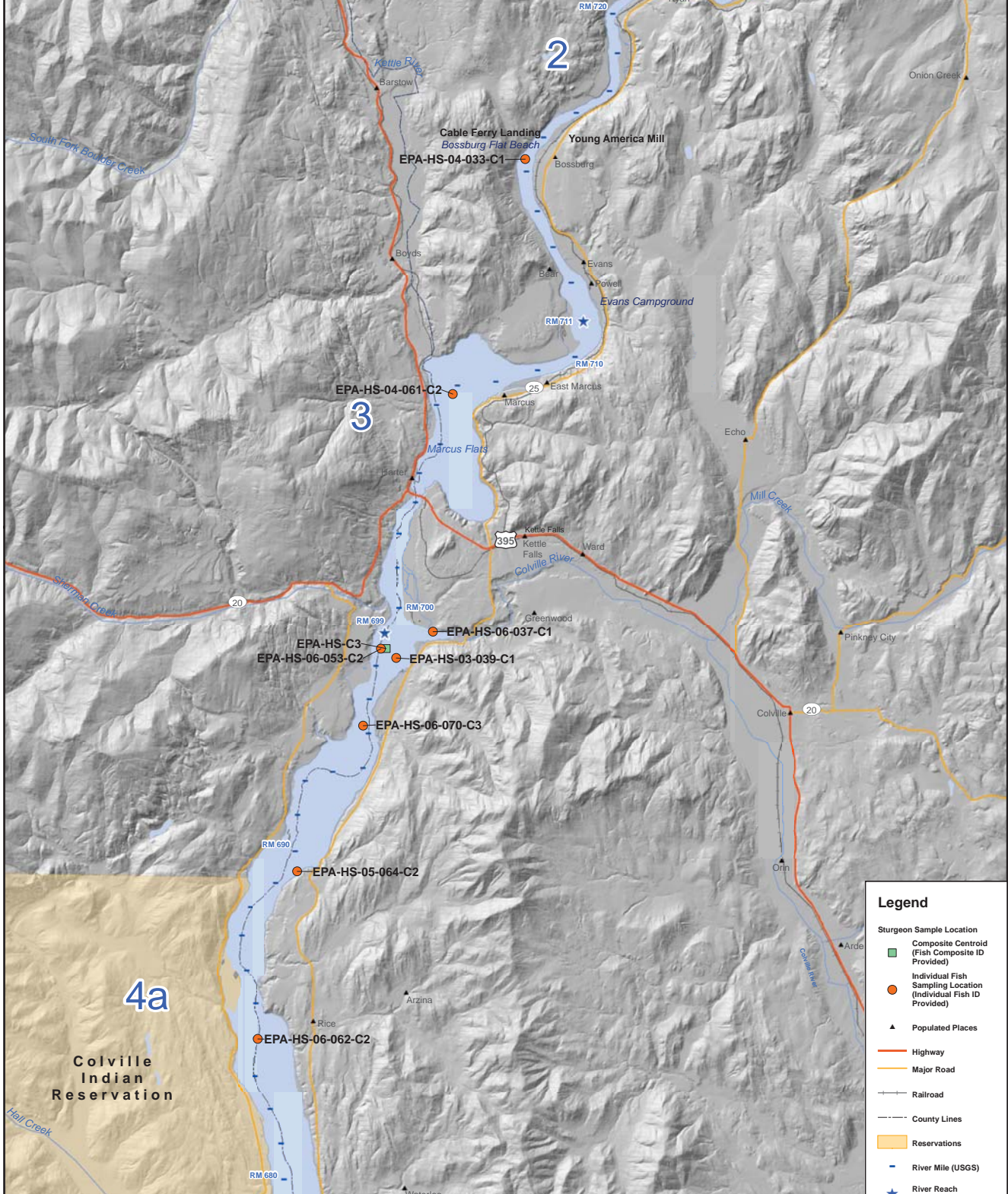
Map 2-8. Sturgeon Tissue Study Composite C1 Locations
Upper Columbia River, WA



Notes: Composite sturgeon sample location was derived by calculating the average river mile for the 8 sturgeon filets in each composite.
 Reach 4 is divided into two segments: 4a from RM 676 to 699 and 4b from RM 640 to 676.
 Composite C2 represents replicate 2 of the fillet composites for the large size class (C – 138 to 160 cm).



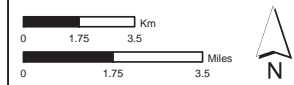
Map 2-9. Sturgeon Tissue Study Composite C2 Locations
 Upper Columbia River, WA



Legend

- Sturgeon Sample Location
 - Composite Centroid (Fish Composite ID Provided)
 - Individual Fish Sampling Location (Individual Fish ID Provided)
- Populated Places
- Highway
- Major Road
- Railroad
- County Lines
- Reservations
- River Mile (USGS)
- River Reach Delineations (USGS)
- River Reach Number

Notes: Composite sturgeon sample location was derived by calculating the average river mile for the 8 sturgeon filets in each composite. Reach 4 is divided into two segments: 4a from RM 676 to 699 and 4b from RM 640 to 676. Composite C3 represents replicate 3 of the fillet composites for the large size class (C – 138 to 160 cm).



Map 2-10. Sturgeon Tissue Study Composite C3 Locations
Upper Columbia River, WA

TABLES

Table 2-1. Target Analyte List, Method Detection and Reporting Limits, and Analytical Concentration Goals^a

Analyte	RBC	MRL	MDL	2016 ACG
Conventional Parameters				
Total Length	na	na	na	na
Total Mass	na	na	na	na
Percent Moisture	na	0.1	na	0.1
Percent Lipids	na	0.1	na	0.1
Metals/Metalloids (mg/kg-dw)				
Aluminum	13.6	2	0.2	13.6
Antimony	0.0056	0.05	0.002	0.05
Arsenic - Total	0.00226	0.5	0.02	0.5
Arsenic - Total inorganic	0.00226	0.02	0.007	0.02
Barium	2.72	0.05	0.005	2.72
Beryllium	0.0272	0.02	0.003	0.0272
Boron	2.72	2	0.2	2.72
Cadmium	0.0136	0.02	0.002	0.02
Calcium	na	4	2	4
Chromium	20.32	0.2	0.02	20.32
Cobalt	0.004	0.02	0.003	0.02
Copper	0.56	0.1	0.02	0.56
Fluoride (mg/kg-ww) ^b	0.56	1	0.2	1
Iron	9.6	1	0.2	9.6
Lead	na	0.02	0.0005	0.02
Magnesium	na	2	0.6	2
Manganese	1.88	0.05	0.008	1.88
Mercury	0.001	0.001	0.00008	0.001
Molybdenum	0.068	0.05	0.008	0.068
Nickel	0.272	0.2	0.02	0.272
Potassium	na	20	9	20
Selenium	0.068	0.1	0.05	0.1
Silicon	na	20	4	20
Silver	0.068	0.02	0.006	0.068
Sodium	na	20	2	20
Sulfur	na	8	4	8
Thallium	0.000136	0.02	0.0009	0.02
Tin	8.12	0.05	0.003	8.12
Uranium	0.008	0.02	0.0008	0.02
Vanadium	0.068	0.2	0.007	0.2
Zinc	4.08	0.5	0.06	4.08
Dioxin-Like Congeners (ng/kg-ww)				
TEQ	0.00054	0.125	0.12825	0.125
PCBs (µg/kg-ww)				
Total PCBs	0.0424	2.5	0.7	2.5
PBDEs (µg/kg-ww)				
Total PBDEs	TBD	na	na	TBD
PBDE 47	0.339	0.025	0.014	0.339
PBDE 99	0.339	0.025	0.014	0.339
PBDE 153	0.68	0.025	0.004	0.68
PBDE 209	23.7	0.25	0.00575	23.7

Notes:

^a RBCs, MRLs, MDLs, and ACGs are from the QAPP (SRC 2016)

^b ACG and planned MRL from the QAPP (SRC 2016) were assumed to be on a wet weight basis.

ACG - analytical concentration goal

MDL - method detection limit

MRL - method reporting limit

na - not available

PBDE - polybrominated diphenylether

PCB - polychlorinated biphenyl

RBC - risk-based concentration

TBD - to be determined

TEQ - toxic equivalent quotient

Table 2-2. Methods for Analysis of COIs in White Sturgeon Fillet Composites

Analyte(s)	Analytical Method	Description
Aluminum, antimony, arsenic, barium, beryllium, cadmium, chromium, cobalt, copper, iron, lead, manganese, molybdenum, nickel, silver, thallium, tin, uranium, vanadium, and zinc	EPA 6020A	ICP-MS
Boron, calcium, magnesium, potassium, silicon, sodium, and sulfur	EPA 6010C	ICP-AES
Inorganic arsenic	EPA 1632	HG-QFAAS
Mercury	EPA 1631E	CV-AFS
Selenium	EPA 7742	AA
Fluoride	SM4500FC	ISE
PCB congeners	EPA 1668A	HRGC/HRMS
Dioxins/furans	EPA 1613B	HRGC/HRMS
PBDEs	EPA 1614	HRGC/HRMS

Notes:

- AA - atomic absorption
- COI - chemical of interest
- CV-AFS - cold vapor-atomic fluorescence spectrometry
- HG-QFAAS - hydride generation-quartz furnace atomic absorption spectrometry
- HRGC/HRMS - high resolution gas chromatography/high resolution mass spectrometry
- ICP-AES - inductively coupled plasma-atomic emission spectrometry
- ICP-MS - inductively coupled plasma-mass spectrometry
- ISE - ion-selective electrode
- PBDE - polybrominated diphenylether
- PCB - polychlorinated biphenyl
- SM - standard method

Table 4-1. Summary of Data Qualifiers Applied to Equipment Rinsate Blank Data

Analyte	Number of Samples Analyzed	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags					Count of Accepted Results Validator Flags			Laboratory Flags, % of Accepted Results					Validator Flags, % of Accepted Results		
					B	EMPC	J	J, B	U	J	U	EMPC	B	EMPC	J	J, B	U	J	U	EMPC
Metals/Metalloids																				
Aluminum	3	0 (0%)	3 (100%)	0	0	0	3	0	0	3	0	0	0	0	100	0	0	100	0	0
Antimony	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Arsenic	3	0 (0%)	3 (100%)	0	0	0	2	0	1	2	1	0	0	0	67	0	33	67	33	0
Barium	3	0 (0%)	3 (100%)	1	0	0	0	0	2	0	2	0	0	0	0	0	67	0	67	0
Beryllium	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Boron	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Cadmium	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Calcium	3	0 (0%)	3 (100%)	1	0	0	2	0	0	2	0	0	0	0	67	0	0	67	0	0
Chromium	3	0 (0%)	3 (100%)	0	0	0	2	0	1	2	1	0	0	0	67	0	33	67	33	0
Cobalt	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Copper	3	0 (0%)	3 (100%)	1	0	0	1	0	1	1	1	0	0	0	33	0	33	33	33	0
Iron	3	0 (0%)	3 (100%)	1	0	0	2	0	0	2	0	0	0	0	67	0	0	67	0	0
Lead	3	0 (0%)	3 (100%)	0	0	0	1	0	2	1	2	0	0	0	33	0	67	33	67	0
Magnesium	3	0 (0%)	3 (100%)	0	0	0	3	0	0	3	0	0	0	0	100	0	0	100	0	0
Manganese	3	0 (0%)	3 (100%)	1	0	0	2	0	0	2	0	0	0	0	67	0	0	67	0	0
Mercury	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Molybdenum	3	0 (0%)	3 (100%)	0	0	0	1	0	2	1	2	0	0	0	33	0	67	33	67	0
Nickel	3	0 (0%)	3 (100%)	0	0	0	1	0	2	1	2	0	0	0	33	0	67	33	67	0
Potassium	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Selenium	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Silicon	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Silver	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Sodium	3	0 (0%)	3 (100%)	0	0	0	1	0	2	1	2	0	0	0	33	0	67	33	67	0
Sulfur	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Thallium	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Tin	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Uranium	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Vanadium	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Zinc	3	0 (0%)	3 (100%)	2	0	0	0	0	1	0	1	0	0	0	0	0	33	0	33	0
Conventional Parameters																				
Fluoride	3	0 (0%)	3 (100%)	0	0	0	3	0	0	3	0	0	0	0	100	0	0	100	0	0
PCB Congeners																				
PCB 1	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 2	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 3	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 4/10	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 5/8	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 6	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 7/9	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 11	2	0 (0%)	2 (100%)	0	0	0	1	0	1	1	1	0	0	0	50	0	50	50	50	0
PCB 12/13	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 14	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 15	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 16/32	2	0 (0%)	2 (100%)	0	0	1	1	0	0	1	0	1	0	50	50	0	0	50	0	50
PCB 17	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 18	2	0 (0%)	2 (100%)	0	0	2	0	0	0	0	0	2	0	100	0	0	0	0	0	100
PCB 19	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 20/21/33	2	0 (0%)	2 (100%)	0	0	1	0	0	1	0	1	1	0	50	0	0	50	0	50	50
PCB 22	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0

Table 4-1. Summary of Data Qualifiers Applied to Equipment Rinsate Blank Data

Analyte	Number of Samples Analyzed	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags					Count of Accepted Results Validator Flags			Laboratory Flags, % of Accepted Results					Validator Flags, % of Accepted Results			
					B	EMPC	J	J, B	U	J	U	EMPC	B	EMPC	J	J, B	U	J	U	EMPC	
PCB Congeners (continued)																					
PCB 23	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 24/27	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 25	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 26	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 28	2	0 (0%)	2 (100%)	0	0	2	0	0	0	0	0	2	0	100	0	0	0	0	0	100	
PCB 29	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 30	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 31	2	0 (0%)	2 (100%)	0	0	2	0	0	0	0	0	2	0	100	0	0	0	0	0	100	
PCB 34	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 35	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 36	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 37	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 38	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 39	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 40	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 41/64/71/72	2	0 (0%)	2 (100%)	0	0	0	2	0	0	2	0	0	0	0	100	0	0	100	0	0	
PCB 42/59	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 43/49	2	0 (0%)	2 (100%)	0	0	2	0	0	0	0	0	2	0	100	0	0	0	0	0	100	
PCB 44	2	0 (0%)	2 (100%)	0	0	0	2	0	0	2	0	0	0	0	100	0	0	100	0	0	
PCB 45	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 46	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 47	2	0 (0%)	2 (100%)	0	1	0	0	1	0	1	0	0	50	0	0	50	0	50	0	0	
PCB 48/75	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 50	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 51	2	0 (0%)	2 (100%)	0	0	0	2	0	0	2	0	0	0	0	100	0	0	100	0	0	
PCB 52/69	2	0 (0%)	2 (100%)	0	0	0	2	0	0	2	0	0	0	0	100	0	0	100	0	0	
PCB 53	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 54	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 55	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 56/60	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 57	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 58	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 61/70	2	0 (0%)	2 (100%)	0	0	1	1	0	0	1	0	1	0	50	50	0	0	50	0	50	
PCB 62	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 63	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 65	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 66/76	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 67	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 68	2	0 (0%)	2 (100%)	0	0	0	1	0	1	1	1	0	0	0	50	0	50	50	50	0	
PCB 73	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 74	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 77	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 78	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 79	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 80	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 81	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 82	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 83	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 84/92	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	

Table 4-1. Summary of Data Qualifiers Applied to Equipment Rinsate Blank Data

Analyte	Number of Samples Analyzed	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags					Count of Accepted Results Validator Flags			Laboratory Flags, % of Accepted Results					Validator Flags, % of Accepted Results		
					B	EMPC	J	J, B	U	J	U	EMPC	B	EMPC	J	J, B	U	J	U	EMPC
PCB Congeners (continued)																				
PCB 85/116	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 86	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 87/117/125	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 88/91	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 89	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 90/101	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 93	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 94	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 95/98/102	2	0 (0%)	2 (100%)	0	0	1	0	0	1	0	1	1	0	50	0	0	50	0	50	50
PCB 96	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 97	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 99	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 100	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 103	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 104	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 105	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 106/118	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 107/109	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 108/112	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 110	2	0 (0%)	2 (100%)	0	0	1	1	0	0	1	0	1	0	50	50	0	50	0	50	50
PCB 111/115	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 113	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 114	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 119	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 120	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 121	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 122	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 123	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 124	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 126	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 127	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 128/162	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 129	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 130	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 131	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 132/161	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 133/142	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 134/143	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 135	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 136	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 137	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 138/163/164	2	0 (0%)	2 (100%)	0	0	0	2	0	0	2	0	0	0	0	100	0	100	0	100	0
PCB 139/149	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 140	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 141	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 144	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 145	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 146/165	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 147	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0

Table 4-1. Summary of Data Qualifiers Applied to Equipment Rinsate Blank Data

Analyte	Number of Samples Analyzed	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags					Count of Accepted Results Validator Flags			Laboratory Flags, % of Accepted Results					Validator Flags, % of Accepted Results			
					B	EMPC	J	J, B	U	J	U	EMPC	B	EMPC	J	J, B	U	J	U	EMPC	
PCB Congeners (continued)																					
PCB 148	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 150	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 151	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 152	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 153	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 154	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 155	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 156	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 157	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 158/160	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 159	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 166	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 167	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 168	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 169	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 170	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 171	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 172	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 173	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 174	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 175	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 176	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 177	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 178	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 179	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 180	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 181	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 182/187	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 183	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 184	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 185	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 186	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 188	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 189	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 190	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 191	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 192	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 193	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 194	2	0 (0%)	2 (100%)	0	0	1	0	0	1	0	1	1	0	50	0	0	50	0	50	50	
PCB 195	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 196/203	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 197	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 198	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 199	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 200	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 201	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	
PCB 202	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0	

Table 4-1. Summary of Data Qualifiers Applied to Equipment Rinsate Blank Data

Analyte	Number of Samples Analyzed	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags					Count of Accepted Results Validator Flags			Laboratory Flags, % of Accepted Results					Validator Flags, % of Accepted Results		
					B	EMPC	J	J, B	U	J	U	EMPC	B	EMPC	J	J, B	U	J	U	EMPC
PCB Congeners (continued)																				
PCB 204	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 205	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 206	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 207	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
PCB 208	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
Decachlorobiphenyl	2	0 (0%)	2 (100%)	1	0	0	0	0	1	0	1	0	0	0	0	50	0	50	0	
Monochlorobiphenyl homologs	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	0
Dichlorobiphenyl homologs	2	0 (0%)	2 (100%)	1	0	0	0	0	1	0	1	0	0	0	0	50	0	50	0	
Trichlorobiphenyl homologs	2	0 (0%)	2 (100%)	1	0	1	0	0	0	0	0	1	0	50	0	0	0	0	50	
Tetrachlorobiphenyl homologs	2	0 (0%)	2 (100%)	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pentachlorobiphenyl homologs	2	0 (0%)	2 (100%)	1	0	1	0	0	0	0	0	1	0	50	0	0	0	0	50	
Hexachlorobiphenyl homologs	2	0 (0%)	2 (100%)	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Heptachlorobiphenyl homologs	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	
Octachlorobiphenyl homologs	2	0 (0%)	2 (100%)	0	0	1	0	0	1	0	1	1	0	50	0	0	50	0	50	
Nonachlorobiphenyl homologs	2	0 (0%)	2 (100%)	0	0	0	0	0	2	0	2	0	0	0	0	0	100	0	100	
Dioxins/Furans																				
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
1,2,3,4,6,7,8-Heptachlorodibenzofuran	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
1,2,3,4,7,8,9-Heptachlorodibenzofuran	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
1,2,3,4,7,8-Hexachlorodibenzodioxin	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
1,2,3,4,7,8-Hexachlorodibenzofuran	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
1,2,3,6,7,8-Hexachlorodibenzodioxin	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
1,2,3,6,7,8-Hexachlorodibenzofuran	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
1,2,3,7,8,9-Hexachlorodibenzodioxin	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
1,2,3,7,8,9-Hexachlorodibenzofuran	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
1,2,3,7,8-Pentachlorodibenzodioxin	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
1,2,3,7,8-Pentachlorodibenzofuran	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
2,3,4,6,7,8-Hexachlorodibenzofuran	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
2,3,4,7,8-Pentachlorodibenzofuran	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
2,3,7,8-Tetrachlorodibenzodioxin	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
2,3,7,8-Tetrachlorodibenzofuran	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
Tetrachlorodibenzodioxin (Total)	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
Tetrachlorodibenzofuran (Total)	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
Pentachlorodibenzodioxin (Total)	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
Pentachlorodibenzofuran (Total)	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
Hexachlorodibenzodioxin (Total)	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
Hexachlorodibenzofuran (Total)	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
Heptachlorodibenzodioxin (Total)	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
Heptachlorodibenzofuran (Total)	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
Octachlorodibenzodioxin	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
Octachlorodibenzofuran	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	
TEQMinWHO05Dioxn (lab)	3	0 (0%)	3 (100%)	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Table 4-1. Summary of Data Qualifiers Applied to Equipment Rinsate Blank Data

Analyte	Number of Samples Analyzed	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags					Count of Accepted Results Validator Flags			Laboratory Flags, % of Accepted Results					Validator Flags, % of Accepted Results		
					B	EMPC	J	J, B	U	J	U	EMPC	B	EMPC	J	J, B	U	J	U	EMPC
PBDEs																				
PBDE 47	3	0 (0%)	3 (100%)	0	0	1	0	2	0	2	0	1	0	33	0	67	0	67	0	33
PBDE 99	3	0 (0%)	3 (100%)	1	0	1	1	0	0	1	0	1	0	33	33	0	0	33	0	33
PBDE 153	3	0 (0%)	3 (100%)	0	0	1	1	0	1	1	1	1	0	33	33	0	33	33	33	33
PBDE 209	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Total Mono-BDE	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Total Di-BDE	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Total Tri-BDE	3	0 (0%)	3 (100%)	0	0	0	0	2	1	2	1	0	0	0	0	67	33	67	33	0
Total Tetra-BDE	3	0 (0%)	3 (100%)	0	0	1	0	2	0	2	0	1	0	33	0	67	0	67	0	33
Total Penta-BDE	3	0 (0%)	3 (100%)	0	1	0	0	2	0	2	0	0	33	0	0	67	0	67	0	0
Total Hexa-BDE	3	0 (0%)	3 (100%)	0	0	0	0	2	1	2	1	0	0	0	0	67	33	67	33	0
Total Hepta-BDE	3	0 (0%)	3 (100%)	0	0	0	3	0	0	3	0	0	0	0	100	0	0	100	0	0
Total Octa-BDE	3	0 (0%)	3 (100%)	0	0	0	1	0	2	1	2	0	0	0	33	0	67	33	67	0
Total Nona-BDE	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0
Total Deca-BDE	3	0 (0%)	3 (100%)	0	0	0	0	0	3	0	3	0	0	0	0	0	100	0	100	0

Notes:

BDE - bromodiphenyl ether
PBDE - polybrominated diphenylether
PCB - polychlorinated biphenyl
Data qualifiers:

Laboratory

B The compound was also detected in the method blank.
EMPC Estimated maximum possible concentration
J The result is an estimated value that was detected outside the quantitation range.
J, B The result is an estimated value that was detected outside the quantitation range. The compound was also detected in the method blank.
U The analyte was analyzed for, but was not detected at or above the method reporting limit/method detection limit (MRL/MDL).

Validator

EMPC Chromatographic peaks are present in the expected retention time window; however, the peaks do not meet all of the conditions required for a positive identification. The detection limit represents the maximum possible concentration if the analyte was present.
J Quantitation is approximate due to limitations identified during the QA review (data validation).
U This analyte was not detected at or above the associated detection limit.
U* This analyte should be considered non-detected because it was detected in an associated blank at a similar level.

Table 4-2. Summary of Data Qualifiers Applied to Tissue Data

Analyte	Number of Samples Analyzed ^a	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags					Count of Accepted Results Validator Flags				Laboratory Flags, % of Accepted Results					Validator Flags, % of Accepted Results			
					B	B, E	EMPC	J	U	J	U	EMPC	U*	B	B, E	EMPC	J	U	J	U	EMPC	U*
Metals/Metalloids																						
Aluminum	9	0 (0%)	9 (100%)	4	0	0	0	5	0	2	0	0	3	0	0	0	56	0	22	0	0	33
Antimony	9	0 (0%)	9 (100%)	0	0	0	0	8	1	0	1	0	8	0	0	0	89	11	0	11	0	89
Arsenic	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Barium	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Beryllium	9	0 (0%)	9 (100%)	0	0	0	0	1	8	1	8	0	0	0	0	11	89	11	89	0	0	0
Boron	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
Cadmium	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0	0
Calcium	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chromium	9	0 (0%)	9 (100%)	7	0	0	0	2	0	2	0	0	0	0	0	22	0	22	0	0	0	0
Cobalt	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0	0
Copper	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inorganic arsenic	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
Iron	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lead	9	0 (0%)	9 (100%)	4	0	0	0	5	0	5	0	0	0	0	0	56	0	56	0	0	0	0
Magnesium	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Manganese	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mercury	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Molybdenum	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0	0
Nickel	9	0 (0%)	9 (100%)	1	0	0	0	8	0	8	0	0	0	0	0	89	0	89	0	0	0	0
Potassium	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Selenium	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Silicon	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0	0
Silver	9	0 (0%)	9 (100%)	0	0	0	0	3	6	0	6	0	3	0	0	33	67	0	67	0	33	33
Sodium	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sulfur	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Thallium	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0	0
Tin	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0	0
Uranium	9	0 (0%)	9 (100%)	0	0	0	0	2	7	2	7	0	0	0	0	22	78	22	78	0	0	0
Vanadium	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0	0
Zinc	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Conventional Parameters																						
Fluoride	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0	0
Lipid	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total solids	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB Congeners																						
PCB 1	9	0 (0%)	9 (100%)	0	0	0	3	4	2	4	2	3	0	0	0	33	44	22	44	22	33	0
PCB 2	9	0 (0%)	9 (100%)	0	0	0	0	3	6	3	6	0	0	0	0	33	67	33	67	0	0	0
PCB 3	9	0 (0%)	9 (100%)	0	0	0	4	3	2	3	2	4	0	0	0	44	33	22	33	22	44	0
PCB 4/10	9	0 (0%)	9 (100%)	0	0	0	2	1	6	1	6	2	0	0	0	22	11	67	11	67	22	0
PCB 5/8	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 6	9	0 (0%)	9 (100%)	0	0	0	2	0	7	0	7	2	0	0	0	22	0	78	0	78	22	0
PCB 7/9	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0	0
PCB 11	9	0 (0%)	9 (100%)	0	9	0	0	0	0	0	0	0	9	100	0	0	0	0	0	0	0	100
PCB 12/13	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
PCB 14	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0	0
PCB 15	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0	0
PCB 16/32	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 17	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 18	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 4-2. Summary of Data Qualifiers Applied to Tissue Data

Analyte	Number of Samples Analyzed ^a	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags					Count of Accepted Results Validator Flags				Laboratory Flags, % of Accepted Results					Validator Flags, % of Accepted Results			
					B	B, E	EMPC	J	U	J	U	EMPC	U*	B	B, E	EMPC	J	U	J	U	EMPC	U*
PCB Congeners (continued)																						
PCB 19	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 20/21/33	9	0 (0%)	9 (100%)	5	0	0	0	4	0	4	0	0	0	0	0	0	44	0	44	0	0	0
PCB 22	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 23	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 24/27	9	0 (0%)	9 (100%)	3	0	0	0	6	0	6	0	0	0	0	0	0	67	0	67	0	0	0
PCB 25	9	0 (0%)	9 (100%)	1	0	0	0	8	0	8	0	0	0	0	0	0	89	0	89	0	0	0
PCB 26	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 28	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 29	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
PCB 30	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
PCB 31	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 34	9	0 (0%)	9 (100%)	0	0	0	1	6	2	6	2	1	0	0	0	11	67	22	67	22	11	0
PCB 35	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
PCB 36	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
PCB 37	9	0 (0%)	9 (100%)	3	0	0	0	6	0	6	0	0	0	0	0	67	0	67	0	0	0	0
PCB 38	9	0 (0%)	9 (100%)	7	0	0	0	2	0	2	0	0	0	0	0	22	0	22	0	0	0	0
PCB 39	9	0 (0%)	9 (100%)	0	0	0	0	2	7	2	7	0	0	0	0	22	78	22	78	0	0	0
PCB 40	9	0 (0%)	9 (100%)	6	0	0	1	2	0	2	0	1	0	0	0	11	22	0	22	0	11	0
PCB 41/64/71/72	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 42/59	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 43/49	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 44	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 45	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 46	9	0 (0%)	9 (100%)	7	0	0	1	1	0	1	0	1	0	0	0	11	11	0	11	0	11	0
PCB 47	9	0 (0%)	9 (100%)	0	9	0	0	0	0	0	0	0	0	100	0	0	0	0	0	0	0	0
PCB 48/75	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 50	9	0 (0%)	9 (100%)	0	0	0	1	3	5	3	5	1	0	0	0	11	33	56	33	56	11	0
PCB 51	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 52/69	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 53	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 54	9	0 (0%)	9 (100%)	0	0	0	1	3	5	3	5	1	0	0	0	11	33	56	33	56	11	0
PCB 55	9	0 (0%)	9 (100%)	8	0	0	1	0	0	0	0	1	0	0	0	11	0	0	0	0	11	0
PCB 56/60	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 57	9	0 (0%)	9 (100%)	3	0	0	0	6	0	6	0	0	0	0	0	67	0	67	0	0	0	0
PCB 58	9	0 (0%)	9 (100%)	2	0	0	0	7	0	7	0	0	0	0	0	78	0	78	0	0	0	0
PCB 61/70	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 62	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
PCB 63	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 65	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
PCB 66/76	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 67	9	0 (0%)	9 (100%)	2	0	0	1	6	0	6	0	1	0	0	0	11	67	0	67	0	11	0
PCB 68	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 73	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
PCB 74	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 77	9	0 (0%)	9 (100%)	8	0	0	1	0	0	0	0	1	0	0	0	11	0	0	0	0	11	0
PCB 78	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
PCB 79	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 80	9	0 (0%)	9 (100%)	0	0	0	0	3	6	3	6	0	0	0	0	33	67	33	67	0	0	0
PCB 81	9	0 (0%)	9 (100%)	7	0	0	0	2	0	2	0	0	0	0	0	22	0	22	0	0	0	0

Table 4-2. Summary of Data Qualifiers Applied to Tissue Data

Analyte	Number of Samples Analyzed ^a	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags					Count of Accepted Results Validator Flags				Laboratory Flags, % of Accepted Results					Validator Flags, % of Accepted Results			
					B	B, E	EMPC	J	U	J	U	EMPC	U*	B	B, E	EMPC	J	U	J	U	EMPC	U*
PCB Congeners (continued)																						
PCB 82	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 83	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 84/92	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 85/116	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 86	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 87/117/125	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 88/91	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 89	9	0 (0%)	9 (100%)	4	0	0	0	3	2	3	2	0	0	0	0	0	33	22	33	22	0	0
PCB 90/101	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 93	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 94	9	0 (0%)	9 (100%)	7	0	0	1	1	0	1	0	1	0	0	0	11	11	0	11	0	11	0
PCB 95/98/102	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 96	9	0 (0%)	9 (100%)	7	0	0	0	2	0	2	0	0	0	0	0	22	0	22	0	0	0	0
PCB 97	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 99	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 100	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 103	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 104	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 105	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 106/118	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 107/109	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 108/112	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 110	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 111/115	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 113	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 114	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 119	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 120	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 121	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 122	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 123	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 124	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 126	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 127	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 128/162	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 129	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 130	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 131	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 132/161	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 133/142	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 134/143	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 135	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 136	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 137	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 138/163/164	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 139/149	9	0 (0%)	9 (100%)	0	9	0	0	0	0	0	0	0	0	100	0	0	0	0	0	0	0	0
PCB 140	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 141	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 144	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 4-2. Summary of Data Qualifiers Applied to Tissue Data

Analyte	Number of Samples Analyzed ^a	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags					Count of Accepted Results Validator Flags				Laboratory Flags, % of Accepted Results					Validator Flags, % of Accepted Results			
					B	B, E	EMPC	J	U	J	U	EMPC	U*	B	B, E	EMPC	J	U	J	U	EMPC	U*
PCB Congeners (continued)																						
PCB 145	9	0 (0%)	9 (100%)	0	0	0	1	3	5	3	5	1	0	0	0	11	33	56	33	56	11	0
PCB 146/165	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 147	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 148	9	0 (0%)	9 (100%)	8	0	0	0	1	0	1	0	0	0	0	0	0	11	0	11	0	0	0
PCB 150	9	0 (0%)	9 (100%)	3	0	0	1	5	0	5	0	1	0	0	0	11	56	0	56	0	11	0
PCB 151	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 152	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0	0
PCB 153	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 154	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 155	9	0 (0%)	9 (100%)	8	0	0	0	1	0	1	0	0	0	0	0	11	0	11	0	0	0	0
PCB 156	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 157	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 158/160	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 159	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 166	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 167	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 168	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 169	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 170	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 171	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 172	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 173	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 174	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 175	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 176	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 177	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 178	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 179	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 180	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 181	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 182/187	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 183	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 184	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 185	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 186	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 188	9	0 (0%)	9 (100%)	5	0	0	0	4	0	4	0	0	0	0	0	44	0	44	0	0	0	0
PCB 189	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 190	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 191	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 192	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
PCB 193	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 194	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 195	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 196/203	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 197	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 198	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 199	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 200	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 201	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 4-2. Summary of Data Qualifiers Applied to Tissue Data

Analyte	Number of Samples Analyzed ^a	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags					Count of Accepted Results Validator Flags				Laboratory Flags, % of Accepted Results					Validator Flags, % of Accepted Results			
					B	B, E	EMPC	J	U	J	U	EMPC	U*	B	B, E	EMPC	J	U	J	U	EMPC	U*
PCB Congeners (continued)																						
PCB 202	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 204	9	0 (0%)	9 (100%)	0	0	0	0	1	8	1	8	0	0	0	0	0	11	89	11	89	0	0
PCB 205	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 206	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 207	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCB 208	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Decachlorobiphenyl	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Monochlorobiphenyl homologs	9	0 (0%)	9 (100%)	6	0	0	3	0	0	0	0	3	0	0	0	33	0	0	0	0	33	0
Dichlorobiphenyl homologs	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Trichlorobiphenyl homologs	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tetrachlorobiphenyl homologs	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pentachlorobiphenyl homologs	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hexachlorobiphenyl homologs	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Heptachlorobiphenyl homologs	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Octachlorobiphenyl homologs	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nonachlorobiphenyl homologs	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dioxins/Furans																						
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	9	0 (0%)	9 (100%)	0	0	0	0	3	6	3	6	0	0	0	0	33	67	33	67	0	0	0
1,2,3,4,6,7,8-Heptachlorodibenzofuran	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
1,2,3,4,7,8,9-Heptachlorodibenzofuran	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
1,2,3,4,7,8-Hexachlorodibenzodioxin	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
1,2,3,4,7,8-Hexachlorodibenzofuran	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
1,2,3,6,7,8-Hexachlorodibenzodioxin	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
1,2,3,6,7,8-Hexachlorodibenzofuran	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
1,2,3,7,8,9-Hexachlorodibenzodioxin	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
1,2,3,7,8,9-Hexachlorodibenzofuran	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
1,2,3,7,8-Pentachlorodibenzodioxin	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
1,2,3,7,8-Pentachlorodibenzofuran	9	0 (0%)	9 (100%)	0	0	0	4	0	5	0	5	4	0	0	0	44	0	56	0	56	44	0
2,3,4,6,7,8-Hexachlorodibenzofuran	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
2,3,4,7,8-Pentachlorodibenzofuran	9	0 (0%)	9 (100%)	0	0	0	4	1	4	1	4	4	0	0	0	44	11	44	11	44	44	0
2,3,7,8-Tetrachlorodibenzodioxin	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
2,3,7,8-Tetrachlorodibenzofuran	9	0 (0%)	9 (100%)	8	0	0	0	1	0	1	0	0	0	0	0	11	0	11	0	0	0	0
Tetrachlorodibenzodioxin (Total)	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
Tetrachlorodibenzofuran (Total)	9	0 (0%)	9 (100%)	8	0	0	0	1	0	1	0	0	0	0	0	11	0	11	0	0	0	0
Pentachlorodibenzodioxin (Total)	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
Pentachlorodibenzofuran (Total)	9	0 (0%)	9 (100%)	0	0	0	4	1	4	1	4	4	0	0	0	44	11	44	11	44	44	0
Hexachlorodibenzodioxin (Total)	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
Hexachlorodibenzofuran (Total)	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
Heptachlorodibenzodioxin (Total)	9	0 (0%)	9 (100%)	0	0	0	0	3	6	3	6	0	0	0	0	33	67	33	67	0	0	0
Heptachlorodibenzofuran (Total)	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
Octachlorodibenzodioxin	9	0 (0%)	9 (100%)	0	0	0	2	3	4	3	4	2	0	0	0	22	33	44	33	44	22	0
Octachlorodibenzofuran	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
TEQMinWHO05Dioxn (lab)	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 4-2. Summary of Data Qualifiers Applied to Tissue Data

Analyte	Number of Samples Analyzed ^a	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags					Count of Accepted Results Validator Flags				Laboratory Flags, % of Accepted Results					Validator Flags, % of Accepted Results			
					B	B, E	EMPC	J	U	J	U	EMPC	U*	B	B, E	EMPC	J	U	J	U	EMPC	U*
PBDEs																						
PBDE 47	9	0 (0%)	9 (100%)	0	0	9	0	0	0	9	0	0	0	0	100	0	0	0	100	0	0	0
PBDE 99	9	0 (0%)	9 (100%)	0	9	0	0	0	0	2	0	0	0	100	0	0	0	0	22	0	0	0
PBDE 153	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PBDE 209	9	0 (0%)	9 (100%)	0	0	0	0	2	7	2	7	0	0	0	0	0	22	78	22	78	0	0
Total Mono-BDE	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0
Total Di-BDE	9	0 (0%)	9 (100%)	0	0	0	2	7	0	7	0	2	0	0	0	22	78	0	78	0	22	0
Total Tri-BDE	9	0 (0%)	9 (100%)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Tetra-BDE	9	0 (0%)	9 (100%)	0	9	0	0	0	0	1	0	0	0	100	0	0	0	0	11	0	0	0
Total Penta-BDE	9	0 (0%)	9 (100%)	0	9	0	0	0	0	2	0	0	0	100	0	0	0	0	22	0	0	0
Total Hexa-BDE	9	0 (0%)	9 (100%)	7	0	0	0	0	0	2	0	0	0	0	0	0	0	0	22	0	0	0
Total Hepta-BDE	9	0 (0%)	9 (100%)	0	0	0	0	9	0	9	0	0	0	0	0	0	100	0	100	0	0	0
Total Octa-BDE	9	0 (0%)	9 (100%)	0	0	0	0	3	6	3	6	0	0	0	0	33	67	33	67	0	0	0
Total Nona-BDE	9	0 (0%)	9 (100%)	0	0	0	0	0	9	0	9	0	0	0	0	0	100	0	100	0	0	0
Total Deca-BDE	9	0 (0%)	9 (100%)	0	0	0	0	2	7	2	7	0	0	0	0	22	78	22	78	0	0	0

Notes:

^a Qualifier counts do not include laboratory quality control samples

BDE - bromodiphenyl ether

PBDE - polybrominated diphenylether

PCB - polychlorinated biphenyl

Data qualifiers:

Laboratory

- B The compound was also detected in the method blank.
- B, E The compound was also detected in the method blank. The associated compound concentration exceeded the calibration range for the instrument.
- EMPC Estimated maximum possible concentration
- J The result is an estimated value that was detected outside the quantitation range.
- U The analyte was analyzed for, but was not detected at or above the method reporting limit/method detection limit (MRL/MDL).

Validator

- EMPC Chromatographic peaks are present in the expected retention time window; however, the peaks do not meet all of the conditions required for a positive identification. The detection limit represents the maximum possible concentration if the analyte was present.
- J Quantitation is approximate due to limitations identified during the QA review (data validation).
- U This analyte was not detected at or above the associated detection limit.
- U* This analyte should be considered non-detected because it was detected in an associated blank at a similar level.

Table 5-1. Summary of Results for Fillet Composites from Small Fish (A – 50 to 97 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
Metals/Metalloids (mg/kg dw except mercury)											
Aluminum	3	3	100	2.1	3.8	5.2	1.6	2.1	3.8	5.2	1.6
Antimony	3	0	0	0.0035	0.0042	0.005	0.00076	NA	NA	NA	NA
Arsenic	3	3	100	0.617	0.697	0.78	0.0816	0.617	0.697	0.78	0.0816
Barium	3	3	100	0.058	0.09	0.108	0.028	0.058	0.09	0.108	0.028
Beryllium	3	1	33	0.005	0.0082	0.01	0.0028	0.005	NA	0.005	NA
Boron	3	0	0	0.95	0.97	1	0.029	NA	NA	NA	NA
Cadmium	3	3	100	0.004	0.0093	0.017	0.0068	0.004	0.0093	0.017	0.0068
Calcium	3	3	100	241	276	305	32.3	241	276	305	32.3
Chromium	3	3	100	0.28	0.39	0.58	0.17	0.28	0.39	0.58	0.17
Cobalt	3	3	100	0.015	0.016	0.018	0.0015	0.015	0.016	0.018	0.0015
Copper	3	3	100	0.92	1.5	2.32	0.74	0.92	1.5	2.32	0.74
Inorganic arsenic	3	0	0	0.04	0.04	0.04	0	NA	NA	NA	NA
Iron	3	3	100	14.3	20.1	24.8	5.34	14.3	20.1	24.8	5.34
Lead	3	3	100	0.019	0.032	0.055	0.02	0.019	0.032	0.055	0.02
Magnesium	3	3	100	1000	1070	1120	64.3	1000	1070	1120	64.3
Manganese	3	3	100	0.988	1.13	1.26	0.136	0.988	1.13	1.26	0.136
Mercury (µg/kg dw)	3	3	100	242	260	278	18	242	260	278	18
Molybdenum	3	3	100	0.0122	0.0161	0.0235	0.00644	0.0122	0.0161	0.0235	0.00644
Nickel	3	3	100	0.13	0.16	0.2	0.038	0.13	0.16	0.2	0.038
Potassium	3	3	100	15400	16400	17100	874	15400	16400	17100	874
Selenium	3	3	100	3.64	3.92	4.15	0.258	3.64	3.92	4.15	0.258
Silicon	3	3	100	8.1	9.6	11.1	1.5	8.1	9.6	11.1	1.5
Silver	3	0	0	0.0065	0.0087	0.01	0.0019	NA	NA	NA	NA
Sodium	3	3	100	1410	1450	1510	52.9	1410	1450	1510	52.9
Sulfur	3	3	100	7250	7790	8190	485	7250	7790	8190	485
Thallium	3	3	100	0.008	0.012	0.017	0.0045	0.008	0.012	0.017	0.0045
Tin	3	3	100	0.013	0.014	0.015	0.001	0.013	0.014	0.015	0.001
Uranium	3	2	67	0.001	0.004	0.01	0.0052	0.001	0.001	0.001	0
Vanadium	3	3	100	0.01	0.017	0.02	0.0058	0.01	0.017	0.02	0.0058
Zinc	3	3	100	12.3	13.2	13.9	0.819	12.3	13.2	13.9	0.819
Conventional Parameters											
Fluoride (mg/kg ww)	3	3	100	1.5	1.7	1.8	0.15	1.5	1.7	1.8	0.15
Lipid (% ww)	3	3	100	3.54	5.19	6.25	1.45	3.54	5.19	6.25	1.45
Total solids (% ww)	3	3	100	23.7	24.1	24.7	0.529	23.7	24.1	24.7	0.529
PCB Congeners (pg/g ww)											
PCB 1	3	2	67	0.0234	0.0965	0.147	0.0648	0.119	0.133	0.147	0.0198
PCB 2	3	0	0	0.0432	0.0744	0.1085	0.0327	NA	NA	NA	NA
PCB 3	3	0	0	0.0545	0.0633	0.0695	0.00785	NA	NA	NA	NA
PCB 4/10	3	1	33	0.1335	0.259	0.48	0.192	0.48	NA	0.48	NA
PCB 5/8	3	3	100	1.2	1.46	1.97	0.442	1.2	1.46	1.97	0.442
PCB 6	3	0	0	0.056	0.105	0.2	0.0821	NA	NA	NA	NA
PCB 7/9	3	0	0	0.04955	0.0567	0.0635	0.00698	NA	NA	NA	NA
PCB 11	3	0	0	0.635	0.685	0.755	0.0624	NA	NA	NA	NA
PCB 12/13	3	0	0	0.02425	0.0459	0.0725	0.0245	NA	NA	NA	NA
PCB 14	3	0	0	0.021	0.0291	0.03555	0.00741	NA	NA	NA	NA

Table 5-1. Summary of Results for Fillet Composites from Small Fish (A – 50 to 97 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only				
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD	
PCB Congeners (pg/g ww) (continued)												
PCB 15	3	0	0	0.1155	0.155	0.2225	0.059	NA	NA	NA	NA	NA
PCB 16/32	3	3	100	2.53	3.29	4.15	0.814	2.53	3.29	4.15	0.814	0.814
PCB 17	3	3	100	0.946	1.53	2.13	0.592	0.946	1.53	2.13	0.592	0.592
PCB 18	3	3	100	9.24	11	14.4	2.92	9.24	11	14.4	2.92	2.92
PCB 19	3	3	100	0.558	0.689	0.91	0.192	0.558	0.689	0.91	0.192	0.192
PCB 20/21/33	3	3	100	0.731	1.07	1.54	0.419	0.731	1.07	1.54	0.419	0.419
PCB 22	3	3	100	1.81	2.18	2.62	0.409	1.81	2.18	2.62	0.409	0.409
PCB 23	3	0	0	0.04645	0.0545	0.0665	0.0106	NA	NA	NA	NA	NA
PCB 24/27	3	3	100	0.574	0.738	0.962	0.201	0.574	0.738	0.962	0.201	0.201
PCB 25	3	3	100	0.136	0.251	0.446	0.17	0.136	0.251	0.446	0.17	0.17
PCB 26	3	3	100	0.757	0.992	1.34	0.307	0.757	0.992	1.34	0.307	0.307
PCB 28	3	3	100	10.8	16.5	20.4	5.06	10.8	16.5	20.4	5.06	5.06
PCB 29	3	0	0	0.0423	0.0496	0.0605	0.00964	NA	NA	NA	NA	NA
PCB 30	3	0	0	0.01635	0.0291	0.039	0.0116	NA	NA	NA	NA	NA
PCB 31	3	3	100	8.87	9.76	10.5	0.825	8.87	9.76	10.5	0.825	0.825
PCB 34	3	2	67	0.0386	0.0843	0.126	0.0438	0.0883	0.107	0.126	0.0267	0.0267
PCB 35	3	0	0	0.03365	0.0384	0.04485	0.00578	NA	NA	NA	NA	NA
PCB 36	3	0	0	0.0331	0.0378	0.0441	0.00568	NA	NA	NA	NA	NA
PCB 37	3	3	100	0.188	0.297	0.378	0.098	0.188	0.297	0.378	0.098	0.098
PCB 38	3	3	100	0.39	0.468	0.62	0.132	0.39	0.468	0.62	0.132	0.132
PCB 39	3	0	0	0.03125	0.0357	0.0416	0.00534	NA	NA	NA	NA	NA
PCB 40	3	2	67	0.1665	0.376	0.671	0.263	0.291	0.481	0.671	0.269	0.269
PCB 41/64/71/72	3	3	100	17.2	23.4	29.2	6.01	17.2	23.4	29.2	6.01	6.01
PCB 42/59	3	3	100	2.94	3.54	4.67	0.982	2.94	3.54	4.67	0.982	0.982
PCB 43/49	3	3	100	19.3	25.3	31.3	6	19.3	25.3	31.3	6	6
PCB 44	3	3	100	14.3	19.1	25.7	5.91	14.3	19.1	25.7	5.91	5.91
PCB 45	3	3	100	1.18	1.55	1.94	0.38	1.18	1.55	1.94	0.38	0.38
PCB 46	3	2	67	0.1855	0.416	0.621	0.219	0.44	0.531	0.621	0.128	0.128
PCB 47	3	3	100	10.3	14.9	19.1	4.41	10.3	14.9	19.1	4.41	4.41
PCB 48/75	3	3	100	2.43	3.09	4.13	0.909	2.43	3.09	4.13	0.909	0.909
PCB 50	3	1	33	0.04655	0.0529	0.0627	0.00863	0.0627	NA	0.0627	NA	NA
PCB 51	3	3	100	0.495	0.552	0.654	0.0885	0.495	0.552	0.654	0.0885	0.0885
PCB 52/69	3	3	100	38.5	55.9	73.6	17.6	38.5	55.9	73.6	17.6	17.6
PCB 53	3	3	100	2.11	2.91	3.44	0.705	2.11	2.91	3.44	0.705	0.705
PCB 54	3	1	33	0.01625	0.0276	0.03895	0.0114	0.0275	NA	0.0275	NA	NA
PCB 55	3	2	67	0.3205	0.787	1.21	0.446	0.829	1.02	1.21	0.269	0.269
PCB 56/60	3	3	100	7.54	11	14.3	3.38	7.54	11	14.3	3.38	3.38
PCB 57	3	3	100	0.135	0.2	0.263	0.064	0.135	0.2	0.263	0.064	0.064
PCB 58	3	3	100	0.124	0.191	0.252	0.0642	0.124	0.191	0.252	0.0642	0.0642
PCB 61/70	3	3	100	22.4	32.7	43.9	10.8	22.4	32.7	43.9	10.8	10.8
PCB 62	3	0	0	0.03765	0.05	0.0705	0.0179	NA	NA	NA	NA	NA
PCB 63	3	3	100	1.76	2.58	3.36	0.801	1.76	2.58	3.36	0.801	0.801
PCB 65	3	0	0	0.04015	0.0534	0.0755	0.0193	NA	NA	NA	NA	NA
PCB 67	3	2	67	0.0525	0.16	0.272	0.11	0.156	0.214	0.272	0.082	0.082
PCB 68	3	3	100	0.931	1.33	1.69	0.381	0.931	1.33	1.69	0.381	0.381

Table 5-1. Summary of Results for Fillet Composites from Small Fish (A – 50 to 97 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only				
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD	
PCB Congeners (pg/g ww) (continued)												
PCB 73	3	0	0	0.03855	0.0493	0.067	0.0154	NA	NA	NA	NA	
PCB 74	3	3	100	19.1	27.3	34.6	7.8	19.1	27.3	34.6	7.8	
PCB 76	3	3	100	24.2	38.1	50.1	13	24.2	38.1	50.1	13	
PCB 77	3	3	100	0.546	1.17	1.75	0.603	0.546	1.17	1.75	0.603	
PCB 78	3	0	0	0.0334	0.0435	0.0605	0.0148	NA	NA	NA	NA	
PCB 79	3	3	100	3.13	4.07	5.24	1.07	3.13	4.07	5.24	1.07	
PCB 80	3	1	33	0.0276	0.065	0.136	0.0615	0.136	NA	0.136	NA	
PCB 81	3	3	100	0.392	0.526	0.702	0.159	0.392	0.526	0.702	0.159	
PCB 82	3	3	100	2.43	4.02	6.31	2.03	2.43	4.02	6.31	2.03	
PCB 83	3	0	0	0.03475	0.0416	0.0497	0.00754	NA	NA	NA	NA	
PCB 84/92	3	3	100	53	72.8	96.7	22.1	53	72.8	96.7	22.1	
PCB 85/116	3	3	100	36.5	48.6	60.2	11.9	36.5	48.6	60.2	11.9	
PCB 86	3	0	0	0.0575	0.069	0.0825	0.0126	NA	NA	NA	NA	
PCB 87/117/125	3	3	100	50.1	68.4	91.1	20.9	50.1	68.4	91.1	20.9	
PCB 88/91	3	3	100	16.5	23.3	30.6	7.06	16.5	23.3	30.6	7.06	
PCB 89	3	1	33	0.04805	0.222	0.56	0.293	0.56	NA	0.56	NA	
PCB 90/101	3	3	100	188	249	327	71.2	188	249	327	71.2	
PCB 93	3	0	0	0.049	0.0593	0.0705	0.0108	NA	NA	NA	NA	
PCB 94	3	2	67	0.373	0.449	0.546	0.0883	0.429	0.488	0.546	0.0827	
PCB 95/98/102	3	3	100	90	129	168	39	90	129	168	39	
PCB 96	3	3	100	0.263	0.384	0.533	0.137	0.263	0.384	0.533	0.137	
PCB 97	3	3	100	23.6	30.8	45	12.3	23.6	30.8	45	12.3	
PCB 100	3	3	100	0.818	1.16	1.56	0.374	0.818	1.16	1.56	0.374	
PCB 99	3	3	100	128	168	213	42.8	128	168	213	42.8	
PCB 103	3	3	100	1.49	2.14	2.75	0.631	1.49	2.14	2.75	0.631	
PCB 104	3	0	0	0.03475	0.0415	0.0488	0.00704	NA	NA	NA	NA	
PCB 105	3	3	100	61	83.2	103	21.1	61	83.2	103	21.1	
PCB 106/118	3	3	100	113	168	220	53.5	113	168	220	53.5	
PCB 107/109	3	3	100	20.7	27.9	36.8	8.17	20.7	27.9	36.8	8.17	
PCB 108/112	3	3	100	5.02	7.26	10.2	2.66	5.02	7.26	10.2	2.66	
PCB 110	3	3	100	154	208	271	59	154	208	271	59	
PCB 111/115	3	3	100	3.57	4.88	6.64	1.59	3.57	4.88	6.64	1.59	
PCB 113	3	0	0	0.03625	0.0437	0.051	0.00738	NA	NA	NA	NA	
PCB 114	3	3	100	4.03	5.16	6.66	1.35	4.03	5.16	6.66	1.35	
PCB 119	3	3	100	6.43	8.88	11.5	2.54	6.43	8.88	11.5	2.54	
PCB 120	3	3	100	0.765	1.16	1.52	0.379	0.765	1.16	1.52	0.379	
PCB 121	3	0	0	0.03365	0.0407	0.0483	0.00734	NA	NA	NA	NA	
PCB 122	3	0	0	0.085	0.108	0.133	0.024	NA	NA	NA	NA	
PCB 123	3	3	100	1.93	2.51	3	0.542	1.93	2.51	3	0.542	
PCB 124	3	3	100	2.62	3.4	4.45	0.943	2.62	3.4	4.45	0.943	
PCB 126	3	3	100	0.514	0.626	0.766	0.128	0.514	0.626	0.766	0.128	
PCB 127	3	0	0	0.081	0.103	0.1265	0.0228	NA	NA	NA	NA	
PCB 128/162	3	3	100	52.2	71.5	90.3	19.1	52.2	71.5	90.3	19.1	
PCB 129	3	3	100	7.47	9.45	12.6	2.76	7.47	9.45	12.6	2.76	
PCB 130	3	3	100	23.6	31.1	37.3	6.94	23.6	31.1	37.3	6.94	

Table 5-1. Summary of Results for Fillet Composites from Small Fish (A – 50 to 97 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (pg/g ww) (continued)											
PCB 131	3	0	0	0.071	0.0927	0.1275	0.0305	NA	NA	NA	NA
PCB 132/161	3	3	100	53.9	71.7	97.6	22.9	53.9	71.7	97.6	22.9
PCB 133/142	3	3	100	11.4	14.6	19.1	4	11.4	14.6	19.1	4
PCB 134/143	3	3	100	9.62	12.8	17.3	4.02	9.62	12.8	17.3	4.02
PCB 135	3	3	100	40.2	51.4	65.4	12.8	40.2	51.4	65.4	12.8
PCB 136	3	3	100	20.8	27.2	35.5	7.52	20.8	27.2	35.5	7.52
PCB 137	3	3	100	18.2	21.3	26.9	4.83	18.2	21.3	26.9	4.83
PCB 138/163/164	3	3	100	509	626	776	137	509	626	776	137
PCB 139/149	3	3	100	264	342	448	95	264	342	448	95
PCB 140	3	3	100	1.84	2.52	3.34	0.76	1.84	2.52	3.34	0.76
PCB 141	3	3	100	67	73.9	86.3	10.8	67	73.9	86.3	10.8
PCB 144	3	3	100	11	13.7	17.5	3.37	11	13.7	17.5	3.37
PCB 145	3	0	0	0.03195	0.0378	0.047	0.00806	NA	NA	NA	NA
PCB 146/165	3	3	100	87.9	109	139	26.5	87.9	109	139	26.5
PCB 147	3	3	100	8.07	10.8	14.5	3.34	8.07	10.8	14.5	3.34
PCB 148	3	3	100	0.451	0.621	0.861	0.214	0.451	0.621	0.861	0.214
PCB 150	3	3	100	0.286	0.371	0.475	0.0959	0.286	0.371	0.475	0.0959
PCB 151	3	3	100	95.3	122	161	34.3	95.3	122	161	34.3
PCB 152	3	3	100	0.154	0.187	0.227	0.0369	0.154	0.187	0.227	0.0369
PCB 153	3	3	100	591	672	832	139	591	672	832	139
PCB 154	3	3	100	5.52	7.71	10.3	2.41	5.52	7.71	10.3	2.41
PCB 155	3	3	100	0.426	0.574	0.704	0.14	0.426	0.574	0.704	0.14
PCB 156	3	3	100	35	41.2	51.4	8.9	35	41.2	51.4	8.9
PCB 157	3	3	100	7.43	8.97	11.3	2.05	7.43	8.97	11.3	2.05
PCB 158/160	3	3	100	44.3	51.5	63	10.1	44.3	51.5	63	10.1
PCB 159	3	0	0	0.04405	0.0584	0.0805	0.0195	NA	NA	NA	NA
PCB 166	3	3	100	1.4	1.96	2.44	0.525	1.4	1.96	2.44	0.525
PCB 167	3	3	100	1.3	2.03	2.75	0.725	1.3	2.03	2.75	0.725
PCB 168	3	3	100	0.597	0.716	0.816	0.111	0.597	0.716	0.816	0.111
PCB 169	3	3	100	0.604	0.839	0.968	0.204	0.604	0.839	0.968	0.204
PCB 170	3	3	100	104	130	158	27.1	104	130	158	27.1
PCB 171	3	3	100	33.7	39.7	48.4	7.71	33.7	39.7	48.4	7.71
PCB 172	3	3	100	22.3	27.9	33.6	5.65	22.3	27.9	33.6	5.65
PCB 173	3	3	100	1.68	2.1	2.79	0.605	1.68	2.1	2.79	0.605
PCB 174	3	3	100	112	121	138	14.7	112	121	138	14.7
PCB 175	3	3	100	4.94	6.31	8.12	1.63	4.94	6.31	8.12	1.63
PCB 176	3	3	100	11.8	14.5	18.7	3.67	11.8	14.5	18.7	3.67
PCB 177	3	3	100	92.2	105	129	21	92.2	105	129	21
PCB 178	3	3	100	37.4	45.8	60.5	12.8	37.4	45.8	60.5	12.8
PCB 179	3	3	100	50.3	64.7	86.8	19.4	50.3	64.7	86.8	19.4
PCB 180	3	3	100	282	376	444	84.1	282	376	444	84.1
PCB 181	3	0	0	0.0337	0.0454	0.053	0.0103	NA	NA	NA	NA
PCB 182/187	3	3	100	323	392	518	109	323	392	518	109
PCB 183	3	3	100	74.4	99.1	124	24.8	74.4	99.1	124	24.8
PCB 184	3	3	100	0.812	1.16	1.47	0.331	0.812	1.16	1.47	0.331

Table 5-1. Summary of Results for Fillet Composites from Small Fish (A – 50 to 97 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only				
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD	
PCB Congeners (pg/g ww) (continued)												
PCB 185	3	3	100	18.5	20.8	24.4	3.14	18.5	20.8	24.4	3.14	
PCB 186	3	0	0	0.0272	0.0363	0.04415	0.00854	NA	NA	NA	NA	
PCB 188	3	3	100	0.32	0.422	0.538	0.11	0.32	0.422	0.538	0.11	
PCB 189	3	3	100	3.83	4.94	6.25	1.22	3.83	4.94	6.25	1.22	
PCB 190	3	3	100	28.9	33.6	42.1	7.4	28.9	33.6	42.1	7.4	
PCB 191	3	3	100	4.46	5.62	6.79	1.17	4.46	5.62	6.79	1.17	
PCB 192	3	0	0	0.02725	0.0367	0.0429	0.00833	NA	NA	NA	NA	
PCB 193	3	3	100	20.7	25.1	32.7	6.63	20.7	25.1	32.7	6.63	
PCB 194	3	3	100	48	59.8	71.5	11.8	48	59.8	71.5	11.8	
PCB 195	3	3	100	27.7	31.5	37.5	5.28	27.7	31.5	37.5	5.28	
PCB 196/203	3	3	100	96.8	117	140	21.7	96.8	117	140	21.7	
PCB 197	3	3	100	3.02	3.68	4.76	0.943	3.02	3.68	4.76	0.943	
PCB 198	3	3	100	3.72	4.34	5.3	0.843	3.72	4.34	5.3	0.843	
PCB 199	3	3	100	98.8	118	147	25.8	98.8	118	147	25.8	
PCB 200	3	3	100	7.7	8.93	10.7	1.57	7.7	8.93	10.7	1.57	
PCB 201	3	3	100	10.2	11.8	14.6	2.46	10.2	11.8	14.6	2.46	
PCB 202	3	3	100	24.4	30.7	40	8.24	24.4	30.7	40	8.24	
PCB 204	3	0	0	0.0402	0.0494	0.056	0.00821	NA	NA	NA	NA	
PCB 205	3	3	100	2.82	3.27	3.84	0.522	2.82	3.27	3.84	0.522	
PCB 206	3	3	100	33	38.4	47.5	7.93	33	38.4	47.5	7.93	
PCB 207	3	3	100	3.38	4.04	5.11	0.933	3.38	4.04	5.11	0.933	
PCB 208	3	3	100	8.88	11.2	14	2.59	8.88	11.2	14	2.59	
Decachlorobiphenyl	3	3	100	7.01	8.93	11.1	2.06	7.01	8.93	11.1	2.06	
Total PCB congeners, 1/2 DL	3	3	100	5000	6010	7600	1390	5000	6010	7600	1390	
PCB TEQ, mammal, 1/2 DL	3	3	100	0.0765	0.0973	0.117	0.0203	0.0765	0.0973	0.117	0.0203	
Monochlorobiphenyl homologs	3	2	67	0.0234	0.0965	0.147	0.0648	0.119	0.133	0.147	0.0198	
Dichlorobiphenyl homologs	3	3	100	2.46	2.99	3.96	0.841	2.46	2.99	3.96	0.841	
Trichlorobiphenyl homologs	3	3	100	39.4	48.9	60.5	10.7	39.4	48.9	60.5	10.7	
Tetrachlorobiphenyl homologs	3	3	100	190	271	353	81.5	190	271	353	81.5	
Pentachlorobiphenyl homologs	3	3	100	966	1320	1720	379	966	1320	1720	379	
Hexachlorobiphenyl homologs	3	3	100	1970	2400	3020	552	1970	2400	3020	552	
Heptachlorobiphenyl homologs	3	3	100	1250	1510	1880	327	1250	1510	1880	327	
Octachlorobiphenyl homologs	3	3	100	327	389	475	76.9	327	389	475	76.9	
Nonachlorobiphenyl homologs	3	3	100	45.3	53.7	66.6	11.4	45.3	53.7	66.6	11.4	
Dioxins/Furans (pg/g ww)												
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	3	1	33	0.0499	0.0918	0.156	0.0565	0.156	NA	0.156	NA	
1,2,3,4,6,7,8-Heptachlorodibenzofuran	3	0	0	0.0481	0.0505	0.053	0.00245	NA	NA	NA	NA	
1,2,3,4,7,8,9-Heptachlorodibenzofuran	3	0	0	0.0482	0.0526	0.0585	0.00533	NA	NA	NA	NA	
1,2,3,4,7,8-Hexachlorodibenzodioxin	3	0	0	0.054	0.0645	0.0835	0.0165	NA	NA	NA	NA	
1,2,3,4,7,8-Hexachlorodibenzofuran	3	0	0	0.03155	0.039	0.051	0.0105	NA	NA	NA	NA	
1,2,3,6,7,8-Hexachlorodibenzodioxin	3	0	0	0.0555	0.0678	0.0835	0.0143	NA	NA	NA	NA	
1,2,3,6,7,8-Hexachlorodibenzofuran	3	0	0	0.03135	0.0403	0.052	0.0106	NA	NA	NA	NA	
1,2,3,7,8,9-Hexachlorodibenzodioxin	3	0	0	0.0595	0.0697	0.0895	0.0172	NA	NA	NA	NA	
1,2,3,7,8,9-Hexachlorodibenzofuran	3	0	0	0.0486	0.0644	0.083	0.0174	NA	NA	NA	NA	
1,2,3,7,8-Pentachlorodibenzodioxin	3	0	0	0.02635	0.0348	0.04235	0.00804	NA	NA	NA	NA	

Table 5-1. Summary of Results for Fillet Composites from Small Fish (A – 50 to 97 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
Dioxins/Furans (pg/g ww) (continued)											
1,2,3,7,8-Pentachlorodibenzofuran	3	0	0	0.0151	0.0355	0.0535	0.0193	NA	NA	NA	NA
2,3,4,6,7,8-Hexachlorodibenzofuran	3	0	0	0.0345	0.0438	0.0565	0.0114	NA	NA	NA	NA
2,3,4,7,8-Pentachlorodibenzofuran	3	0	0	0.03145	0.0409	0.056	0.0132	NA	NA	NA	NA
2,3,7,8-Tetrachlorodibenzodioxin	3	0	0	0.0206	0.0327	0.04905	0.0147	NA	NA	NA	NA
2,3,7,8-Tetrachlorodibenzofuran	3	3	100	0.416	0.59	0.807	0.199	0.416	0.59	0.807	0.199
Dioxin TEQ, mammal, 1/2 DL	3	3	100	0.141	0.181	0.216	0.0377	0.141	0.181	0.216	0.0377
Total TEQ, mammal, 1/2 DL	3	3	100	0.218	0.278	0.315	0.0527	0.218	0.278	0.315	0.0527
Tetrachlorodibenzodioxin (Total)	3	0	0	0.0206	0.0327	0.04905	0.0147	NA	NA	NA	NA
Tetrachlorodibenzofuran (Total)	3	3	100	0.416	0.59	0.807	0.199	0.416	0.59	0.807	0.199
Pentachlorodibenzodioxin (Total)	3	0	0	0.02635	0.0348	0.04235	0.00804	NA	NA	NA	NA
Pentachlorodibenzofuran (Total)	3	0	0	0.0151	0.0356	0.055	0.02	NA	NA	NA	NA
Hexachlorodibenzodioxin (Total)	3	0	0	0.0565	0.0673	0.0855	0.0158	NA	NA	NA	NA
Hexachlorodibenzofuran (Total)	3	0	0	0.03605	0.0463	0.06	0.0124	NA	NA	NA	NA
Heptachlorodibenzodioxin (Total)	3	1	33	0.0499	0.0918	0.156	0.0565	0.156	NA	0.156	NA
Heptachlorodibenzofuran (Total)	3	0	0	0.0481	0.0514	0.0555	0.00378	NA	NA	NA	NA
Octachlorodibenzodioxin	3	1	33	0.0865	0.173	0.326	0.133	0.326	NA	0.326	NA
Octachlorodibenzofuran	3	0	0	0.115	0.13	0.1385	0.0132	NA	NA	NA	NA
PBDEs (µg/kg ww)											
PBDE 47	3	3	100	1.05	1.33	1.81	0.42	1.05	1.33	1.81	0.42
PBDE 99	3	3	100	0.089	0.121	0.175	0.0473	0.089	0.121	0.175	0.0473
PBDE 153	3	3	100	0.0411	0.0551	0.082	0.0233	0.0411	0.0551	0.082	0.0233
PBDE 209	3	2	67	0.00385	0.0147	0.0273	0.0118	0.0129	0.0201	0.0273	0.0102
Total Mono-BDE	3	0	0	0.000051	0.000063	0.0000725	0.000011	NA	NA	NA	NA
Total Di-BDE	3	2	67	0.00059	0.00134	0.00212	0.000765	0.00131	0.00172	0.00212	0.000573
Total Tri-BDE	3	3	100	0.0871	0.101	0.108	0.0118	0.0871	0.101	0.108	0.0118
Total Tetra-BDE	3	3	100	1.13	1.45	2	0.481	1.13	1.45	2	0.481
Total Penta-BDE	3	3	100	0.328	0.409	0.561	0.131	0.328	0.409	0.561	0.131
Total Hexa-BDE	3	3	100	0.143	0.18	0.251	0.0618	0.143	0.18	0.251	0.0618
Total Hepta-BDE	3	3	100	0.00252	0.00549	0.00872	0.00311	0.00252	0.00549	0.00872	0.00311
Total Octa-BDE	3	2	67	9.15E-05	0.00146	0.00281	0.00136	0.00148	0.00215	0.00281	0.00094
Total Nona-BDE	3	0	0	0.000243	0.000288	0.0003475	0.0000541	NA	NA	NA	NA
Total Deca-BDE	3	2	67	0.00385	0.0147	0.0273	0.0118	0.0129	0.0201	0.0273	0.0102

Notes:

Summary statistics were calculated using half the reporting limit for non-detected inorganic results and half the estimated detection limit for non-detected organic results.

BDE - bromodiphenyl ether

DL - detection limit

NA - not applicable

PBDE - polybrominated diphenylether

PCB - polychlorinated biphenyl

SD - standard deviation

TEQ - toxicity equivalence quotient

Table 5-2. Summary of Results for Fillet Composites from Medium Fish (B – 98 to 137 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
Metals/Metalloids (mg/kg dw except mercury)											
Aluminum	3	3	100	1.7	1.9	2.1	0.2	1.7	1.9	2.1	0.2
Antimony	3	0	0	0.002	0.0027	0.003	0.00058	NA	NA	NA	NA
Arsenic	3	3	100	0.704	0.873	1.07	0.185	0.704	0.873	1.07	0.185
Barium	3	3	100	0.06	0.066	0.069	0.0052	0.06	0.066	0.069	0.0052
Beryllium	3	0	0	0.0095	0.0098	0.01	0.00029	NA	NA	NA	NA
Boron	3	0	0	0.95	0.98	1	0.029	NA	NA	NA	NA
Cadmium	3	3	100	0.003	0.0043	0.006	0.0015	0.003	0.0043	0.006	0.0015
Calcium	3	3	100	216	237	254	19.2	216	237	254	19.2
Chromium	3	3	100	0.26	0.3	0.38	0.067	0.26	0.3	0.38	0.067
Cobalt	3	3	100	0.013	0.014	0.014	0.00058	0.013	0.014	0.014	0.00058
Copper	3	3	100	1.11	1.2	1.38	0.156	1.11	1.2	1.38	0.156
Inorganic arsenic	3	0	0	0.04	0.04	0.04	0	NA	NA	NA	NA
Iron	3	3	100	14.6	16.9	18.1	1.97	14.6	16.9	18.1	1.97
Lead	3	3	100	0.015	0.018	0.021	0.0031	0.015	0.018	0.021	0.0031
Magnesium	3	3	100	988	1040	1070	42.8	988	1040	1070	42.8
Manganese	3	3	100	0.862	0.94	1.04	0.091	0.862	0.94	1.04	0.091
Mercury (µg/kg dw)	3	3	100	258	312	370	56.1	258	312	370	56.1
Molybdenum	3	3	100	0.007	0.011	0.016	0.0048	0.007	0.011	0.016	0.0048
Nickel	3	3	100	0.09	0.11	0.14	0.029	0.09	0.11	0.14	0.029
Potassium	3	3	100	14600	15300	15800	643	14600	15300	15800	643
Selenium	3	3	100	4.47	4.77	4.98	0.268	4.47	4.77	4.98	0.268
Silicon	3	3	100	4.9	7	8.1	1.8	4.9	7	8.1	1.8
Silver	3	0	0	0.003	0.0075	0.01	0.0039	NA	NA	NA	NA
Sodium	3	3	100	1300	1400	1450	83.9	1300	1400	1450	83.9
Sulfur	3	3	100	7070	7490	7740	364	7070	7490	7740	364
Thallium	3	3	100	0.009	0.013	0.016	0.0038	0.009	0.013	0.016	0.0038
Tin	3	3	100	0.011	0.013	0.016	0.0029	0.011	0.013	0.016	0.0029
Uranium	3	0	0	0.0095	0.0098	0.01	0.00029	NA	NA	NA	NA
Vanadium	3	3	100	0.01	0.017	0.02	0.0058	0.01	0.017	0.02	0.0058
Zinc	3	3	100	14.1	14.1	14.2	0.0577	14.1	14.1	14.2	0.0577
Conventional Parameters											
Fluoride (mg/kg ww)	3	3	100	1.5	1.6	1.7	0.1	1.5	1.6	1.7	0.1
Lipid (% ww)	3	3	100	5.14	5.84	6.22	0.607	5.14	5.84	6.22	0.607
Total solids (% ww)	3	3	100	23.9	25	26.4	1.29	23.9	25	26.4	1.29
PCB Congeners (pg/g ww)											
PCB 1	3	1	33	0.058	0.108	0.155	0.0485	0.11	NA	0.11	NA
PCB 2	3	0	0	0.062	0.0787	0.093	0.0156	NA	NA	NA	NA
PCB 3	3	1	33	0.0328	0.0595	0.0956	0.0325	0.0956	NA	0.0956	NA
PCB 4/10	3	0	0	0.2415	0.26	0.2815	0.0203	NA	NA	NA	NA
PCB 5/8	3	3	100	1.41	1.55	1.65	0.125	1.41	1.55	1.65	0.125
PCB 6	3	0	0	0.117	0.13	0.1405	0.012	NA	NA	NA	NA
PCB 7/9	3	0	0	0.066	0.0715	0.076	0.00507	NA	NA	NA	NA
PCB 11	3	0	0	0.605	0.712	0.775	0.0929	NA	NA	NA	NA
PCB 12/13	3	0	0	0.03235	0.0495	0.065	0.0164	NA	NA	NA	NA
PCB 14	3	0	0	0.028	0.0427	0.056	0.0141	NA	NA	NA	NA
PCB 15	3	0	0	0.1255	0.156	0.186	0.0303	NA	NA	NA	NA

Table 5-2. Summary of Results for Fillet Composites from Medium Fish (B – 98 to 137 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (pg/g ww) (continued)											
PCB 16/32	3	3	100	3.05	3.38	3.85	0.418	3.05	3.38	3.85	0.418
PCB 17	3	3	100	1.42	1.58	1.69	0.14	1.42	1.58	1.69	0.14
PCB 18	3	3	100	10.6	12.2	14.1	1.77	10.6	12.2	14.1	1.77
PCB 19	3	3	100	0.648	0.726	0.84	0.101	0.648	0.726	0.84	0.101
PCB 20/21/33	3	3	100	0.735	1.32	2.18	0.762	0.735	1.32	2.18	0.762
PCB 22	3	3	100	1.35	2.41	3.68	1.18	1.35	2.41	3.68	1.18
PCB 23	3	0	0	0.059	0.07	0.09	0.0173	NA	NA	NA	NA
PCB 24/27	3	3	100	0.756	0.833	0.937	0.0936	0.756	0.833	0.937	0.0936
PCB 25	3	3	100	0.17	0.264	0.411	0.129	0.17	0.264	0.411	0.129
PCB 26	3	3	100	0.642	1.22	2.01	0.711	0.642	1.22	2.01	0.711
PCB 28	3	3	100	16.9	20.5	25.3	4.31	16.9	20.5	25.3	4.31
PCB 29	3	0	0	0.04015	0.0592	0.082	0.0212	NA	NA	NA	NA
PCB 30	3	0	0	0.02705	0.0355	0.04475	0.00888	NA	NA	NA	NA
PCB 31	3	3	100	7.76	12.1	18.2	5.43	7.76	12.1	18.2	5.43
PCB 34	3	2	67	0.054	0.101	0.146	0.046	0.102	0.124	0.146	0.0311
PCB 35	3	0	0	0.0455	0.0529	0.0635	0.00943	NA	NA	NA	NA
PCB 36	3	0	0	0.04475	0.052	0.0625	0.00931	NA	NA	NA	NA
PCB 37	3	3	100	0.173	0.25	0.35	0.0907	0.173	0.25	0.35	0.0907
PCB 38	3	3	100	0.505	0.591	0.681	0.088	0.505	0.591	0.681	0.088
PCB 39	3	0	0	0.04215	0.0491	0.059	0.00883	NA	NA	NA	NA
PCB 40	3	3	100	0.484	0.779	1.23	0.397	0.484	0.779	1.23	0.397
PCB 41/64/71/72	3	3	100	27.8	30.4	33.5	2.89	27.8	30.4	33.5	2.89
PCB 42/59	3	3	100	3.24	4.74	6.92	1.93	3.24	4.74	6.92	1.93
PCB 43/49	3	3	100	33.7	36.8	40	3.15	33.7	36.8	40	3.15
PCB 44	3	3	100	24.7	26.7	30.1	2.96	24.7	26.7	30.1	2.96
PCB 45	3	3	100	1.76	2.2	2.78	0.524	1.76	2.2	2.78	0.524
PCB 46	3	3	100	0.513	0.643	0.827	0.164	0.513	0.643	0.827	0.164
PCB 47	3	3	100	17.4	18.6	20.4	1.59	17.4	18.6	20.4	1.59
PCB 48/75	3	3	100	3.32	3.91	4.89	0.857	3.32	3.91	4.89	0.857
PCB 50	3	0	0	0.098	0.114	0.1255	0.0141	NA	NA	NA	NA
PCB 51	3	3	100	0.5	0.639	0.816	0.161	0.5	0.639	0.816	0.161
PCB 52/69	3	3	100	71.1	84.8	100	14.5	71.1	84.8	100	14.5
PCB 53	3	3	100	3.4	3.66	4.09	0.377	3.4	3.66	4.09	0.377
PCB 54	3	0	0	0.082	0.0952	0.105	0.0119	NA	NA	NA	NA
PCB 55	3	3	100	1.07	1.29	1.63	0.299	1.07	1.29	1.63	0.299
PCB 56/60	3	3	100	12.6	13.7	15.2	1.36	12.6	13.7	15.2	1.36
PCB 57	3	3	100	0.268	0.302	0.345	0.0394	0.268	0.302	0.345	0.0394
PCB 58	3	3	100	0.206	0.236	0.282	0.0403	0.206	0.236	0.282	0.0403
PCB 61/70	3	3	100	40.3	44.3	48.2	3.95	40.3	44.3	48.2	3.95
PCB 62	3	0	0	0.079	0.0947	0.1025	0.0136	NA	NA	NA	NA
PCB 63	3	3	100	2.94	3.26	3.45	0.276	2.94	3.26	3.45	0.276
PCB 65	3	0	0	0.0845	0.101	0.1095	0.0144	NA	NA	NA	NA
PCB 67	3	3	100	0.181	0.215	0.275	0.0524	0.181	0.215	0.275	0.0524
PCB 68	3	3	100	1.47	1.62	1.86	0.208	1.47	1.62	1.86	0.208
PCB 73	3	0	0	0.0775	0.0923	0.102	0.013	NA	NA	NA	NA
PCB 74	3	3	100	31.6	35.8	40.3	4.36	31.6	35.8	40.3	4.36

Table 5-2. Summary of Results for Fillet Composites from Medium Fish (B – 98 to 137 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (pg/g ww) (continued)											
PCB 76	3	3	100	42.6	47.9	52.1	4.84	42.6	47.9	52.1	4.84
PCB 77	3	2	67	0.765	0.846	0.96	0.102	0.813	0.887	0.96	0.104
PCB 78	3	0	0	0.0735	0.0848	0.095	0.0108	NA	NA	NA	NA
PCB 79	3	3	100	4.15	5.1	6.45	1.2	4.15	5.1	6.45	1.2
PCB 80	3	0	0	0.0615	0.0752	0.0895	0.014	NA	NA	NA	NA
PCB 81	3	3	100	0.561	0.726	0.887	0.163	0.561	0.726	0.887	0.163
PCB 82	3	3	100	4.55	5.33	6.37	0.939	4.55	5.33	6.37	0.939
PCB 83	3	0	0	0.0525	0.0613	0.071	0.00928	NA	NA	NA	NA
PCB 84/92	3	3	100	82.9	99.3	128	24.9	82.9	99.3	128	24.9
PCB 85/116	3	3	100	51.9	61	77.3	14.2	51.9	61	77.3	14.2
PCB 86	3	0	0	0.0875	0.102	0.1175	0.015	NA	NA	NA	NA
PCB 87/117/125	3	3	100	80.1	97.2	129	27.5	80.1	97.2	129	27.5
PCB 88/91	3	3	100	27.5	33	42.5	8.29	27.5	33	42.5	8.29
PCB 89	3	3	100	0.374	0.419	0.475	0.0514	0.374	0.419	0.475	0.0514
PCB 90/101	3	3	100	270	332	435	89.6	270	332	435	89.6
PCB 93	3	0	0	0.0735	0.0852	0.0995	0.0132	NA	NA	NA	NA
PCB 94	3	3	100	0.646	0.844	1.07	0.213	0.646	0.844	1.07	0.213
PCB 95/98/102	3	3	100	154	189	250	53	154	189	250	53
PCB 96	3	3	100	0.509	0.631	0.832	0.176	0.509	0.631	0.832	0.176
PCB 97	3	3	100	42.2	45.8	51.9	5.31	42.2	45.8	51.9	5.31
PCB 100	3	3	100	1.22	1.42	1.53	0.171	1.22	1.42	1.53	0.171
PCB 99	3	3	100	165	200	257	50	165	200	257	50
PCB 103	3	3	100	2.52	2.76	3.14	0.335	2.52	2.76	3.14	0.335
PCB 104	3	0	0	0.051	0.059	0.069	0.00917	NA	NA	NA	NA
PCB 105	3	3	100	84	106	133	25	84	106	133	25
PCB 106/118	3	3	100	185	207	250	37.5	185	207	250	37.5
PCB 107/109	3	3	100	29.3	33.4	41.2	6.73	29.3	33.4	41.2	6.73
PCB 108/112	3	3	100	9.28	11.2	14.3	2.74	9.28	11.2	14.3	2.74
PCB 110	3	3	100	258	302	384	71.3	258	302	384	71.3
PCB 111/115	3	3	100	4.61	5.42	6.86	1.25	4.61	5.42	6.86	1.25
PCB 113	3	0	0	0.0565	0.0648	0.0765	0.0104	NA	NA	NA	NA
PCB 114	3	3	100	5.46	6.82	8.7	1.68	5.46	6.82	8.7	1.68
PCB 119	3	3	100	10.1	10.8	11.9	0.987	10.1	10.8	11.9	0.987
PCB 120	3	3	100	0.999	1.1	1.2	0.101	0.999	1.1	1.2	0.101
PCB 121	3	0	0	0.0505	0.0583	0.068	0.00889	NA	NA	NA	NA
PCB 122	3	0	0	0.0915	0.144	0.217	0.0654	NA	NA	NA	NA
PCB 123	3	3	100	3.19	3.5	3.73	0.28	3.19	3.5	3.73	0.28
PCB 124	3	3	100	3.52	4.09	4.68	0.58	3.52	4.09	4.68	0.58
PCB 126	3	3	100	0.594	0.777	1.04	0.234	0.594	0.777	1.04	0.234
PCB 127	3	0	0	0.088	0.14	0.2105	0.0635	NA	NA	NA	NA
PCB 128/162	3	3	100	73.7	86.7	106	17.1	73.7	86.7	106	17.1
PCB 129	3	3	100	10.7	13.2	17.8	3.99	10.7	13.2	17.8	3.99
PCB 130	3	3	100	31.8	35.4	39.1	3.65	31.8	35.4	39.1	3.65
PCB 131	3	0	0	0.04875	0.174	0.256	0.11	NA	NA	NA	NA
PCB 132/161	3	3	100	87.1	96.1	111	13	87.1	96.1	111	13
PCB 133/142	3	3	100	15	16.6	19.3	2.35	15	16.6	19.3	2.35

Table 5-2. Summary of Results for Fillet Composites from Medium Fish (B – 98 to 137 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (pg/g ww) (continued)											
PCB 134/143	3	3	100	16.6	18.9	22.1	2.86	16.6	18.9	22.1	2.86
PCB 135	3	3	100	56.9	64.8	75.2	9.39	56.9	64.8	75.2	9.39
PCB 136	3	3	100	36.5	38.8	43	3.67	36.5	38.8	43	3.67
PCB 137	3	3	100	19	25.3	37.5	10.5	19	25.3	37.5	10.5
PCB 138/163/164	3	3	100	610	696	823	112	610	696	823	112
PCB 139/149	3	3	100	383	417	450	33.5	383	417	450	33.5
PCB 140	3	3	100	2.98	3.27	3.66	0.352	2.98	3.27	3.66	0.352
PCB 141	3	3	100	67.7	79.5	97	15.5	67.7	79.5	97	15.5
PCB 144	3	3	100	13.4	15.8	17	2.08	13.4	15.8	17	2.08
PCB 145	3	0	0	0.0393	0.0417	0.04555	0.0034	NA	NA	NA	NA
PCB 146/165	3	3	100	101	111	127	13.8	101	111	127	13.8
PCB 147	3	3	100	11.5	13.1	15.6	2.21	11.5	13.1	15.6	2.21
PCB 148	3	3	100	0.538	0.606	0.684	0.0734	0.538	0.606	0.684	0.0734
PCB 150	3	2	67	0.23	0.383	0.479	0.134	0.441	0.46	0.479	0.0269
PCB 151	3	3	100	139	147	157	9.07	139	147	157	9.07
PCB 152	3	3	100	0.221	0.269	0.348	0.0692	0.221	0.269	0.348	0.0692
PCB 153	3	3	100	583	656	766	96.8	583	656	766	96.8
PCB 154	3	3	100	8.16	8.55	9.03	0.442	8.16	8.55	9.03	0.442
PCB 155	3	3	100	0.55	0.598	0.652	0.0512	0.55	0.598	0.652	0.0512
PCB 156	3	3	100	37.9	47.3	63.2	13.8	37.9	47.3	63.2	13.8
PCB 157	3	3	100	8.98	11	14.4	2.97	8.98	11	14.4	2.97
PCB 158/160	3	3	100	49.5	58.7	76.3	15.3	49.5	58.7	76.3	15.3
PCB 159	3	0	0	0.0288	0.115	0.171	0.0755	NA	NA	NA	NA
PCB 166	3	3	100	1.8	2.28	2.87	0.544	1.8	2.28	2.87	0.544
PCB 167	3	3	100	1.74	1.92	2.18	0.229	1.74	1.92	2.18	0.229
PCB 168	3	3	100	0.532	0.743	0.885	0.186	0.532	0.743	0.885	0.186
PCB 169	3	3	100	0.7	0.797	0.898	0.0991	0.7	0.797	0.898	0.0991
PCB 170	3	3	100	109	125	156	26.6	109	125	156	26.6
PCB 171	3	3	100	36.6	41.2	48.9	6.71	36.6	41.2	48.9	6.71
PCB 172	3	3	100	22.1	25.8	32.6	5.9	22.1	25.8	32.6	5.9
PCB 173	3	3	100	2.44	2.56	2.68	0.12	2.44	2.56	2.68	0.12
PCB 174	3	3	100	117	122	130	7	117	122	130	7
PCB 175	3	3	100	5.21	6.03	7.19	1.03	5.21	6.03	7.19	1.03
PCB 176	3	3	100	15.6	16	16.7	0.608	15.6	16	16.7	0.608
PCB 177	3	3	100	98.8	108	122	12.2	98.8	108	122	12.2
PCB 178	3	3	100	41.9	45.6	51.9	5.51	41.9	45.6	51.9	5.51
PCB 179	3	3	100	69.8	72.8	78.3	4.8	69.8	72.8	78.3	4.8
PCB 180	3	3	100	285	337	431	81.3	285	337	431	81.3
PCB 181	3	0	0	0.02995	0.101	0.2315	0.113	NA	NA	NA	NA
PCB 182/187	3	3	100	368	390	432	36.1	368	390	432	36.1
PCB 183	3	3	100	80.9	91.4	111	17	80.9	91.4	111	17
PCB 184	3	3	100	0.986	1.07	1.11	0.0716	0.986	1.07	1.11	0.0716
PCB 185	3	3	100	19.1	20.7	23.2	2.19	19.1	20.7	23.2	2.19
PCB 186	3	0	0	0.0239	0.0799	0.1815	0.0881	NA	NA	NA	NA
PCB 188	3	3	100	0.418	0.46	0.525	0.0573	0.418	0.46	0.525	0.0573
PCB 189	3	3	100	3.98	4.58	5.75	1.01	3.98	4.58	5.75	1.01

Table 5-2. Summary of Results for Fillet Composites from Medium Fish (B – 98 to 137 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (pg/g ww) (continued)											
PCB 190	3	3	100	30.4	32.6	36.4	3.3	30.4	32.6	36.4	3.3
PCB 191	3	3	100	4.54	5.51	7.31	1.56	4.54	5.51	7.31	1.56
PCB 192	3	0	0	0.0242	0.0817	0.187	0.0913	NA	NA	NA	NA
PCB 193	3	3	100	22.5	24.3	27.8	3.03	22.5	24.3	27.8	3.03
PCB 194	3	3	100	42.8	53.4	64.5	10.9	42.8	53.4	64.5	10.9
PCB 195	3	3	100	27.5	29.1	31.5	2.1	27.5	29.1	31.5	2.1
PCB 196/203	3	3	100	101	118	148	26.3	101	118	148	26.3
PCB 197	3	3	100	3.21	3.55	3.87	0.331	3.21	3.55	3.87	0.331
PCB 198	3	3	100	3.99	4.68	5.66	0.874	3.99	4.68	5.66	0.874
PCB 199	3	3	100	111	124	149	21.4	111	124	149	21.4
PCB 200	3	3	100	8.93	9.93	11.4	1.3	8.93	9.93	11.4	1.3
PCB 201	3	3	100	11.3	12.6	15	2.06	11.3	12.6	15	2.06
PCB 202	3	3	100	29.4	32.7	38.8	5.32	29.4	32.7	38.8	5.32
PCB 204	3	0	0	0.0451	0.0614	0.075	0.0151	NA	NA	NA	NA
PCB 205	3	3	100	2.76	3.11	3.35	0.312	2.76	3.11	3.35	0.312
PCB 206	3	3	100	34.3	47.8	66.7	16.8	34.3	47.8	66.7	16.8
PCB 207	3	3	100	3.52	4.9	6.53	1.52	3.52	4.9	6.53	1.52
PCB 208	3	3	100	11.1	14.4	18.8	3.98	11.1	14.4	18.8	3.98
Decachlorobiphenyl	3	3	100	9.11	10.7	13.4	2.35	9.11	10.7	13.4	2.35
Total PCB congeners, 1/2 DL	3	3	100	6120	6800	8080	1110	6120	6800	8080	1110
PCB TEQ, mammal, 1/2 DL	3	3	100	0.0934	0.113	0.14	0.024	0.0934	0.113	0.14	0.024
Monochlorobiphenyl homologs	3	1	33	0.0328	0.116	0.206	0.0868	0.206	NA	0.206	NA
Dichlorobiphenyl homologs	3	3	100	2.86	2.98	3.1	0.12	2.86	2.98	3.1	0.12
Trichlorobiphenyl homologs	3	3	100	46.2	57.5	69.8	11.8	46.2	57.5	69.8	11.8
Tetrachlorobiphenyl homologs	3	3	100	330	369	392	34	330	369	392	34
Pentachlorobiphenyl homologs	3	3	100	1500	1760	2240	416	1500	1760	2240	416
Hexachlorobiphenyl homologs	3	3	100	2420	2670	3100	376	2420	2670	3100	376
Heptachlorobiphenyl homologs	3	3	100	1340	1470	1720	214	1340	1470	1720	214
Octachlorobiphenyl homologs	3	3	100	348	391	471	69.6	348	391	471	69.6
Nonachlorobiphenyl homologs	3	3	100	48.8	67	92	22.4	48.8	67	92	22.4
Dioxins/Furans (pg/g ww)											
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	3	0	0	0.04265	0.0493	0.0585	0.00823	NA	NA	NA	NA
1,2,3,4,6,7,8-Heptachlorodibenzofuran	3	0	0	0.0338	0.0434	0.04935	0.0084	NA	NA	NA	NA
1,2,3,4,7,8,9-Heptachlorodibenzofuran	3	0	0	0.036	0.0446	0.05	0.00754	NA	NA	NA	NA
1,2,3,4,7,8-Hexachlorodibenzodioxin	3	0	0	0.0381	0.0469	0.056	0.00895	NA	NA	NA	NA
1,2,3,4,7,8-Hexachlorodibenzofuran	3	0	0	0.02475	0.028	0.03025	0.0029	NA	NA	NA	NA
1,2,3,6,7,8-Hexachlorodibenzodioxin	3	0	0	0.0391	0.0465	0.055	0.00801	NA	NA	NA	NA
1,2,3,6,7,8-Hexachlorodibenzofuran	3	0	0	0.02655	0.0294	0.0317	0.00262	NA	NA	NA	NA
1,2,3,7,8,9-Hexachlorodibenzodioxin	3	0	0	0.041	0.0497	0.0585	0.00875	NA	NA	NA	NA
1,2,3,7,8,9-Hexachlorodibenzofuran	3	0	0	0.0382	0.0423	0.0447	0.00357	NA	NA	NA	NA
1,2,3,7,8-Pentachlorodibenzodioxin	3	0	0	0.02225	0.0242	0.02665	0.00225	NA	NA	NA	NA
1,2,3,7,8-Pentachlorodibenzofuran	3	0	0	0.02645	0.0359	0.04895	0.0117	NA	NA	NA	NA
2,3,4,6,7,8-Hexachlorodibenzofuran	3	0	0	0.02805	0.0305	0.03185	0.00209	NA	NA	NA	NA
2,3,4,7,8-Pentachlorodibenzofuran	3	0	0	0.0184	0.0281	0.04615	0.0156	NA	NA	NA	NA
2,3,7,8-Tetrachlorodibenzodioxin	3	0	0	0.02005	0.0275	0.0339	0.00699	NA	NA	NA	NA
2,3,7,8-Tetrachlorodibenzofuran	3	3	100	0.739	0.869	1.04	0.155	0.739	0.869	1.04	0.155

Table 5-2. Summary of Results for Fillet Composites from Medium Fish (B – 98 to 137 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
Dioxins/Furans (pg/g ww) (continued)											
Dioxin TEQ, mammal, 1/2 DL	3	3	100	0.15	0.177	0.193	0.0235	0.15	0.177	0.193	0.0235
Total TEQ, mammal, 1/2 DL	3	3	100	0.281	0.29	0.3	0.0095	0.281	0.29	0.3	0.0095
Tetrachlorodibenzodioxin (Total)	3	0	0	0.02005	0.0275	0.0339	0.00699	NA	NA	NA	NA
Tetrachlorodibenzofuran (Total)	3	3	100	0.739	0.869	1.04	0.155	0.739	0.869	1.04	0.155
Pentachlorodibenzodioxin (Total)	3	0	0	0.02225	0.0242	0.02665	0.00225	NA	NA	NA	NA
Pentachlorodibenzofuran (Total)	3	0	0	0.0184	0.0377	0.0475	0.0167	NA	NA	NA	NA
Hexachlorodibenzodioxin (Total)	3	0	0	0.0395	0.0477	0.0565	0.00851	NA	NA	NA	NA
Hexachlorodibenzofuran (Total)	3	0	0	0.0291	0.0322	0.03425	0.00273	NA	NA	NA	NA
Heptachlorodibenzodioxin (Total)	3	0	0	0.04265	0.0493	0.0585	0.00823	NA	NA	NA	NA
Heptachlorodibenzofuran (Total)	3	0	0	0.0348	0.044	0.0486	0.00794	NA	NA	NA	NA
Octachlorodibenzodioxin	3	1	33	0.0625	0.149	0.312	0.141	0.312	NA	0.312	NA
Octachlorodibenzofuran	3	0	0	0.0755	0.0852	0.0905	0.00839	NA	NA	NA	NA
PBDEs (µg/kg ww)											
PBDE 47	3	3	100	1.18	1.51	1.72	0.289	1.18	1.51	1.72	0.289
PBDE 99	3	3	100	0.0535	0.0615	0.0657	0.0069	0.0535	0.0615	0.0657	0.0069
PBDE 153	3	3	100	0.0263	0.0355	0.0408	0.00797	0.0263	0.0355	0.0408	0.00797
PBDE 209	3	0	0	0.00399	0.00555	0.00755	0.00182	NA	NA	NA	NA
Total Mono-BDE	3	0	0	0.00004935	0.0000595	0.000075	0.0000137	NA	NA	NA	NA
Total Di-BDE	3	2	67	0.00111	0.00193	0.00289	0.000899	0.00178	0.00234	0.00289	0.000785
Total Tri-BDE	3	3	100	0.167	0.191	0.239	0.0416	0.167	0.191	0.239	0.0416
Total Tetra-BDE	3	3	100	1.28	1.66	1.88	0.328	1.28	1.66	1.88	0.328
Total Penta-BDE	3	3	100	0.294	0.372	0.429	0.0699	0.294	0.372	0.429	0.0699
Total Hexa-BDE	3	3	100	0.116	0.151	0.174	0.031	0.116	0.151	0.174	0.031
Total Hepta-BDE	3	3	100	0.00275	0.00394	0.00618	0.00194	0.00275	0.00394	0.00618	0.00194
Total Octa-BDE	3	1	33	0.0000935	0.000797	0.00211	0.00114	0.00211	NA	0.00211	NA
Total Nona-BDE	3	0	0	0.0002845	0.000362	0.000473	0.0000989	NA	NA	NA	NA
Total Deca-BDE	3	0	0	0.00399	0.00555	0.00755	0.00182	NA	NA	NA	NA

Notes:

Summary statistics were calculated using half the reporting limit for non-detected inorganic results and half the estimated detection limit for non-detected organic results.

BDE - bromodiphenyl ether

DL - detection limit

NA - not applicable

PBDE - polybrominated diphenylether

PCB - polychlorinated biphenyl

SD - standard deviation

TEQ - toxicity equivalence quotient

Table 5-3. Summary of Results for Fillet Composites from Large Fish (C – 138 to 160 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
Metals/Metalloids (mg/kg dw except mercury)											
Aluminum	3	0	0	0.45	0.47	0.5	0.029	NA	NA	NA	NA
Antimony	3	0	0	0.0025	0.0095	0.023	0.012	NA	NA	NA	NA
Arsenic	3	3	100	0.645	0.695	0.755	0.0556	0.645	0.695	0.755	0.0556
Barium	3	3	100	0.062	0.062	0.062	0	0.062	0.062	0.062	0
Beryllium	3	0	0	0.009	0.0092	0.0095	0.00029	NA	NA	NA	NA
Boron	3	0	0	0.9	0.92	0.95	0.029	NA	NA	NA	NA
Cadmium	3	3	100	0.003	0.0053	0.01	0.004	0.003	0.0053	0.01	0.004
Calcium	3	3	100	152	164	171	10.2	152	164	171	10.2
Chromium	3	3	100	0.04	0.16	0.3	0.13	0.04	0.16	0.3	0.13
Cobalt	3	3	100	0.008	0.01	0.013	0.0025	0.008	0.01	0.013	0.0025
Copper	3	3	100	0.72	0.72	0.73	0.0058	0.72	0.72	0.73	0.0058
Inorganic arsenic	3	0	0	0.04	0.04	0.04	0	NA	NA	NA	NA
Iron	3	3	100	9.62	10.4	10.9	0.669	9.62	10.4	10.9	0.669
Lead	3	3	100	0.011	0.012	0.013	0.0012	0.011	0.012	0.013	0.0012
Magnesium	3	3	100	653	735	787	72.1	653	735	787	72.1
Manganese	3	3	100	0.556	0.668	0.832	0.145	0.556	0.668	0.832	0.145
Mercury (µg/kg dw)	3	3	100	340	354	378	21.1	340	354	378	21.1
Molybdenum	3	3	100	0.0029	0.0049	0.0071	0.0021	0.0029	0.0049	0.0071	0.0021
Nickel	3	3	100	0.02	0.11	0.16	0.081	0.02	0.11	0.16	0.081
Potassium	3	3	100	10200	11000	11600	737	10200	11000	11600	737
Selenium	3	3	100	3.1	3.42	3.8	0.355	3.1	3.42	3.8	0.355
Silicon	3	3	100	2.3	3.9	5.4	1.6	2.3	3.9	5.4	1.6
Silver	3	0	0	0.0005	0.0063	0.0095	0.0051	NA	NA	NA	NA
Sulfur	3	3	100	5260	5610	5840	308	5260	5610	5840	308
Sodium	3	3	100	944	1010	1120	99.1	944	1010	1120	99.1
Thallium	3	3	100	0.01	0.012	0.014	0.0021	0.01	0.012	0.014	0.0021
Tin	3	3	100	0.003	0.006	0.008	0.0026	0.003	0.006	0.008	0.0026
Uranium	3	0	0	0.009	0.0092	0.0095	0.00029	NA	NA	NA	NA
Vanadium	3	3	100	0.01	0.01	0.01	0	0.01	0.01	0.01	0
Zinc	3	3	100	9.7	10	10.8	0.56	9.7	10	10.8	0.56
Conventional Parameters											
Fluoride (mg/kg ww)	3	3	100	1.7	1.7	1.8	0.058	1.7	1.7	1.8	0.058
Lipid (% ww)	3	3	100	12.1	13.2	15.4	1.91	12.1	13.2	15.4	1.91
Total solids (% ww)	3	3	100	28.7	30.1	31.6	1.45	28.7	30.1	31.6	1.45
PCB Congeners (pg/g ww)											
PCB 1	3	1	33	0.0735	0.125	0.156	0.0451	0.156	NA	0.156	NA
PCB 2	3	3	100	0.1	0.125	0.148	0.0241	0.1	0.125	0.148	0.0241
PCB 3	3	2	67	0.039	0.111	0.161	0.0641	0.134	0.148	0.161	0.0191
PCB 4/10	3	0	0	0.202	0.359	0.515	0.157	NA	NA	NA	NA
PCB 5/8	3	3	100	2.63	2.88	3.34	0.396	2.63	2.88	3.34	0.396
PCB 6	3	0	0	0.149	0.181	0.245	0.0553	NA	NA	NA	NA
PCB 7/9	3	0	0	0.084	0.103	0.123	0.0195	NA	NA	NA	NA
PCB 11	3	0	0	0.745	0.857	1.065	0.181	NA	NA	NA	NA
PCB 12/13	3	0	0	0.04935	0.0556	0.064	0.00755	NA	NA	NA	NA
PCB 14	3	0	0	0.0427	0.0482	0.0555	0.00658	NA	NA	NA	NA

Table 5-3. Summary of Results for Fillet Composites from Large Fish (C - 138 to 160 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (pg/g ww) (continued)											
PCB 15	3	0	0	0.2475	0.273	0.2955	0.0241	NA	NA	NA	NA
PCB 16/32	3	3	100	4.11	4.72	5.03	0.528	4.11	4.72	5.03	0.528
PCB 17	3	3	100	1.72	2.12	2.63	0.465	1.72	2.12	2.63	0.465
PCB 18	3	3	100	16.3	18.8	20.4	2.17	16.3	18.8	20.4	2.17
PCB 19	3	3	100	1.13	1.2	1.29	0.0833	1.13	1.2	1.29	0.0833
PCB 20/21/33	3	3	100	1.63	2.14	2.79	0.593	1.63	2.14	2.79	0.593
PCB 22	3	3	100	4.28	4.99	5.78	0.754	4.28	4.99	5.78	0.754
PCB 23	3	0	0	0.0895	0.114	0.1285	0.0212	NA	NA	NA	NA
PCB 24/27	3	3	100	1.32	1.39	1.49	0.0874	1.32	1.39	1.49	0.0874
PCB 25	3	3	100	0.327	0.445	0.608	0.146	0.327	0.445	0.608	0.146
PCB 26	3	3	100	2.11	2.56	3.02	0.455	2.11	2.56	3.02	0.455
PCB 28	3	3	100	33.4	41.9	49.8	8.22	33.4	41.9	49.8	8.22
PCB 29	3	0	0	0.0815	0.104	0.117	0.0193	NA	NA	NA	NA
PCB 30	3	0	0	0.03095	0.0325	0.0336	0.00137	NA	NA	NA	NA
PCB 31	3	3	100	21.6	27.8	33.6	6.01	21.6	27.8	33.6	6.01
PCB 34	3	2	67	0.126	0.193	0.249	0.0623	0.205	0.227	0.249	0.0311
PCB 35	3	0	0	0.0645	0.0787	0.086	0.0123	NA	NA	NA	NA
PCB 36	3	0	0	0.0635	0.0773	0.0845	0.012	NA	NA	NA	NA
PCB 37	3	3	100	0.587	0.8	1.15	0.305	0.587	0.8	1.15	0.305
PCB 38	3	3	100	0.874	1.09	1.41	0.284	0.874	1.09	1.41	0.284
PCB 39	3	2	67	0.068	0.0939	0.116	0.0242	0.0978	0.107	0.116	0.0129
PCB 40	3	3	100	0.7	0.859	1.04	0.171	0.7	0.859	1.04	0.171
PCB 41/64/71/72	3	3	100	50.5	58.1	67	8.33	50.5	58.1	67	8.33
PCB 42/59	3	3	100	8.78	9.21	9.88	0.586	8.78	9.21	9.88	0.586
PCB 43/49	3	3	100	62.1	68.9	76.2	7.06	62.1	68.9	76.2	7.06
PCB 44	3	3	100	41.5	48.2	55.6	7.07	41.5	48.2	55.6	7.07
PCB 45	3	3	100	3.77	4.5	4.86	0.629	3.77	4.5	4.86	0.629
PCB 46	3	3	100	1.33	1.49	1.71	0.197	1.33	1.49	1.71	0.197
PCB 47	3	3	100	30.1	37.2	46	8.09	30.1	37.2	46	8.09
PCB 48/75	3	3	100	5.95	6.22	6.38	0.233	5.95	6.22	6.38	0.233
PCB 50	3	2	67	0.054	0.0908	0.129	0.0375	0.0893	0.109	0.129	0.0281
PCB 51	3	3	100	1.15	1.23	1.36	0.114	1.15	1.23	1.36	0.114
PCB 52/69	3	3	100	126	145	162	18.1	126	145	162	18.1
PCB 53	3	3	100	6.61	7.87	8.93	1.17	6.61	7.87	8.93	1.17
PCB 54	3	2	67	0.0448	0.0672	0.0857	0.0207	0.071	0.0784	0.0857	0.0104
PCB 55	3	3	100	1.73	1.97	2.41	0.382	1.73	1.97	2.41	0.382
PCB 56/60	3	3	100	21.8	26	29.9	4.06	21.8	26	29.9	4.06
PCB 57	3	3	100	0.571	0.636	0.724	0.0792	0.571	0.636	0.724	0.0792
PCB 58	3	3	100	0.469	0.556	0.671	0.104	0.469	0.556	0.671	0.104
PCB 61/70	3	3	100	78	89.4	97	10	78	89.4	97	10
PCB 62	3	0	0	0.057	0.0647	0.079	0.0124	NA	NA	NA	NA
PCB 63	3	3	100	5.4	6.39	7.77	1.23	5.4	6.39	7.77	1.23
PCB 65	3	0	0	0.061	0.069	0.084	0.013	NA	NA	NA	NA
PCB 67	3	3	100	0.416	0.516	0.623	0.104	0.416	0.516	0.623	0.104
PCB 68	3	3	100	2.83	3.28	3.97	0.609	2.83	3.28	3.97	0.609

Table 5-3. Summary of Results for Fillet Composites from Large Fish (C – 138 to 160 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (pg/g ww) (continued)											
PCB 73	3	0	0	0.04715	0.0561	0.0685	0.0111	NA	NA	NA	NA
PCB 74	3	3	100	52.3	64	78.1	13.1	52.3	64	78.1	13.1
PCB 76	3	3	100	79.4	96.4	113	16.8	79.4	96.4	113	16.8
PCB 77	3	3	100	2.52	2.82	3.31	0.43	2.52	2.82	3.31	0.43
PCB 78	3	0	0	0.0453	0.0513	0.0625	0.00975	NA	NA	NA	NA
PCB 79	3	3	100	6.73	7.99	9.93	1.7	6.73	7.99	9.93	1.7
PCB 80	3	2	67	0.04085	0.192	0.273	0.131	0.263	0.268	0.273	0.00707
PCB 81	3	3	100	0.829	1.43	1.99	0.581	0.829	1.43	1.99	0.581
PCB 82	3	3	100	5.87	7.51	8.82	1.5	5.87	7.51	8.82	1.5
PCB 83	3	0	0	0.0835	0.0853	0.0885	0.00275	NA	NA	NA	NA
PCB 84/92	3	3	100	126	146	170	22.2	126	146	170	22.2
PCB 85/116	3	3	100	72.1	85.4	106	18.1	72.1	85.4	106	18.1
PCB 86	3	0	0	0.1385	0.142	0.1475	0.00506	NA	NA	NA	NA
PCB 87/117/125	3	3	100	115	134	155	20.1	115	134	155	20.1
PCB 88/91	3	3	100	41.1	47.8	57.8	8.81	41.1	47.8	57.8	8.81
PCB 89	3	3	100	0.518	0.743	0.893	0.199	0.518	0.743	0.893	0.199
PCB 90/101	3	3	100	371	434	520	77	371	434	520	77
PCB 93	3	0	0	0.116	0.122	0.127	0.00562	NA	NA	NA	NA
PCB 94	3	3	100	1.1	1.31	1.62	0.274	1.1	1.31	1.62	0.274
PCB 95/98/102	3	3	100	242	285	330	44.1	242	285	330	44.1
PCB 96	3	3	100	0.916	1.14	1.29	0.197	0.916	1.14	1.29	0.197
PCB 97	3	3	100	57.6	72	81.7	12.7	57.6	72	81.7	12.7
PCB 100	3	3	100	2.33	2.77	3.21	0.44	2.33	2.77	3.21	0.44
PCB 99	3	3	100	235	290	356	61.3	235	290	356	61.3
PCB 103	3	3	100	4.62	5.51	6.12	0.786	4.62	5.51	6.12	0.786
PCB 104	3	0	0	0.0985	0.0987	0.099	0.000289	NA	NA	NA	NA
PCB 105	3	3	100	151	193	225	38.1	151	193	225	38.1
PCB 106/118	3	3	100	283	350	384	57.7	283	350	384	57.7
PCB 107/109	3	3	100	43.5	53.8	63.9	10.2	43.5	53.8	63.9	10.2
PCB 108/112	3	3	100	14.1	17	19.5	2.72	14.1	17	19.5	2.72
PCB 110	3	3	100	381	437	501	60.4	381	437	501	60.4
PCB 111/115	3	3	100	4.75	8.78	11.5	3.56	4.75	8.78	11.5	3.56
PCB 113	3	0	0	0.0895	0.0928	0.0975	0.00416	NA	NA	NA	NA
PCB 114	3	3	100	9.7	12.3	14.5	2.42	9.7	12.3	14.5	2.42
PCB 119	3	3	100	14.6	17.3	20.8	3.19	14.6	17.3	20.8	3.19
PCB 120	3	3	100	0.923	1.07	1.21	0.144	0.923	1.07	1.21	0.144
PCB 121	3	0	0	0.0795	0.084	0.0875	0.00409	NA	NA	NA	NA
PCB 122	3	0	0	0.2045	0.223	0.2545	0.0278	NA	NA	NA	NA
PCB 123	3	3	100	5.07	6.43	7.75	1.34	5.07	6.43	7.75	1.34
PCB 124	3	3	100	5.93	7.08	8.03	1.06	5.93	7.08	8.03	1.06
PCB 126	3	3	100	1.37	1.55	1.72	0.175	1.37	1.55	1.72	0.175
PCB 127	3	0	0	0.148	0.193	0.2405	0.0463	NA	NA	NA	NA
PCB 128/162	3	3	100	117	144	172	27.5	117	144	172	27.5
PCB 129	3	3	100	16.7	20.8	23.2	3.54	16.7	20.8	23.2	3.54
PCB 130	3	3	100	48.9	54.7	62.3	6.88	48.9	54.7	62.3	6.88

Table 5-3. Summary of Results for Fillet Composites from Large Fish (C - 138 to 160 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (pg/g ww) (continued)											
PCB 131	3	0	0	0.2515	0.308	0.394	0.0758	NA	NA	NA	NA
PCB 132/161	3	3	100	140	165	183	22.3	140	165	183	22.3
PCB 133/142	3	3	100	22.2	26.2	31.5	4.77	22.2	26.2	31.5	4.77
PCB 134/143	3	3	100	27.6	32.4	35.5	4.22	27.6	32.4	35.5	4.22
PCB 135	3	3	100	93.4	109	127	17	93.4	109	127	17
PCB 136	3	3	100	56.6	65.3	76.8	10.4	56.6	65.3	76.8	10.4
PCB 137	3	3	100	27	38	49.3	11.2	27	38	49.3	11.2
PCB 138/163/164	3	3	100	942	1130	1380	225	942	1130	1380	225
PCB 139/149	3	3	100	603	685	801	103	603	685	801	103
PCB 140	3	3	100	4.54	5.07	6.06	0.858	4.54	5.07	6.06	0.858
PCB 141	3	3	100	98.8	119	154	30.2	98.8	119	154	30.2
PCB 144	3	3	100	22.2	26.1	33.1	6.05	22.2	26.1	33.1	6.05
PCB 145	3	3	100	0.149	0.161	0.183	0.0193	0.149	0.161	0.183	0.0193
PCB 146/165	3	3	100	139	167	213	39.9	139	167	213	39.9
PCB 147	3	3	100	15.8	18.7	22.1	3.18	15.8	18.7	22.1	3.18
PCB 148	3	3	100	1.04	1.11	1.2	0.0833	1.04	1.11	1.2	0.0833
PCB 150	3	3	100	0.699	0.806	0.963	0.139	0.699	0.806	0.963	0.139
PCB 151	3	3	100	207	230	276	39.6	207	230	276	39.6
PCB 152	3	3	100	0.332	0.388	0.473	0.0746	0.332	0.388	0.473	0.0746
PCB 153	3	3	100	781	955	1270	273	781	955	1270	273
PCB 154	3	3	100	11.9	13.8	16.6	2.49	11.9	13.8	16.6	2.49
PCB 155	3	3	100	0.918	0.992	1.11	0.103	0.918	0.992	1.11	0.103
PCB 156	3	3	100	64.1	80.4	97	16.5	64.1	80.4	97	16.5
PCB 157	3	3	100	14.8	18.1	21.3	3.25	14.8	18.1	21.3	3.25
PCB 158/160	3	3	100	71.1	87.7	111	20.8	71.1	87.7	111	20.8
PCB 159	3	0	0	0.147	0.194	0.2585	0.0576	NA	NA	NA	NA
PCB 166	3	3	100	2.85	3.26	3.72	0.437	2.85	3.26	3.72	0.437
PCB 167	3	3	100	2.88	3.9	5	1.06	2.88	3.9	5	1.06
PCB 168	3	3	100	0.948	1.15	1.34	0.197	0.948	1.15	1.34	0.197
PCB 169	3	3	100	1.14	1.27	1.51	0.211	1.14	1.27	1.51	0.211
PCB 170	3	3	100	156	187	246	51.1	156	187	246	51.1
PCB 171	3	3	100	53.4	64.3	81.5	15.1	53.4	64.3	81.5	15.1
PCB 172	3	3	100	30.7	37.2	50	11.1	30.7	37.2	50	11.1
PCB 173	3	3	100	3.64	3.99	4.61	0.536	3.64	3.99	4.61	0.536
PCB 174	3	3	100	168	193	238	39.1	168	193	238	39.1
PCB 175	3	3	100	7.58	9.14	12.2	2.65	7.58	9.14	12.2	2.65
PCB 176	3	3	100	23	26.9	32.1	4.7	23	26.9	32.1	4.7
PCB 177	3	3	100	144	168	207	34.1	144	168	207	34.1
PCB 178	3	3	100	59.6	69.5	85.7	14.1	59.6	69.5	85.7	14.1
PCB 179	3	3	100	98.8	115	136	19.1	98.8	115	136	19.1
PCB 180	3	3	100	376	481	677	170	376	481	677	170
PCB 181	3	0	0	0.03565	0.0581	0.072	0.0196	NA	NA	NA	NA
PCB 182/187	3	3	100	485	563	718	134	485	563	718	134
PCB 183	3	3	100	108	134	184	43.6	108	134	184	43.6
PCB 184	3	3	100	1.44	1.64	1.98	0.298	1.44	1.64	1.98	0.298

Table 5-3. Summary of Results for Fillet Composites from Large Fish (C – 138 to 160 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only				
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD	
PCB Congeners (pg/g ww) (continued)												
PCB 185	3	3	100	25.3	30.2	39.4	7.97	25.3	30.2	39.4	7.97	
PCB 186	3	0	0	0.02855	0.0462	0.058	0.0156	NA	NA	NA	NA	
PCB 188	3	3	100	0.627	0.702	0.782	0.0776	0.627	0.702	0.782	0.0776	
PCB 189	3	3	100	5.35	6.37	8.32	1.69	5.35	6.37	8.32	1.69	
PCB 190	3	3	100	41.8	49.4	61	10.2	41.8	49.4	61	10.2	
PCB 191	3	3	100	6.57	8.1	10.9	2.43	6.57	8.1	10.9	2.43	
PCB 192	3	0	0	0.0288	0.0468	0.058	0.0157	NA	NA	NA	NA	
PCB 193	3	3	100	31.2	35.9	45.2	8.03	31.2	35.9	45.2	8.03	
PCB 194	3	3	100	65.3	80.2	109	24.9	65.3	80.2	109	24.9	
PCB 195	3	3	100	40.1	47.2	57.6	9.19	40.1	47.2	57.6	9.19	
PCB 196/203	3	3	100	134	163	216	45.7	134	163	216	45.7	
PCB 197	3	3	100	5.12	5.96	7.54	1.37	5.12	5.96	7.54	1.37	
PCB 198	3	3	100	5.69	6.86	8.18	1.25	5.69	6.86	8.18	1.25	
PCB 199	3	3	100	149	178	229	44.6	149	178	229	44.6	
PCB 200	3	3	100	13.7	15.6	19	2.93	13.7	15.6	19	2.93	
PCB 201	3	3	100	15.7	19.4	24.8	4.76	15.7	19.4	24.8	4.76	
PCB 202	3	3	100	44.6	50.9	61.2	9.02	44.6	50.9	61.2	9.02	
PCB 204	3	1	33	0.0535	0.105	0.205	0.0869	0.205	NA	0.205	NA	
PCB 205	3	3	100	3.59	4.51	5.75	1.11	3.59	4.51	5.75	1.11	
PCB 206	3	3	100	52.3	62.1	75.7	12.2	52.3	62.1	75.7	12.2	
PCB 207	3	3	100	6.42	7.45	8.99	1.36	6.42	7.45	8.99	1.36	
PCB 208	3	3	100	17.8	20.5	24	3.19	17.8	20.5	24	3.19	
Decachlorobiphenyl	3	3	100	13.7	14.9	16.6	1.5	13.7	14.9	16.6	1.5	
Total PCB congeners, 1/2 DL	3	3	100	8820	10500	12800	2070	8820	10500	12800	2070	
PCB TEQ, mammal, 1/2 DL	3	3	100	0.188	0.214	0.229	0.0226	0.188	0.214	0.229	0.0226	
Monochlorobiphenyl homologs	3	3	100	0.128	0.276	0.465	0.172	0.128	0.276	0.465	0.172	
Dichlorobiphenyl homologs	3	3	100	4.12	4.59	5.47	0.76	4.12	4.59	5.47	0.76	
Trichlorobiphenyl homologs	3	3	100	89.8	110	121	17.5	89.8	110	121	17.5	
Tetrachlorobiphenyl homologs	3	3	100	592	691	784	96.1	592	691	784	96.1	
Pentachlorobiphenyl homologs	3	3	100	2190	2620	3050	430	2190	2620	3050	430	
Hexachlorobiphenyl homologs	3	3	100	3540	4210	5180	860	3540	4210	5180	860	
Heptachlorobiphenyl homologs	3	3	100	1840	2180	2840	569	1840	2180	2840	569	
Octachlorobiphenyl homologs	3	3	100	477	571	737	144	477	571	737	144	
Nonachlorobiphenyl homologs	3	3	100	76.5	90.1	109	16.9	76.5	90.1	109	16.9	
Dioxins/Furans (pg/g ww)												
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	3	2	67	0.0555	0.148	0.253	0.0994	0.134	0.194	0.253	0.0841	
1,2,3,4,6,7,8-Heptachlorodibenzofuran	3	0	0	0.03145	0.0355	0.0428	0.00635	NA	NA	NA	NA	
1,2,3,4,7,8,9-Heptachlorodibenzofuran	3	0	0	0.03095	0.0366	0.0457	0.00796	NA	NA	NA	NA	
1,2,3,4,7,8-Hexachlorodibenzodioxin	3	0	0	0.055	0.057	0.059	0.002	NA	NA	NA	NA	
1,2,3,4,7,8-Hexachlorodibenzofuran	3	0	0	0.0253	0.0305	0.03745	0.00628	NA	NA	NA	NA	
1,2,3,6,7,8-Hexachlorodibenzodioxin	3	0	0	0.0525	0.0552	0.058	0.00275	NA	NA	NA	NA	
1,2,3,6,7,8-Hexachlorodibenzofuran	3	0	0	0.02655	0.0318	0.03585	0.00475	NA	NA	NA	NA	
1,2,3,7,8,9-Hexachlorodibenzodioxin	3	0	0	0.057	0.0583	0.06	0.00153	NA	NA	NA	NA	
1,2,3,7,8,9-Hexachlorodibenzofuran	3	0	0	0.0403	0.0484	0.056	0.00786	NA	NA	NA	NA	
1,2,3,7,8-Pentachlorodibenzodioxin	3	0	0	0.0211	0.0293	0.03445	0.00718	NA	NA	NA	NA	

Table 5-3. Summary of Results for Fillet Composites from Large Fish (C – 138 to 160 cm)

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
Dioxins/Furans (pg/g ww) (continued)											
1,2,3,7,8-Pentachlorodibenzofuran	3	0	0	0.02925	0.0367	0.0407	0.00646	NA	NA	NA	NA
2,3,4,6,7,8-Hexachlorodibenzofuran	3	0	0	0.0288	0.0338	0.03875	0.00498	NA	NA	NA	NA
2,3,4,7,8-Pentachlorodibenzofuran	3	1	33	0.03025	0.0671	0.121	0.0477	0.121	NA	0.121	NA
2,3,7,8-Tetrachlorodibenzodioxin	3	0	0	0.02415	0.0289	0.03345	0.00465	NA	NA	NA	NA
2,3,7,8-Tetrachlorodibenzofuran	3	3	100	1.41	1.52	1.6	0.1	1.41	1.52	1.6	0.1
Dioxin TEQ, mammal, 1/2 DL	3	3	100	0.248	0.265	0.29	0.0219	0.248	0.265	0.29	0.0219
Total TEQ, mammal, 1/2 DL	3	3	100	0.446	0.479	0.519	0.0369	0.446	0.479	0.519	0.0369
Tetrachlorodibenzodioxin (Total)	3	0	0	0.02415	0.0289	0.03345	0.00465	NA	NA	NA	NA
Tetrachlorodibenzofuran (Total)	3	3	100	1.41	1.52	1.6	0.1	1.41	1.52	1.6	0.1
Pentachlorodibenzodioxin (Total)	3	0	0	0.0211	0.0293	0.03445	0.00718	NA	NA	NA	NA
Pentachlorodibenzofuran (Total)	3	1	33	0.0715	0.109	0.135	0.0334	0.121	NA	0.121	NA
Hexachlorodibenzodioxin (Total)	3	0	0	0.055	0.057	0.0585	0.0018	NA	NA	NA	NA
Hexachlorodibenzofuran (Total)	3	0	0	0.0298	0.0357	0.04155	0.00588	NA	NA	NA	NA
Heptachlorodibenzodioxin (Total)	3	2	67	0.0555	0.148	0.253	0.0994	0.134	0.194	0.253	0.0841
Heptachlorodibenzofuran (Total)	3	0	0	0.03155	0.036	0.0441	0.00707	NA	NA	NA	NA
Octachlorodibenzodioxin	3	1	33	0.083	0.224	0.4	0.161	0.4	NA	0.4	NA
Octachlorodibenzofuran	3	0	0	0.0945	0.108	0.1295	0.0189	NA	NA	NA	NA
PBDEs (µg/kg ww)											
PBDE 47	3	3	100	2.11	2.8	3.54	0.717	2.11	2.8	3.54	0.717
PBDE 99	3	3	100	0.0933	0.0976	0.106	0.0073	0.0933	0.0976	0.106	0.0073
PBDE 153	3	3	100	0.0486	0.0606	0.0767	0.0145	0.0486	0.0606	0.0767	0.0145
PBDE 209	3	0	0	0.00735	0.0177	0.03505	0.0151	NA	NA	NA	NA
Total Mono-BDE	3	0	0	6.95E-05	0.000104	0.0001525	0.0000435	NA	NA	NA	NA
Total Di-BDE	3	3	100	0.00331	0.00432	0.00485	0.000875	0.00331	0.00432	0.00485	0.000875
Total Tri-BDE	3	3	100	0.243	0.379	0.566	0.167	0.243	0.379	0.566	0.167
Total Tetra-BDE	3	3	100	2.33	3.04	3.8	0.736	2.33	3.04	3.8	0.736
Total Penta-BDE	3	3	100	0.482	0.621	0.772	0.145	0.482	0.621	0.772	0.145
Total Hexa-BDE	3	3	100	0.199	0.261	0.348	0.0777	0.199	0.261	0.348	0.0777
Total Hepta-BDE	3	3	100	0.00603	0.0068	0.00736	0.000688	0.00603	0.0068	0.00736	0.000688
Total Octa-BDE	3	0	0	0.00047	0.00087	0.001355	0.000449	NA	NA	NA	NA
Total Nona-BDE	3	0	0	0.001245	0.00256	0.004775	0.00193	NA	NA	NA	NA
Total Deca-BDE	3	0	0	0.00735	0.0177	0.03505	0.0151	NA	NA	NA	NA

Notes:

Summary statistics were calculated using half the reporting limit for non-detected inorganic results and half the estimated detection limit for non-detected organic results.

BDE - bromodiphenyl ether

DL - detection limit

NA - not applicable

PBDE - polybrominated diphenylether

PCB - polychlorinated biphenyl

SD - standard deviation

TEQ - toxicity equivalence quotient

Table 5-4. Summary of Results for Metals in Fillet Composites from All Size Classes on Wet Weight Basis

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
Metals/Metalloids in Small Fish - Size Class A (50 to 97 cm) (mg/kg ww except mercury)											
Aluminum	3	3	100	0.519	0.91	1.23	0.36	0.519	0.91	1.23	0.36
Antimony	3	0	0	0.00083	0.001	0.001195	0.00018	NA	NA	NA	NA
Arsenic	3	3	100	0.146	0.168	0.193	0.0236	0.146	0.168	0.193	0.0236
Inorganic Arsenic	3	0	0	0.0095	0.0097	0.0099	0.00022	NA	NA	NA	NA
Barium	3	3	100	0.0137	0.022	0.0267	0.0071	0.0137	0.022	0.0267	0.0071
Beryllium	3	1	33	0.00124	0.002	0.00237	0.00063	0.00124	NA	0.00124	NA
Boron	3	0	0	0.227	0.23	0.237	0.0052	NA	NA	NA	NA
Cadmium	3	3	100	0.000948	0.0023	0.0042	0.0017	0.000948	0.0023	0.0042	0.0017
Calcium	3	3	100	57.1	66.5	75.3	9.12	57.1	66.5	75.3	9.12
Chromium	3	3	100	0.0669	0.094	0.143	0.042	0.0669	0.094	0.143	0.042
Cobalt	3	3	100	0.00359	0.0039	0.00445	0.00045	0.00359	0.0039	0.00445	0.00045
Copper	3	3	100	0.22	0.36	0.55	0.17	0.22	0.36	0.55	0.17
Iron	3	3	100	3.42	4.85	5.88	1.28	3.42	4.85	5.88	1.28
Lead	3	3	100	0.0045	0.0077	0.0131	0.0047	0.0045	0.0077	0.0131	0.0047
Magnesium	3	3	100	237	259	272	19.2	237	259	272	19.2
Manganese	3	3	100	0.234	0.271	0.301	0.0342	0.234	0.271	0.301	0.0342
Mercury (µg/kg ww)	3	3	100	57.4	62.7	66.4	4.69	57.4	62.7	66.4	4.69
Molybdenum	3	3	100	0.00292	0.00389	0.0058	0.00165	0.00292	0.00389	0.0058	0.00165
Nickel	3	3	100	0.0311	0.038	0.0494	0.01	0.0311	0.038	0.0494	0.01
Potassium	3	3	100	3650	3950	4100	257	3650	3950	4100	257
Selenium	3	3	100	0.863	0.946	1.03	0.0835	0.863	0.946	1.03	0.0835
Silicon	3	3	100	1.92	2.3	2.65	0.37	1.92	2.3	2.65	0.37
Silver	3	0	0	0.001555	0.0021	0.00237	0.00046	NA	NA	NA	NA
Sodium	3	3	100	334	349	361	13.9	334	349	361	13.9
Sulfur	3	3	100	1720	1880	1960	139	1720	1880	1960	139
Thallium	3	3	100	0.0019	0.003	0.0042	0.0012	0.0019	0.003	0.0042	0.0012
Tin	3	3	100	0.00311	0.0034	0.00356	0.00024	0.00311	0.0034	0.00356	0.00024
Uranium	3	2	67	0.000239	0.00095	0.00237	0.0012	0.000239	0.00024	0.000247	0.000057
Vanadium	3	3	100	0.00237	0.004	0.00494	0.0014	0.00237	0.004	0.00494	0.0014
Zinc	3	3	100	2.94	3.18	3.43	0.245	2.94	3.18	3.43	0.245
Metals/Metalloids in Medium Fish - Size Class B (98 to 137 cm) (mg/kg ww except mercury)											
Aluminum	3	3	100	0.406	0.48	0.554	0.074	0.406	0.48	0.554	0.074
Antimony	3	0	0	0.000478	0.00067	0.00079	0.00017	NA	NA	NA	NA
Arsenic	3	3	100	0.186	0.217	0.256	0.0358	0.186	0.217	0.256	0.0358
Inorganic Arsenic	3	0	0	0.00955	0.01	0.01055	0.00051	NA	NA	NA	NA
Barium	3	3	100	0.0143	0.017	0.0182	0.002	0.0143	0.017	0.0182	0.002
Beryllium	3	0	0	0.00239	0.0025	0.00251	0.00006	NA	NA	NA	NA
Boron	3	0	0	0.239	0.25	0.251	0.006	NA	NA	NA	NA
Cadmium	3	3	100	0.000792	0.0011	0.00143	0.00033	0.000792	0.0011	0.00143	0.00033
Calcium	3	3	100	57	59	62.5	3.07	57	59	62.5	3.07
Chromium	3	3	100	0.0664	0.075	0.0908	0.013	0.0664	0.075	0.0908	0.013
Cobalt	3	3	100	0.0032	0.0034	0.0037	0.00026	0.0032	0.0034	0.0037	0.00026
Copper	3	3	100	0.265	0.301	0.364	0.055	0.265	0.301	0.364	0.055
Iron	3	3	100	3.59	4.22	4.78	0.598	3.59	4.22	4.78	0.598
Lead	3	3	100	0.00369	0.0046	0.00502	0.00077	0.00369	0.0046	0.00502	0.00077

Table 5-4. Summary of Results for Metals in Fillet Composites from All Size Classes on Wet Weight Basis

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
Metals/Metalloids in Medium Fish - Size Class B (98 to 137 cm) (mg/kg ww except mercury) (continued)											
Magnesium	3	3	100	251	258	263	6.43	251	258	263	6.43
Manganese	3	3	100	0.206	0.235	0.256	0.0258	0.206	0.235	0.256	0.0258
Mercury (µg/kg ww)	3	3	100	68.1	77.5	88.4	10.2	68.1	77.5	88.4	10.2
Molybdenum	3	3	100	0.00185	0.0026	0.00382	0.0011	0.00185	0.0026	0.00382	0.0011
Nickel	3	3	100	0.0215	0.027	0.037	0.0088	0.0215	0.027	0.037	0.0088
Potassium	3	3	100	3780	3820	3850	37.9	3780	3820	3850	37.9
Selenium	3	3	100	1.16	1.19	1.23	0.0361	1.16	1.19	1.23	0.0361
Silicon	3	3	100	1.29	1.7	1.99	0.38	1.29	1.7	1.99	0.38
Silver	3	0	0	0.000715	0.0019	0.00251	0.001	NA	NA	NA	NA
Sodium	3	3	100	343	348	354	5.57	343	348	354	5.57
Sulfur	3	3	100	1850	1870	1880	15.3	1850	1870	1880	15.3
Thallium	3	3	100	0.00238	0.0033	0.00382	0.0008	0.00238	0.0033	0.00382	0.0008
Tin	3	3	100	0.00263	0.0032	0.00394	0.00069	0.00263	0.0032	0.00394	0.00069
Uranium	3	0	0	0.00239	0.0025	0.00251	0.00006	NA	NA	NA	NA
Vanadium	3	3	100	0.00246	0.0042	0.00528	0.0015	0.00246	0.0042	0.00528	0.0015
Zinc	3	3	100	3.37	3.53	3.75	0.197	3.37	3.53	3.75	0.197
Metals/Metalloids in Large Fish - Size Class C (138 to 160 cm) (mg/kg ww except mercury)											
Aluminum	3	0	0	0.129	0.14	0.1505	0.011	NA	NA	NA	NA
Antimony	3	0	0	0.000755	0.0028	0.0066	0.0033	NA	NA	NA	NA
Arsenic	3	3	100	0.204	0.209	0.217	0.007	0.204	0.209	0.217	0.007
Inorganic Arsenic	3	0	0	0.0115	0.012	0.01265	0.00058	NA	NA	NA	NA
Barium	3	3	100	0.0178	0.019	0.0196	0.0009	0.0178	0.019	0.0196	0.0009
Beryllium	3	0	0	0.002585	0.0028	0.00286	0.00015	NA	NA	NA	NA
Boron	3	0	0	0.2585	0.28	0.286	0.015	NA	NA	NA	NA
Cadmium	3	3	100	0.000861	0.0016	0.00316	0.0013	0.000861	0.0016	0.00316	0.0013
Calcium	3	3	100	48	49.2	51.5	1.97	48	49.2	51.5	1.97
Chromium	3	3	100	0.0115	0.05	0.0903	0.039	0.0115	0.05	0.0903	0.039
Cobalt	3	3	100	0.00253	0.0031	0.00391	0.00072	0.00253	0.0031	0.00391	0.00072
Copper	3	3	100	0.207	0.22	0.231	0.012	0.207	0.22	0.231	0.012
Iron	3	3	100	3.04	3.12	3.19	0.0755	3.04	3.12	3.19	0.0755
Lead	3	3	100	0.00316	0.0035	0.00391	0.00038	0.00316	0.0035	0.00391	0.00038
Magnesium	3	3	100	206	221	231	13.2	206	221	231	13.2
Manganese	3	3	100	0.176	0.201	0.25	0.0424	0.176	0.201	0.25	0.0424
Mercury (µg/kg ww)	3	3	100	103	106	108	2.65	103	106	108	2.65
Molybdenum	3	3	100	0.000832	0.0015	0.00214	0.00065	0.000832	0.0015	0.00214	0.00065
Nickel	3	3	100	0.00574	0.035	0.0506	0.025	0.00574	0.035	0.0506	0.025
Potassium	3	3	100	3220	3320	3400	90.7	3220	3320	3400	90.7
Selenium	3	3	100	0.933	1.03	1.2	0.147	0.933	1.03	1.2	0.147
Silicon	3	3	100	0.727	1.2	1.55	0.41	0.727	1.2	1.55	0.41
Silver	3	0	0	0.000158	0.0019	0.00286	0.0015	NA	NA	NA	NA
Sodium	3	3	100	284	302	321	18.5	284	302	321	18.5
Sulfur	3	3	100	1660	1690	1720	30.6	1660	1690	1720	30.6
Thallium	3	3	100	0.00301	0.0037	0.00411	0.00061	0.00301	0.0037	0.00411	0.00061

Table 5-4. Summary of Results for Metals in Fillet Composites from All Size Classes on Wet Weight Basis

Analyte	Count of Results		% Detected	All Sample Results				Detected Results Only			
	Total #	# Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
Metals/Metalloids in Large Fish - Size Class C (138 to 160 cm) (mg/kg ww except mercury) (continued)											
Tin	3	3	100	0.000861	0.0018	0.00253	0.00087	0.000861	0.0018	0.00253	0.00087
Uranium	3	0	0	0.002585	0.0028	0.00286	0.00015	NA	NA	NA	NA
Vanadium	3	3	100	0.00287	0.003	0.00316	0.00015	0.00287	0.003	0.00316	0.00015
Zinc	3	3	100	2.92	3.1	3.29	0.19	2.92	3.1	3.29	0.19

Notes:

Summary statistics were calculated using half the reporting limit for non-detected results.

NA - not applicable

SD - standard deviation

Table 5-5. Comparison of ACGs to MRLs for Non-detected Inorganics Results

Analyte	ACG ^a	Planned MRL ^a	Min MRL	Max MRL	# Results	# NDs	# ACG Exceedances
Metals/Metalloids (mg/kg dw except mercury)							
Aluminum	13.6	2	0.9	1	9	3	0
Antimony	0.05	0.05	0.004	0.046	9	9	0
Arsenic	0.5	0.5	NA	NA	9	0	NA
Barium	2.72	0.05	NA	NA	9	0	NA
Beryllium	0.0272	0.02	0.018	0.02	9	8	0
Boron	2.72	2	1.8	2	9	9	0
Cadmium	0.02	0.02	NA	NA	9	0	NA
Calcium	4	4	NA	NA	9	0	NA
Chromium	20.32	0.2	NA	NA	9	0	NA
Cobalt	0.02	0.02	NA	NA	9	0	NA
Copper	0.56	0.1	NA	NA	9	0	NA
Inorganic arsenic	0.02	0.02	0.08	0.08	9	9	9
Iron	9.6	1	NA	NA	9	0	NA
Lead	0.02	0.02	NA	NA	9	0	NA
Magnesium	2	2	NA	NA	9	0	NA
Manganese	1.88	0.05	NA	NA	9	0	NA
Mercury (µg/kg dw)	1	1	NA	NA	9	0	NA
Molybdenum	0.068	0.05	NA	NA	9	0	NA
Nickel	0.272	0.2	NA	NA	9	0	NA
Potassium	20	20	NA	NA	9	0	NA
Selenium	0.1	0.1	NA	NA	9	0	NA
Silicon	20	20	NA	NA	9	0	NA
Silver	0.068	0.02	0.001	0.02	9	9	0
Sodium	20	20	NA	NA	9	0	NA
Sulfur	8	8	NA	NA	9	0	NA
Thallium	0.02	0.02	NA	NA	9	0	NA
Tin	8.12	0.05	NA	NA	9	0	NA
Uranium	0.02	0.02	0.018	0.02	9	7	0
Vanadium	0.2	0.2	NA	NA	9	0	NA
Zinc	4.08	0.5	NA	NA	9	0	NA
Conventional Parameters							
Fluoride (mg/kg ww) ^b	1	1	NA	NA	9	0	NA
Lipid (% ww)	0.1	0.1	NA	NA	9	0	NA
Total solids (% ww)	0.1	0.1	NA	NA	9	0	NA

Notes:

^a ACGs and planned MRLs are from the QAPP (SRC 2016).

^b ACG and planned MRL from the QAPP (SRC 2016) were assumed to be on a wet weight basis.

ACG - analytical concentration goal

NA - not applicable

MRL - method reporting limit

ND - non-detected result

Table 5-6. Comparison of ACGs to EDLs for Dioxins/Furans and Dioxin-like Congeners

Analyte (pg/g ww)	ACG ^a	Planned MDL ^b	TEF ^c (unitless)	Min TEF-adjusted EDL	Max TEF-adjusted EDL	# Results	# NDs	# ACG Exceedances
PCB 77	0.125	0.12825	0.0001	0.000153	0.000153	9	1	0
PCB 81	0.125	0.12825	0.0003	NA	NA	9	0	NA
PCB 105	0.125	0.12825	0.00003	NA	NA	9	0	NA
PCB 106/118	0.125	0.12825	0.00003	NA	NA	9	0	NA
PCB 114	0.125	0.12825	0.00003	NA	NA	9	0	NA
PCB 123	0.125	0.12825	0.00003	NA	NA	9	0	NA
PCB 126	0.125	0.12825	0.1	NA	NA	9	0	NA
PCB 156	0.125	0.12825	0.00003	NA	NA	9	0	NA
PCB 157	0.125	0.12825	0.00003	NA	NA	9	0	NA
PCB 167	0.125	0.12825	0.00003	NA	NA	9	0	NA
PCB 169	0.125	0.12825	0.03	NA	NA	9	0	NA
PCB 189	0.125	0.12825	0.00003	NA	NA	9	0	NA
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	0.125	0.12825	0.01	0.000853	0.00139	9	6	0
1,2,3,4,6,7,8-Heptachlorodibenzofuran	0.125	0.12825	0.01	0.000629	0.00106	9	9	0
1,2,3,4,7,8,9-Heptachlorodibenzofuran	0.125	0.12825	0.01	0.000619	0.00117	9	9	0
1,2,3,4,7,8-Hexachlorodibenzodioxin	0.125	0.12825	0.1	0.00762	0.0167	9	9	0
1,2,3,4,7,8-Hexachlorodibenzofuran	0.125	0.12825	0.1	0.00495	0.0102	9	9	0
1,2,3,6,7,8-Hexachlorodibenzodioxin	0.125	0.12825	0.1	0.00782	0.0167	9	9	0
1,2,3,6,7,8-Hexachlorodibenzofuran	0.125	0.12825	0.1	0.00531	0.0104	9	9	0
1,2,3,7,8,9-Hexachlorodibenzodioxin	0.125	0.12825	0.1	0.0082	0.0179	9	9	0
1,2,3,7,8,9-Hexachlorodibenzofuran	0.125	0.12825	0.1	0.00764	0.0166	9	9	0
1,2,3,7,8-Pentachlorodibenzodioxin	0.125	0.12825	1	0.0422	0.0847	9	9	0
1,2,3,7,8-Pentachlorodibenzofuran	0.125	0.12825	0.03	0.000906	0.00321	9	9	0
2,3,4,6,7,8-Hexachlorodibenzofuran	0.125	0.12825	0.1	0.00561	0.0113	9	9	0
2,3,4,7,8-Pentachlorodibenzofuran	0.125	0.12825	0.3	0.01104	0.0336	9	8	0
2,3,7,8-Tetrachlorodibenzodioxin	0.125	0.12825	1	0.0401	0.0981	9	9	0
2,3,7,8-Tetrachlorodibenzofuran	0.125	0.12825	0.1	NA	NA	9	0	NA
Octachlorodibenzodioxin	0.125	0.12825	0.0003	0.0000375	0.000114	9	6	0
Octachlorodibenzofuran	0.125	0.12825	0.0003	0.0000453	0.0000831	9	9	0

Notes:^a ACGs are from the QAPP (SRC 2016)^b Planned MDLs are from the QAPP (SRC 2016). Note that planned MDLs are provided for informational purposes only and are not equivalent to EDLs, which are sample-specific.^c TEFs are for mammals from Van den Berg et al. (2006) per the QAPP (SRC 2016)

ACG - analytical concentration goal

EDL - estimated detection limit

MDL - method detection limit

NA - not applicable

ND - non-detected result

PCB - polychlorinated biphenyl

TEF - toxic equivalence factors

Table 5-7. Comparison of ACGs to EDLs for PCB Congeners

Analyte (pg/g ww)	ACG ^a	Planned MDL ^b	Min EDL	Max EDL	# Results	# NDs	# ACG Exceedances
Total PCB Congeners	2500	0.70	NA	NA	9	0	NA
PCB 1	80	0.0125	0.0468	0.31	9	5	0
PCB 2	4	0.0225	0.0864	0.217	9	6	0
PCB 3	80	0.0225	0.0656	0.139	9	6	0
PCB 4/10	20	0.0175	0.267	1.03	9	8	0
PCB 5/8	20	0.0175	NA	NA	9	0	NA
PCB 6	20	0.0275	0.112	0.49	9	9	0
PCB 7/9	20	0.0150	0.0991	0.246	9	9	0
PCB 11	400	0.0725	1.21	2.13	9	9	0
PCB 12/13	40	0.0350	0.0485	0.145	9	9	0
PCB 14	40	0.0150	0.042	0.112	9	9	0
PCB 15	200	0.0325	0.231	0.591	9	9	0
PCB 16/32	40	0.0175	NA	NA	9	0	NA
PCB 17	80	0.0300	NA	NA	9	0	NA
PCB 18	200	0.0550	NA	NA	9	0	NA
PCB 19	40	0.0175	NA	NA	9	0	NA
PCB 20/21/33	80	0.0150	NA	NA	9	0	NA
PCB 22	80	0.0200	NA	NA	9	0	NA
PCB 23	80	0.0125	0.0929	0.257	9	9	0
PCB 24/27	80	0.0225	NA	NA	9	0	NA
PCB 25	80	0.0125	NA	NA	9	0	NA
PCB 26	80	0.0200	NA	NA	9	0	NA
PCB 28	200	0.0250	NA	NA	9	0	NA
PCB 29	80	0.0200	0.0803	0.234	9	9	0
PCB 30	200	0.0550	0.0327	0.0895	9	9	0
PCB 31	200	0.0150	NA	NA	9	0	NA
PCB 34	80	0.0150	0.0772	0.252	9	3	0
PCB 35	80	0.0175	0.0673	0.172	9	9	0
PCB 36	80	0.0150	0.0662	0.169	9	9	0
PCB 37	200	0.0175	NA	NA	9	0	NA
PCB 38	80	0.0225	NA	NA	9	0	NA
PCB 39	80	0.0150	0.0625	0.136	9	7	0
PCB 40	200	0.0400	0.333	0.333	9	1	0
PCB 41/64/71/72	80	0.0200	NA	NA	9	0	NA
PCB 42/59	80	0.0150	NA	NA	9	0	NA
PCB 43/49	200	0.0300	NA	NA	9	0	NA
PCB 44	200	0.0500	NA	NA	9	0	NA
PCB 45	80	0.0475	NA	NA	9	0	NA
PCB 46	80	0.0250	0.371	0.371	9	1	0
PCB 47	200	0.0500	NA	NA	9	0	NA
PCB 48/75	80	0.0175	NA	NA	9	0	NA
PCB 50	80	0.0475	0.0931	0.251	9	6	0
PCB 51	80	0.0475	NA	NA	9	0	NA
PCB 52/69	200	0.0200	NA	NA	9	0	NA
PCB 53	80	0.0475	NA	NA	9	0	NA
PCB 54	200	0.0325	0.0325	0.21	9	6	0
PCB 55	200	0.0325	0.641	0.641	9	1	0
PCB 56/60	80	0.0200	NA	NA	9	0	NA
PCB 57	200	0.0125	NA	NA	9	0	NA
PCB 58	200	0.0150	NA	NA	9	0	NA
PCB 61/70	200	0.0400	NA	NA	9	0	NA
PCB 62	80	0.0300	0.0753	0.205	9	9	0
PCB 63	200	0.0200	NA	NA	9	0	NA
PCB 65	200	0.0500	0.0803	0.219	9	9	0
PCB 67	200	0.0225	0.105	0.105	9	1	0

Table 5-7. Comparison of ACGs to EDLs for PCB Congeners

Analyte (pg/g ww)	ACG ^a	Planned MDL ^b	Min EDL	Max EDL	# Results	# NDs	# ACG Exceedances
PCB 68	200	0.0125	NA	NA	9	0	NA
PCB 73	200	0.0400	0.0771	0.204	9	9	0
PCB 74	200	0.0400	NA	NA	9	0	NA
PCB 76	200	0.0400	NA	NA	9	0	NA
PCB 77	200	0.0200	1.53	1.53	9	1	0
PCB 78	200	0.0200	0.0668	0.19	9	9	0
PCB 79	200	0.0275	NA	NA	9	0	NA
PCB 80	200	0.0150	0.0552	0.179	9	6	0
PCB 81	200	0.0350	NA	NA	9	0	NA
PCB 82	200	0.0425	NA	NA	9	0	NA
PCB 83	200	0.0375	0.0695	0.177	9	9	0
PCB 84/92	200	0.0300	NA	NA	9	0	NA
PCB 85/116	80	0.0700	NA	NA	9	0	NA
PCB 86	200	0.0750	0.115	0.295	9	9	0
PCB 87/117/125	80	0.0700	NA	NA	9	0	NA
PCB 88/91	200	0.0325	NA	NA	9	0	NA
PCB 89	200	0.0300	0.0961	0.116	9	2	0
PCB 90/101	400	0.0675	NA	NA	9	0	NA
PCB 93	200	0.0500	0.098	0.254	9	9	0
PCB 94	200	0.0250	0.746	0.746	9	1	0
PCB 95/98/102	200	0.0475	NA	NA	9	0	NA
PCB 96	200	0.0250	NA	NA	9	0	NA
PCB 97	200	0.0750	NA	NA	9	0	NA
PCB 99	200	0.0375	NA	NA	9	0	NA
PCB 100	200	0.0500	NA	NA	9	0	NA
PCB 103	200	0.0225	NA	NA	9	0	NA
PCB 104	200	0.0300	0.0695	0.198	9	9	0
PCB 105	80	0.0275	NA	NA	9	0	NA
PCB 106/118	200	0.0175	NA	NA	9	0	NA
PCB 107/109	80	0.0325	NA	NA	9	0	NA
PCB 108/112	400	0.0375	NA	NA	9	0	NA
PCB 110	400	0.0700	NA	NA	9	0	NA
PCB 111/115	400	0.0200	NA	NA	9	0	NA
PCB 113	400	0.0675	0.0725	0.195	9	9	0
PCB 114	200	0.0325	NA	NA	9	0	NA
PCB 119	200	0.0750	NA	NA	9	0	NA
PCB 120	200	0.0250	NA	NA	9	0	NA
PCB 121	80	0.0150	0.0673	0.175	9	9	0
PCB 122	200	0.0250	0.17	0.509	9	9	0
PCB 123	200	0.0350	NA	NA	9	0	NA
PCB 124	400	0.0500	NA	NA	9	0	NA
PCB 126	200	0.0225	NA	NA	9	0	NA
PCB 127	400	0.0325	0.162	0.481	9	9	0
PCB 128/162	200	0.0225	NA	NA	9	0	NA
PCB 129	200	0.0450	NA	NA	9	0	NA
PCB 130	200	0.0325	NA	NA	9	0	NA
PCB 131	200	0.0300	0.0975	0.788	9	9	0
PCB 132/161	200	0.0300	NA	NA	9	0	NA
PCB 133/142	200	0.0225	NA	NA	9	0	NA
PCB 134/143	200	0.0425	NA	NA	9	0	NA
PCB 135	200	0.0300	NA	NA	9	0	NA
PCB 136	80	0.0400	NA	NA	9	0	NA
PCB 137	400	0.0300	NA	NA	9	0	NA
PCB 138/163/164	200	0.0300	NA	NA	9	0	NA
PCB 139/149	200	0.0575	NA	NA	9	0	NA

Table 5-7. Comparison of ACGs to EDLs for PCB Congeners

Analyte (pg/g ww)	ACG ^a	Planned MDL ^b	Min EDL	Max EDL	# Results	# NDs	# ACG Exceedances
PCB 140	200	0.0575	NA	NA	9	0	NA
PCB 141	80	0.0350	NA	NA	9	0	NA
PCB 144	200	0.0300	NA	NA	9	0	NA
PCB 145	400	0.0300	0.0639	0.094	9	6	0
PCB 146/165	200	0.0075	NA	NA	9	0	NA
PCB 147	200	0.0575	NA	NA	9	0	NA
PCB 148	400	0.0325	NA	NA	9	0	NA
PCB 150	400	0.0325	0.46	0.46	9	1	0
PCB 151	200	0.0300	NA	NA	9	0	NA
PCB 152	400	0.0200	NA	NA	9	0	NA
PCB 153	200	0.0225	NA	NA	9	0	NA
PCB 154	200	0.0350	NA	NA	9	0	NA
PCB 155	400	0.0150	NA	NA	9	0	NA
PCB 156	200	0.0350	NA	NA	9	0	NA
PCB 157	200	0.0350	NA	NA	9	0	NA
PCB 158/160	80	0.0325	NA	NA	9	0	NA
PCB 159	400	0.0225	0.0576	0.517	9	9	0
PCB 166	200	0.0425	NA	NA	9	0	NA
PCB 167	200	0.0150	NA	NA	9	0	NA
PCB 168	200	0.0225	NA	NA	9	0	NA
PCB 169	200	0.0250	NA	NA	9	0	NA
PCB 170	200	0.0425	NA	NA	9	0	NA
PCB 171	400	0.0450	NA	NA	9	0	NA
PCB 172	400	0.0275	NA	NA	9	0	NA
PCB 173	400	0.0450	NA	NA	9	0	NA
PCB 174	200	0.0400	NA	NA	9	0	NA
PCB 175	400	0.0375	NA	NA	9	0	NA
PCB 176	400	0.0350	NA	NA	9	0	NA
PCB 177	200	0.0375	NA	NA	9	0	NA
PCB 178	200	0.0350	NA	NA	9	0	NA
PCB 179	200	0.0350	NA	NA	9	0	NA
PCB 180	200	0.0750	NA	NA	9	0	NA
PCB 181	400	0.0350	0.0599	0.463	9	9	0
PCB 182/187	200	0.0275	NA	NA	9	0	NA
PCB 183	400	0.0700	NA	NA	9	0	NA
PCB 184	400	0.0550	NA	NA	9	0	NA
PCB 185	400	0.0575	NA	NA	9	0	NA
PCB 186	400	0.0600	0.0478	0.363	9	9	0
PCB 188	200	0.0225	NA	NA	9	0	NA
PCB 189	200	0.0225	NA	NA	9	0	NA
PCB 190	200	0.0325	NA	NA	9	0	NA
PCB 191	400	0.0375	NA	NA	9	0	NA
PCB 192	400	0.0250	0.0484	0.374	9	9	0
PCB 193	200	0.0750	NA	NA	9	0	NA
PCB 194	200	0.0375	NA	NA	9	0	NA
PCB 195	400	0.0400	NA	NA	9	0	NA
PCB 196/203	400	0.0550	NA	NA	9	0	NA
PCB 197	400	0.0325	NA	NA	9	0	NA
PCB 198	200	0.1250	NA	NA	9	0	NA
PCB 199	200	0.1250	NA	NA	9	0	NA
PCB 200	400	0.0575	NA	NA	9	0	NA
PCB 201	400	0.0200	NA	NA	9	0	NA
PCB 202	400	0.0500	NA	NA	9	0	NA
PCB 204	400	0.0350	0.0804	0.15	9	8	0
PCB 205	400	0.0500	NA	NA	9	0	NA

Table 5-7. Comparison of ACGs to EDLs for PCB Congeners

Analyte (pg/g ww)	ACG ^a	Planned MDL ^b	Min EDL	Max EDL	# Results	# NDs	# ACG Exceedances
PCB 206	400	0.0300	NA	NA	9	0	NA
PCB 207	400	0.0350	NA	NA	9	0	NA
PCB 208	400	0.0250	NA	NA	9	0	NA
Decachlorobiphenyl	200	0.0275	NA	NA	9	0	NA

Notes:

Congener coelutions vary between the QAPP (Parametrix 2009), QAPP (SRC 2016), and the actual dataset. When ACGs or planned MDL values varied between coeluting congeners, the lowest value was selected (represented by the purple cells).

^a ACG for total PCB congeners is from the QAPP (SRC 2016); ACGs for individual congeners are from Table B-2 of the QAPP (Parametrix 2009)

^b Planned MDLs for individual congeners are from Table A-2.1 of the QAPP (SRC 2016). Values have been converted from dry weight to wet weight basis assuming 75% moisture. Note that planned MDLs are provided for informational purposes only and are not equivalent to EDLs, which are sample-specific.

ACG - analytical concentration goal

EDL - estimated detection limit

MDL - method detection limit

NA - not applicable

ND - non-detected result

PCB - polychlorinated biphenyl

Table 5-8. Comparison of ACGs to EDLs for PBDEs

Analyte ($\mu\text{g}/\text{kg}$ ww)	ACG ^a	Planned MDL ^b	Min EDL	Max EDL	# Results	# NDs	# ACG Exceedances
PBDE 47	0.339	0.014	NA	NA	9	0	NA
PBDE 99	0.339	0.00168	NA	NA	9	0	NA
PBDE 153	0.68	0.004	NA	NA	9	0	NA
PBDE 209	23.7	0.00575	0.0077	0.0701	9	7	0
Total PBDEs	TBD	NA	NA	NA	9	0	NA

Notes:

^a ACGs are from the QAPP (SRC 2016)

^b Planned MDLs are from the QAPP (SRC 2016). Note that planned MDLs are provided for informational purposes only and are not equivalent to EDLs, which are sample-specific.

ACG - analytical concentration goal

EDL - estimated detection limit

MDL - method detection limit

NA - not applicable

ND - non-detected result

PBDE - polybrominated diphenylether

TBD - to be determined (SRC 2016)

APPENDIX A

UCR STURGEON TISSUE SAMPLE

COLLECTION FIELD SUMMARY REPORT

Final

UCR Sturgeon Tissue Sample Collection Field Summary Report

Prepared for
EPA Region 10

June 2017

CH2MHILL®

2485 Natomas Park Dr
Suite 600
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Acronyms and Abbreviations

ALS	ALS Kelso Laboratory
CCT	Confederated Tribes of the Colville Reservation
cm	centimeter
COC	chain-of-custody
COI	chemical of interest
EPA	U.S. Environmental Protection Agency
FL	fork length
FSP	field sampling plan
FSR	field summary report
FTL	field team lead
GPS	global positioning system
HHRA	human health risk assessment
kg	kilogram
Lake Roosevelt	Franklin D. Roosevelt Lake
LRMP	Lake Roosevelt Monitoring Program
NPS	National Parks Service
Parametrix	Parametrix, Inc.
PBDE	polybrominated diphenyl ether
PCB	polychlorinated biphenyl
PIT	passive integrated transponder
QA	quality assurance
QA/QC	quality assurance and quality control
QC	quality control
QAPP	quality assurance project plan
RI/FS	remedial investigation and feasibility study
SCS	Spokane Courier Service
Site	Upper Columbia River site
SOP	standard operating procedure
STI	Spokane Tribe of Indians
TAL	Target Analyte List
TAI	Teck American Incorporated
UCR	Upper Columbia River
UCL95	95% Upper Confidence Limit

UCWSRI	Upper Columbia White Sturgeon Recovery Initiative
WDFW	Washington Department of Fish and Wildlife
WDOH	Washington Department of Health
%	percent

Introduction

This Field Summary Report (FSR) describes the procedures and methods that the field team used to collect sturgeon tissue samples during the 2016 Sturgeon tissue sampling effort, and provides summary information and details regarding sample locations, sample quality assurance/quality control (QA/QC), and known deviations from the field sampling plan included as an appendix to Addendum No. 1 to the Quality Assurance Project Plan for the 2009 Fish Tissue Study and Appendix A-1 Field Sampling Plan - Upper Columbia River Sturgeon Tissue Study (Fish QAPP Addendum – Sturgeon) (SRC, 2016a). This work was conducted in August and September 2016 by CH2MHill (CH2M) on behalf of the U.S. Environmental Protection Agency (EPA) at the Upper Columbia River (UCR) Site (Site)¹ in Washington.

The primary objective of the 2016 sturgeon tissue sampling effort is to collect information on the concentrations of UCR chemicals of interest (COIs) in hatchery white sturgeon tissues (fillets) from three size classes collected in the upper portion of the UCR Site. The 2016 sturgeon tissue sampling effort is one of the tasks that will support the remedial investigation and feasibility study (RI/FS) that is being conducted by Teck American Incorporated (TAI) for the Site. This information will be used to support the human health risk assessment (HHRA) that will be conducted as part of RI/FS for the Site. The HHRA will be completed by the EPA, and the remaining RI/FS tasks will be completed by TAI, with EPA oversight.

1.1 Background

The 2009 Fish Tissue QAPP (Parametrix et al. 2009) identified white sturgeon as a traditional tribal food source and common sport fish in the Columbia River. White sturgeon were not sampled in 2009 as they were not part of a legal fishery in the UCR at the time. Long-term monitoring of hatchery white sturgeon in the UCR from the Grand Coulee Dam upstream to the Hugh L. Keenelyside Dam in Canada has shown that survival rates and abundance of these fish are much greater than anticipated (Golder 2015, as cited in McLellan 2016). As a result, the Upper Columbia White Sturgeon Recovery Initiative (UCWSRI) and the Lake Roosevelt Fishery Co-Managers are planning targeted removal of hatchery white sturgeon to avoid diluting the genetic diversity present in wild sturgeon. The preferred removal approach is to establish recreational and subsistence fisheries in the UCR, along with targeted removal of specific cohorts, with distribution of euthanized hatchery white sturgeon to Tribal membership and local food banks (McLellan 2016). Prior to making these fish available for human consumption, hatchery white sturgeon need to be evaluated to determine whether their consumption would result in human health risks. These data are needed for both the UCR HHRA and to support Washington Department of Health (WDOH) in their review of the potential need for a UCR sturgeon fish consumption advisory.

1.2 Document Organization

This report is organized into the following sections:

- **Section 1** – Introduction. This section provides background information for the study and outlines the report organization.
- **Section 2** – Study Description. This section describes the purpose and objectives of the study and provides an overview of the study design.
- **Section 3** – Field Activities. This section identifies the methods used to collect the UCR sturgeon samples and discusses any changes or deviations from the QAPP and field sampling plan (FSP).

¹ The Site is located wholly within Washington State and includes the portion of the UCR extending from the U.S.-Canadian border to Grand Coulee Dam, including Franklin D. Roosevelt Lake (Lake Roosevelt), and the areal extent of related contamination within the United States adjacent to the UCR.

- **Section 4** – References. This section presents bibliographic information for the documents cited within this report.
- Figures and data tables are provided following Section 4.

Field records and supporting information for the UCR sturgeon sampling are provided in Appendix A and B. Field change forms are provided in Appendix C. Lake Roosevelt Fisheries Co-manager field records are provided in Appendix D.

Study Description

2.1 Purpose of Study

The purpose of the 2016 sturgeon sampling event was to collect white sturgeon tissue to fill a data gap related to the assessment of risk to humans from the consumption of sturgeon. This section presents a brief overview of the study design.

2.2 Study Design

The basis of the study design for the 2016 Sturgeon sampling was detailed in the QAPP Addendum – Sturgeon (SRC, 2016b). Fish tissue samples were obtained from hatchery white sturgeon caught by the Confederated Tribes of the Colville Reservation (CCT) and Spokane Tribe of Indians (STI) as Lake Roosevelt Fisheries Co-Managers² as part of a population stock assessment. Approximately 700 fish were expected to be captured during the fall 2016 stock assessment effort based on previous white sturgeon surveys with a subset given to EPA for tissue collection and analysis. Only hatchery fish were to be retained for possible tissue sample collection (wild fish represented 5 to 10 percent of the total catch during previous stock assessments).

The stock assessment was conducted in areas extending from Inchelium/Gifford to the U.S.-Canadian border (Reaches 1 through 4 of the UCR Site), which is where the vast majority of hatchery white sturgeon are distributed (Environment International [EI] 2016). Telemetry data show some sturgeon move substantially among the river reaches (SRC, 2016b) and indicate substantial variability in the range of movement among individual sturgeon. Therefore, the sturgeon tissue samples were not collected and composited by river reach, as was done in the 2009 fish sampling effort (Parametrix et al. 2009). Lake Roosevelt Fisheries Co-Manager personnel used baited set lines placed in a spatially balanced random sampling design (SRC 2016b) to conduct the stock assessment.

Although the stock assessment took place throughout Reaches 1 through 4 of the UCR Site, the sturgeon tissue samples were obtained from fish caught in areas where hatchery sturgeon were thought to abundant (Reaches 2 and 3 of the UCR Site).

Fish from brood years 2001-2010, expected to be abundant throughout the UCR, were targeted for tissue collection. The targeted length range was 50 to 160 cm fork length [FL] [20-63 inches] (EI 2016).

2.2.1 Composite Samples

Although compositing of sturgeon was not necessary to achieve the mass of tissue required for analysis due to their large size (DOE 2008), the sturgeon tissue samples were to be composited to increase the likelihood of producing data with sufficiently low variability. EPA requested a minimum of 72 hatchery white sturgeon from the Lake Roosevelt Fisheries Co-Managers. This recommended minimum number of samples was sufficient to increase the number of fish per composite from 5 (per the 2009 sampling event) to at least 8 fish (resulting in 9 composite samples of 8 fish each). The increase to 8 fish per composite was designed to reduce variability among the sturgeon composite data, relative to the 2009 data, and therefore to increase reliability of 95% upper confidence limits on estimates of mean concentrations (UCL95).

Sturgeon tissue composites were to be grouped based on three fish sizes: 50-97 cm (A class), 98-137 cm (B class), and 138-160 cm (C class). Table 1 shows the number of composite samples per size range. As noted in

² The Washington Department of Fish and Wildlife (WDFW) is also a Lake Roosevelt Fisheries co-manager. However, the WDFW did not participate in 2016 sturgeon stock assessment field activities.

Section 3.4, the method for assigning tissue samples to different size class composite groups was developed after tissue sampling was complete and consisted of a stratified random approach.

2.2.2 Chemical Analyses

The suite of chemicals for analysis in fish tissues included conventional parameters (total length and mass, percent moisture, percent lipid), common target analyte list (TAL) metals/metalloids identified as COIs in the 2009 HHRA work plan (USEPA 2009), total inorganic arsenic and total arsenic, polychlorinated dibenzo-p-dioxins and furans (i.e., 17 dioxin-like congeners [USEPA 2010]), polychlorinated biphenyls (PCBs) (PCB congeners [209 forms]) and total PCBs (dioxin-like and non-dioxin-like PCBs), and polybrominated diphenyl ethers (PBDEs) (total PBDEs, BDE-47, BDE-99, BDE-153, and BDE-209).

SECTION 3

Field Activities and Methods

The 2016 sturgeon sampling effort was outlined in the EPA-approved Fish QAPP Addendum - Sturgeon and detailed in Appendix A-1 of the addendum (Field Sampling Plan - Upper Columbia River Sturgeon Tissue Study). Sampling was conducted by CH2M personnel.

This section discusses the methods and procedures used during the 2016 sturgeon tissue sampling event. Field sampling activities were conducted from August 30 to September 13, 2016. All field activities and sample collection methods were performed in accordance to the EPA-approved QAPP and FSP unless otherwise noted in Section 3.3.

3.1 Fish Sampling

Hatchery white sturgeon were collected by Lake Roosevelt Fisheries Co-Managers (CCT & STI) via set lining and whole sturgeon were provided to CH2M for processing. The Lake Roosevelt Co-Manager sampling team recorded the global positioning system (GPS) coordinates (latitude and longitude) where fish were collected (i.e., point coordinates for set lines).

Sampling was performed by one field team consisting of CH2M and EPA personnel. For the first week, the team consisted of one CH2M Field Team Lead (FTL), one CH2M sampling staff, and one EPA representative. CH2M performed all duties and responsibilities for sample preparation, sample collection, and sample handling. EPA staff reviewed and approved sampling changes/deviations, and supported CH2M with sampling. For the remainder of the sampling event, the team consisted of one CH2M Field Team Lead and one CH2M sampling staff (Table 2). A field safety audit was conducted by the CH2M Health and Safety Manager on September 8, 2016.

Sample pick-up and processing was conducted on boats provided by the National Park Service (NPS) from August 30 through September 7, 2016 and by Columbia Navigation on September 8, 9, and 13, 2016.

A total of 72 hatchery white sturgeon were sampled during the field effort. The chronology for sample collection activities is summarized in Table 3.

3.1.1 Equipment

Field equipment and supplies for the CH2M fish processing team included fish filleting equipment, decontamination supplies, sample containers, coolers, shipping containers, logbooks and forms, personal protective equipment (cut-resistant gloves), and personal gear. Nitrile gloves were also worn while filleting and handling sturgeon tissue samples to minimize the possibility of cross-contamination between fish.

Sample containers were clearly labeled at the time the tissue samples were taken from the caught hatchery sturgeon. Labels included the task name, sample location and number, CH2M sampler's initials, analyses to be performed, and sample date and time.

3.1.2 Fish Sizes

Sturgeon tissue composites were grouped based on three fish sizes: 50-97 cm, 98-137 cm, and 138-160 cm. Each size group had 24 hatchery white sturgeon collected for a total of 72 fish. The 24 fish for each size group were divided into 3 composite samples, each with 8 individual fish per composite (Table 1).

3.1.3 Fish Collection Locations

Figure 1 shows the locations recorded by the Lake Roosevelt Fisheries Co-Manager sampling team where the sturgeon transferred to CH2M for tissue sampling were caught (i.e., point coordinates for set lines). These coordinates are listed, along with the fish identification numbers in Table 4.

3.1.4 Fish Collection and Handling

All sturgeon were measured for FL (cm) and weighed (kg) by the Lake Roosevelt Fisheries Co-Managers upon retrieval from the set line. Wild sturgeon were returned to the water alive. The hatchery white sturgeon were euthanized using a sharp blow to the head with a decontaminated mallet or club, being careful not to break the skin of the fish. Fish were also scanned with a passive integrated transponder (PIT) tag reader to determine the brood year.

Specimens of hatchery white sturgeon that met the size class requirements for tissue sampling were transferred to CH2M for tissue sample processing. Prior to transfer of fish from the Lake Roosevelt Fisheries Co-Managers, internal organs (stomachs and gonad tissue) of some fish were removed for use in separate studies, as indicated in Table 5. The Lake Roosevelt Fisheries Co-Managers provided CH2M with the PIT tag ID, fish brood year, length and weight at the time the fish was transferred (Table 5).

3.1.5 Sample Tissue Processing

All processing was performed on the boat operated by the NPS or Columbia Navigation. The processing boat either traveled to shore and fish processing was conducted on the boat while beached to provide a stable platform, or if calm water permitted, fish were processed while the boat floated in water deeper than 50 ft. The tagged fish were held in decontaminated plastic tubs prior to processing.

Fish were photographed and examined for external abnormalities, filleted with skin removed, and at least 200 g (+/- 20 g) of fillet was collected, wrapped in foil, double-bagged in resealable plastic bags and placed in a cooler on ice. For fish in the C size class 400 g of fillet was collected for some samples because there was a concern that there would not be 24 C class sturgeon caught during the sampling effort. During filleting, no internal organs were punctured. As mentioned in Section 3.1.4, some fish were received with stomachs or gonad tissue removed for separate studies. According to CCT and STI fisheries personnel, removal of the organs did not impact the sturgeon tissue that was sampled because the incisions were small relative to the overall size of the fish and not in the part of the fish that was fileted and sampled. Table 5 shows individual fillet weights and sample weights for each fish and indicates fish that were received with internal organs removed.

3.1.6 Equipment Decontamination Procedures

The field team thoroughly rinsed all sampling equipment that came into contact with fish between samples and upon completion of the study.

Rinsing was done using river water away from the shoreline and any areas where sediment had been disturbed during beaching of the boat. Equipment used for processing the fish was washed with soap (i.e., Alconox™) and rinsed with river water after each use. Cleanroom 100 certified nitrile gloves used for handling fish were discarded, not decontaminated. Clean gloves were worn when handling each fish to avoid transfer of potential contaminants among samples.

Note that the procedures identified above deviate from those identified in Standard Operating Procedure (SOP) 2 for decontamination of sampling equipment in that methanol and nitric acid rinses were not used because of issues with shipment of these chemicals, which are considered hazardous materials. More information about this deviation is provided in Section 3.3.

3.1.7 Sample Numbering

Individual fish were identified with the letters “EPA”, a species abbreviation, brood year, a sequential number, and composite bin/replicate identifier (ID) (e.g., EPA-HS-01-001-A1). The codes included the following information:

- Species = Hatchery sturgeon (HS)
- Brood year designations were as follows:
 - 2001 – 01

- 2002 – 02
 - 2003 – 03
 - 2004 – 04
 - 2005 – 05
 - 2006 – 06
 - 2007 – 07
 - 2008 – 08
 - 2009 – 09
 - 2010 – 10
- Sequential fish numbers were expressed as three digits starting with 001 (e.g., 001 or 002).
 - Composite bins were:
 - A = 50-97 cm
 - B = 98-137 cm
 - C = 138-160 cm

With sequential numbering for the replicates for the size class (i.e., 1 through 3)

Therefore, the example EPA-HS-01-001-A1 would have been a hatchery sturgeon, from the 2001 brood year, the first fish that was processed, and in the first group of the 50-97 cm size bin. Note that the group numbers were not used for assigning individual samples to composites (see Section 3.4).

3.1.8 Field Documentation

All sampling and associated field activities were documented on activity-specific field forms, field logbooks, and digital photographs.

3.1.8.1 Field Logbook

Daily field activities were documented through journal entries in a bound field logbook by the field team lead for the duration of the sturgeon sampling effort. The field logbooks contain all pertinent information about staff present, site arrival and departure times, health and safety pre-task meetings, sampling activities, site conditions, field methods, site sketches, general observations, and other pertinent technical information. Field book entries followed general accepted professional standards and procedures described in the FSP. The field logbooks and sampling records are part of the permanent project record and are provided in Appendix B. Lake Roosevelt Fisheries Co-managers field records are provided in Appendix D.

3.1.8.2 Digital Photographs

Digital photographs were taken during sampling activities to document sampling procedures, site locations and conditions, and other pertinent activities. Photographs were taken of each sturgeon. A dry-erase white board bearing the sample name, date and time, was held in the photograph for reference. The photo number and description of the photograph were entered sequentially into the Photo Log, which is included in Appendix A. The photographs are part of the permanent project record and have been scanned and saved in the project folder.

3.1.8.3 Dedicated Field Forms

All sampling and associated activities were documented on activity-specific field forms. The field forms contained information and data specific to each sturgeon. Completed field forms are provided in Appendix B, and a brief description of each form is provided below.

- **Sturgeon Tracking Log:** Sample ID and date collected
- **Daily Field Collection Form:** Sample ID, date, time, pit tag number, photo location, weight of fillet, weight of sample for composite, and collector's initials

- **Sturgeon External Examination Form:** Sample ID, date, time, weight, length, species and any abnormalities in the following: body surface, eyes, head, opercula, fins, barbels, and gills.

3.1.8.4 Waste Disposal

After processing of the sturgeon tissue, the carcass was resected into two pieces to ensure the swim bladder and other organs were punctured. The carcass and unused fillet tissue was then sunk in the deeper channel of the reservoir.

Limited waste was produced during 2016 sturgeon sampling effort. During decontamination of equipment, an Alconox and distilled water mixture was generated and reserved in a bucket until returning to the Kettle Falls boat launch after each day at which time it was disposed of into the facility's septic system. All general refuse (such as gloves, paper towels, plastic bags) was disposed of in the dumpster at the Kettle Falls boat launch.

3.2 Sample Handling and Custody

The following section describes the handling, storage, and shipment procedures for samples collected for 2016 sturgeon sampling effort. All samples remained in the custody of CH2M, in a locked freezer, or with the transportation courier at all times until delivery to the analytical laboratory. Custody procedures for the sampling event were in accordance with the FSP.

3.2.1 Sample Storage

All samples were temporarily stored on ice in a cooler immediately after collection. For the first week of sampling, due to the unavailability of dry ice, samples were stored on wet ice and locked in a field team member's hotel room until packing and shipping with the courier. The following week, samples were frozen on dry ice and stored in an upright, locked freezer at Columbia Navigation until time of packaging. The freezer key was given to CH2M, and the Columbia Navigation warehouse was locked and secured with an alarm system.

3.2.2 Sample Management

All samples were packaged and labeled for shipment in compliance with the chain of custody procedures described in the FSP. A list of the samples collected by the field team, including the sample date and time, was provided to the off-site sample manager on a sample tracking sheet at the end of each field day. The sample manager used the sample tracking sheet and Scribe sample management software to generate permanent sample labels and chains-of-custody (COCs) for the samples. The labels and COCs were produced and sent to the field manager to affix to the sample containers. Each Scribe label and COC was checked against the list of sample IDs provided on the sample tracking sheet, and again against the temporary label on the sample container to ensure each container was properly label. Clear plastic tape was placed over each Scribe label to protect the label from damage. The labeled samples and COCs were placed in coolers with ice for shipment to the analytical laboratory. Following shipment of samples to the analytical laboratory, the required Scribe sample management documentation was submitted to the EPA via the sample management office (SMO) portal and the laboratory was notified of the shipment.

3.2.3 Sample Transportation

Spokane Courier Service (SCS) of Spokane was hired to transport the samples directly to the ALS analytical laboratory located in Kelso, Washington. Three courier trips were used to ship samples to the lab during the sampling event.

Samples were in the custody of SCS until they were hand-delivered to ALS. For one of the shipments, SCS picked the samples up in Colville in the evening and stored the vehicle at the SCS facility overnight to allow for earlier departure the following morning, thus ensuring samples arrived to the laboratory during business hours. CH2M discussed proper security, storage of the vehicle, and handling with SCS for the time period and confirmed the vehicle was locked and then parked in a secured, locked, indoor facility at SCS until the

driver returned in the early hours the following day to drive the samples to ALS. For two of the shipments, the samples were dropped off with SCS in Spokane and the same procedure was followed.

Samples were delivered to ALS and custody was transferred from the courier driver to the lab.

3.3 Field Sampling Modifications and QAPP/FSP Deviations

Modifications and deviations to sampling procedures occurred during the field event due to unforeseen conditions. It was anticipated that some changes would be required in the field so a protocol was established to address and approve significant changes to the sampling effort. All changes to sampling procedures were approved by EPA personnel present August 30-September 2, 2016 and were recorded in the field logbook and on Field Change forms. Examples of such changes include the following:

- **Modification to equipment decontamination.** SOP-2 called for a methanol and nitric acid rinse of fish processing equipment. However, shipping was delayed because methanol and nitric acid are considered hazardous materials, and the chemicals did not arrive in a timely manner. Therefore, field equipment used for processing the fish on board was washed with soap (i.e., Alconox™) and rinsed with deionized water and site water prior to the start of sampling each day. The field team thoroughly rinsed all sampling equipment that came into contact with fish between samples and upon completion of the study.
- **Modification to sample packaging.** Dry ice was not available during the first week of sampling. Therefore, samples were packaged and shipped using wet ice. Wet ice was double-bagged in resealable plastic bags and coolers were lined on the top and bottom with ice to ensure samples remained at temperature during shipping.

Copies of the Field Change forms are provided in Appendix C.

3.4 Sturgeon Tissue Composite Assignments

A plan for compositing individual sturgeon tissue samples into size class-specific composites was developed after the field sampling program was complete. The compositing plan, detailed in a letter from EPA to TAI on September 30, 2016, consists of stratified random approach based on fork length in each size class. Table 6 lists the fish sample assignments for each composite.

SECTION 4

References

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- USEPA. 2010. Recommended Toxicity Equivalence Factors (TEFs) for Human Health Risk Assessments of 2,3,7,8-Tetrachlorodibenzo-p-dioxin and Dioxin-Like Compounds. U.S. Environmental Protection Agency, Risk Assessment Forum. Washington, DC. EPA/100/R-10/005. December.
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Tables

Table 1

Number of Fish per Composite

	Size Range		
	A 50-97 cm	B 98-137 cm	C 138-160 cm
Composite 1	8	8	8
Composite 2	8	8	8
Composite 3	8	8	8
Total	24	24	24

cm = centimeters

Table 2

2016 Sturgeon Sampling Personnel

Date	CH2M Personnel	Oversight Personnel	Activities
8/30/2016	Cameron Irvine - CH2M Kelly O'Neal - CH2M	Kathy Cerise - EPA	Filleting sturgeon
8/31/2016	Cameron Irvine - CH2M Kelly O'Neal - CH2M	Kathy Cerise - EPA	Filleting sturgeon
9/1/2016	Cameron Irvine - CH2M Kelly O'Neal - CH2M	Kathy Cerise - EPA	Filleting sturgeon
9/2/2016	Cameron Irvine - CH2M Kelly O'Neal - CH2M	Kathy Cerise - EPA	Filleting sturgeon
9/7/2016	Dave Rasmussen - CH2M Kelly O'Neal - CH2M		Filleting sturgeon
9/8/2016	Dave Rasmussen - CH2M Kelly O'Neal - CH2M John Culley - CH2M (safety audit)		Filleting sturgeon
9/9/2016	Dave Rasmussen - CH2M Kelly O'Neal - CH2M		Filleting sturgeon
9/13/2016	Marilyn Gauthier - CH2M Kelly O'Neal - CH2M		Filleting sturgeon

Table 3

Daily Counts of Sturgeon per Size Class

Date	A (50-97 cm)	B (98-137 cm)	C (138-160 cm)
8/30/16	3	3	1
8/31/16	3	5	1
9/1/16	7	7	2
9/2/16	1	1	1
9/7/16	6	8	3
9/8/16	4		4
9/9/16			1
9/13/16			11
Total	24	24	24

Table 4

Coordinates for Sturgeon Setlines and Corresponding Fish

Date	Sample ID	Latitude	Longitude	Pit Tag No.
8/30/2016	EPA-HS-07-003-B1	48.68527	-118.01722	985.120032655646
8/30/2016	EPA-HS-08-001-B1	48.67285	-118.03981	985.121012701301
8/30/2016	EPA-HS-10-002-A1	48.68527	-118.01722	985.121023183278
8/30/2016	EPA-HS-03-004-C1	48.72720	-118.04668	985.120019274668
8/30/2016	EPA-HS-10-005-A1	48.75804	-118.05268	985.121023461693
8/30/2016	EPA-HS-05-007-A1	48.75804	-118.05268	985.121006398160
8/30/2016	EPA-HS-09-006-B1	48.75804	-118.05268	985.120030500558
8/31/2016	EPA-HS-10-008-A1	48.68748	-118.02337	985.121023179416
8/31/2016	EPA-HS-08-009-B1	48.68748	-118.02337	985.121012719932
8/31/2016	EPA-HS-02-010-C1	48.72917	-118.04672	985.120013034977
8/31/2016	EPA-HS-07-011-B1	48.76966	-118.02564	985.120032633230
8/31/2016	EPA-HS-07-012-B1	48.76966	-118.02564	985.120032653596
8/31/2016	EPA-HS-06-013-B1	48.76966	-118.02564	985.120030521109
8/31/2016	EPA-HS-08-014-A1	48.81065	-118.00739	985.121012180857
8/31/2016	EPA-HS-08-015-A1	48.81065	-118.00739	985.121012122961
8/31/2016	EPA-HS-05-016-B1	48.81458	-117.94432	985.120026978257
9/1/2016	EPA-HS-10-017-A1	48.67739	-118.02943	985.121023184869
9/1/2016	EPA-HS-09-018-A1	48.67739	-118.02943	985.121006349972
9/1/2016	EPA-HS-08-019-B2	48.67739	-118.02943	985.120032653049
9/1/2016	EPA-HS-06-020-B2	48.69315	-118.02716	985.120030488480
9/1/2016	EPA-HS-10-024-A2	48.69315	-118.02716	985.121022324306
9/1/2016	EPA-HS-06-021-B2	48.69315	-118.02716	985.120030399360
9/1/2016	EPA-HS-01-022-B2	48.69315	-118.02716	985.120014066543
9/1/2016	EPA-HS-07-023-B2	48.69315	-118.02716	985.120032569329
9/1/2016	EPA-HS-09-032-A2	48.78786	-118.00845	985.121006364696
9/1/2016	EPA-HS-07-030-B2	48.78786	-118.00845	985.120032577997
9/1/2016	EPA-HS-08-031-A2	48.78786	-118.00845	985.121006337392
9/1/2016	EPA-HS-10-028-A2	48.78786	-118.00845	985.121023299893
9/1/2016	EPA-HS-08-029-A2	48.78786	-118.00845	985.121005732345
9/1/2016	EPA-HS-07-027-B2	48.78786	-118.00845	985.120031103155
9/1/2016	EPA-HS-03-026-C1	48.78786	-118.00845	985.120013468748

Table 4

Coordinates for Sturgeon Setlines and Corresponding Fish

Date	Sample ID	Latitude	Longitude	Pit Tag No.
9/1/2016	EPA-HS-06-025-C1	48.78786	-118.00845	985.120030485876
9/2/2016	EPA-HS-04-033-C1	48.751233	-118.058542	985.120023685631
9/2/2016	EPA-HS-09-034-B2	48.69414	-118.02886	985.121012171808
9/2/2016	EPA-HS-10-035-A2	48.69414	-118.02886	985.121012185873
9/7/2016	EPA-HS-10-036-A2	48.56477	-118.12511	985.121022926811
9/7/2016	EPA-HS-03-039-C1	48.564541	-118.127034	985.120013038726
9/7/2016	EPA-HS-06-038-B3	48.57458	-118.10661	985.120030502219
9/7/2016	EPA-HS-06-037-C1	48.57458	-118.10661	985.120030389582
9/7/2016	EPA-HS-06-047-A3	48.63506	-118.08760	985.120029756910
9/7/2016	EPA-HS-08-044-B3	48.63506	-118.08760	985.121012208535
9/7/2016	EPA-HS-03-048-B3	48.63506	-118.08760	985.120019177693
9/7/2016	EPA-HS-08-046-B3	48.63506	-118.08760	985.121012690092
9/7/2016	EPA-HS-08-045-B3	48.63506	-118.08760	985.121012178690
9/7/2016	EPA-HS-10-042-A2	48.63506	-118.08760	985.121023174335
9/7/2016	EPA-HS-10-043-A3	48.63506	-118.08760	985.121012453363
9/7/2016	EPA-HS-08-040-B3	48.59855	-118.13099	985.120032583488
9/7/2016	EPA-HS-08-041-C1	48.59855	-118.13099	985.120030384611
9/7/2016	EPA-HS-10-052-A3	48.67595	-118.08073	985.121023296291
9/7/2016	EPA-HS-07-051-B3	48.67595	-118.08073	985.120032584909
9/7/2016	EPA-HS-08-050-B3	48.67595	-118.08073	985.121012681539
9/7/2016	EPA-HS-10-049-A2	48.67595	-118.08073	985.121013236745
9/8/2016	EPA-HS-06-053-C2	48.56797	-118.13563	985.120030503580
9/8/2016	EPA-HS-05-054-C2	48.617683	-118.123959	985.120030516128
9/8/2016	EPA-HS-08-055-A3	48.61298	-118.12911	985.120032577018
9/8/2016	EPA-HS-09-056-A3	48.645268	-118.098011	985.121006342338
9/8/2016	EPA-HS-10-057-A3	48.64027	-118.09824	985.121012119134
9/8/2016	EPA-HS-10-058-A3	48.64027	-118.09824	985.121023452212
9/8/2016	EPA-HS-04-060-C2	48.67715	-118.08089	985.120018430746
9/8/2016	EPS-HS-04-059-C2	48.67715	-118.08089	985.120023758877
9/9/2016	EPA-HS-04-061-C2	48.663243	-118.097516	985.120018381851
9/13/2016	EPA-HS-06-062-C2	48.421709	-118.201246	985.120030517577

Table 4

Coordinates for Sturgeon Setlines and Corresponding Fish

Date	Sample ID	Latitude	Longitude	Pit Tag No.
9/13/2016	EPA-HS-06-063-C2	48.457077	-118.211002	985.120030384035
9/13/2016	EPA-HS-05-064-C2	48.484442	-118.180693	985.120030501479
9/13/2016	EPA-HS-02-065-C3	48.507063	-118.179518	999.000000475990
9/13/2016	EPA-HS-02-066-C3	48.516750	-118.167853	985.121025225039
9/13/2016	EPA-HS-05-067-C3	48.49554	-118.17979	985.120030490868
9/13/2016	EPA-HS-06-069-C3	48.536649	-118.140712	985.120030379918
9/13/2016	EPA-HS-06-070-C3	48.539108	-118.145029	985.120030503234
9/13/2016	EPA-HS-07-071-C3	48.523309	-118.143574	985.120032660100
9/13/2016	EPA-HS-01-072-C3	48.525216	-118.142319	985.120014062140
9/13/2016	EPA-HS-05-068-C3	48.539108	-118.145029	985.120030500873

Table 5

Length, Total Weight, Fillet Weight and Sample Weight for Each Fish

Individual Fish ID	Date	Time	Sampling Location (Reach)	Length (cm)	Total Weight (kg)	Weight of Fillet (kg)	Weight of Increment for Composite (g)	Collector Initial
EPA-HS-07-003-B1	8/30/2016	10:39	3	115.1	10.44	1.11	206	CAI, KLO
EPA-HS-08-001-B1*	8/30/2016	11:40	3	113.8	9.95	1.485	220	CAI, KLO
EPA-HS-10-002-A1*	8/30/2016	12:10	3	81.3	3.73	0.655	215	CAI, KLO
EPA-HS-03-004-C1*	8/30/2016	13:10	2	143.5	19.6	3.64	201	CAI, KLO
EPA-HS-10-005-A1	8/30/2016	14:25	2	66.3	1.93	0.75	209	CAI, KLO
EPA-HS-09-006-B1	8/30/2016	14:46	2	119.8	11.94	2.42	208	CAI, KLO
EPA-HS-05-007-A1	8/30/2016	15:17	2	87.9	5.58	0.9	220	CAI, KLO
EPA-HS-10-008-A1	8/31/2016	10:13	3	76.8	3.31	0.475	203	CAI, KLO
EPA-HS-08-009-B1	8/31/2016	10:47	3	115.6	11.07	1.515	206	CAI, KLO
EPA-HS-02-010-C1	8/31/2016	11:40	2	153	26.6	3.925	211	CAI, KLO
EPA-HS-07-011-B1	8/31/2016	12:30	2	105.3	7.75	1.34	211	CAI, KLO
EPA-HS-07-012-B1	8/31/2016	12:44	2	117.2	13.44	2.01	201	CAI, KLO
EPA-HS-06-013-B1	8/31/2016	13:05	2	115.5	11.02	1.515	209	CAI, KLO
EPA-HS-08-014-A1	8/31/2016	13:58	2	97.4	6.59	1.055	206	CAI, KLO
EPA-HS-08-015-A1	8/31/2016	14:10	2	87.8	4.66	0.665	204	CAI, KLO
EPA-HS-05-016-B1	8/31/2016	14:22	2	113.2	10.1	1.445	209	CAI, KLO
EPA-HS-10-017-A1	9/1/2016	9:15	3	73.6	3.2	0.46	201	CAI, KLO
EPA-HS-09-018-A1	9/1/2016	9:35	3	85.4	4.52	0.77	218	CAI, KLO
EPA-HS-08-019-B2	9/1/2016	9:50	3	109.2	9.75	1.88	211	CAI, KLO
EPA-HS-06-020-B2	9/1/2016	10:26	2	127.1	16.36	3.135	208	CAI, KLO
EPA-HS-10-024-A2	9/1/2016	10:48	2	89.7	5.81	0.97	210	CAI, KLO
EPA-HS-06-021-B2	9/1/2016	11:02	2	120	12.28	2.34	210	CAI, KLO
EPA-HS-01-022-B2	9/1/2016	11:21	2	105.1	7.89	1.14	205	CAI, KLO
EPA-HS-07-023-B2	9/1/2016	11:35	2	104.1	7.92	1.54	210	CAI, KLO
EPA-HS-09-032-A2	9/1/2016	13:26	2	86.8	5.27	0.89	205	CAI, KLO
EPA-HS-07-030-B2	9/1/2016	13:37	2	109.1	9.38	1.62	208	CAI, KLO
EPA-HS-08-031-A2	9/1/2016	13:48	2	81.2	4.04	0.655	208	CAI, KLO
EPA-HS-10-028-A2	9/1/2016	14:00	2	84.5	4.33	0.62	208	CAI, KLO
EPA-HS-08-029-A2	9/1/2016	14:11	2	84.4	4.62	0.72	205	CAI, KLO

Table 5

Length, Total Weight, Fillet Weight and Sample Weight for Each Fish

Individual Fish ID	Date	Time	Sampling Location (Reach)	Length (cm)	Total Weight (kg)	Weight of Fillet (kg)	Weight of Increment for Composite (g)	Collector Initial
EPA-HS-07-027-B2	9/1/2016	14:23	2	120.9	14.56	1.91	210	CAI, KLO
EPA-HS-03-026-C1	9/1/2016	14:41	2	139.2	19.59	2.84	210	CAI, KLO
EPA-HS-06-025-C1	9/1/2016	14:55	2	138	22.5	2.955	405	CAI, KLO
EPA-HS-04-033-C1	9/2/2016	10:30	2	140	17.5	2.905	408	CAI, KLO
EPA-HS-09-034-B2	9/2/2016	11:11	2	97.8	6.81	1.21	205	CAI, KLO
EPA-HS-10-035-A2	9/2/2016	11:30	2	81.9	4.56	0.82	208	CAI, KLO
EPA-HS-10-036-A2	9/7/2016	9:00	2	79.1	4.21	0.815	210	DR, KLO
EPA-HS-03-039-C1	9/7/2016	10:11	2	146.3	24.08	4.215	420	DR, KLO
EPA-HS-06-038-B3	9/7/2016	10:33	2	131.7	18.7	2.63	215	DR, KLO
EPA-HS-06-037-C1	9/7/2016	10:52	2	142	24.1	3.27	446	DR, KLO
EPA-HS-06-047-A3	9/7/2016	12:30	2	90.8	6.84	0.965	207	DR, KLO
EPA-HS-08-044-B3	9/7/2016	12:41	2	103.5	6.81	1.09	211	DR, KLO
EPA-HS-03-048-B3	9/7/2016	12:53	2	132.2	15.21	2.1	209	DR, KLO
EPA-HS-08-046-B3	9/7/2016	13:06	2	104	8.17	1.25	220	DR, KLO
EPA-HS-08-045-B3	9/7/2016	13:18	2	106.3	8.31	1.345	223	DR, KLO
EPA-HS-10-042-A2	9/7/2016	13:30	2	89.8	6.19	0.77	220	DR, KLO
EPA-HS-10-043-A3	9/7/2016	13:45	2	73.8	3.29	0.47	215	DR, KLO
EPA-HS-08-040-B3	9/7/2016	13:55	2	118.1	10.39	1.83	212	DR, KLO
EPA-HS-08-041-C1	9/7/2016	14:05	2	138.9	24.16	3.805	420	DR, KLO
EPA-HS-10-052-A3	9/7/2016	14:50	2	82.4	4.22	0.7	219	DR, KLO
EPA-HS-07-051-B3	9/7/2016	15:07	2	121	12.82	1.835	217	DR, KLO
EPA-HS-08-050-B3	9/7/2016	15:23	2	105.9	8.06	1.33	220	DR, KLO
EPA-HS-10-049-A3	9/7/2016	15:40	2	75.4	3.02	0.455	207	DR, KLO
EPA-HS-06-053-C2*	9/8/2016	9:12	2	149.9	26.5	3.415	410	DR, KLO
EPA-HS-05-054-C2	9/8/2016	10:22	2	138.4	23.22	3.615	440	DR, KLO
EPA-HS-08-055-A3	9/8/2016	11:05	2	96.8	6.19	0.85	217	DR, KLO
EPA-HS-09-056-A3	9/8/2016	11:33	2	82.2	3.79	0.325	222	DR, KLO
EPA-HS-10-057-A3	9/8/2016	12:10	2	97.2	6.06	0.645	212	DR, KLO
EPA-HS-10-058-A3	9/8/2016	12:27	2	79.6	3.71	0.495	225	DR, KLO
EPA-HS-04-060-C2	9/8/2016	16:19	2	143.7	23.9	3.76	415	DR, KLO

Table 5

Length, Total Weight, Fillet Weight and Sample Weight for Each Fish

Individual Fish ID	Date	Time	Sampling Location (Reach)	Length (cm)	Total Weight (kg)	Weight of Fillet (kg)	Weight of Increment for Composite (g)	Collector Initial
EPA-HS-04-059-C2	9/8/2016	16:34	2	139.5	20.6	2.48	430	DR, KLO
EPA-HS-04-061-C2	9/9/2016	14:17	2	150.5	27.35	4.41	420	DR, KLO
EPA-HS-06-062-C2	9/13/2016	9:48	4	138.3	22.6	3.9	420	KLO, MG
EPA-HS-06-063-C2*	9/13/2016	10:36	4	148.3	20.98	4.085	450	KLO, MG
EPA-HS-05-064-C2	9/13/2016	11:25	4	146.5	24.5	2.495	456	KLO, MG
EPA-HS-06-065-C3*	9/13/2016	12:41	4	146.8	25.08	4.325	420	KLO, MG
EPA-HS-02-066-C3*	9/13/2016	13:45	4	157.5	25.67	5.55	440	KLO, MG
EPA-HS-05-067-C3*	9/13/2016	14:25	4	146.7	25.6	2.005	425	KLO, MG
EPA-HS-05-068-C3*	9/13/2016	15:14	4	145.4	25.24	4.6	440	KLO, MG
EPA-HS-06-069-C3	9/13/2016	15:36	4	140.8	22.75	3.825	426	KLO, MG
EPA-HS-06-070-C3*	9/13/2016	15:53	4	138.5	21.16	4.175	445	KLO, MG
EPA-HS-07-071-C3*	9/13/2016	16:09	4	140	19.76	2.78	430	KLO, MG
EPA-HS-01-072-C3*	9/13/2016	16:26	4	149.4	27.5	5.05	430	KLO, MG

cm = centimeters

kg = kilograms

g = grams

CAI = Cameron Irvine

KLO = Kelly O'Neal

DR = Dave Rasmussen

MG = Marilyn Gauthier

* = Gonad tissue or stomach removed by Fisheries Co-managers prior to transferring fish to CH2M

Table 6

Composite Sample Assignments

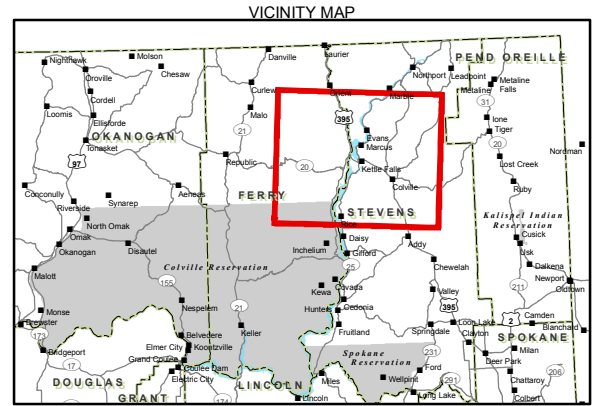
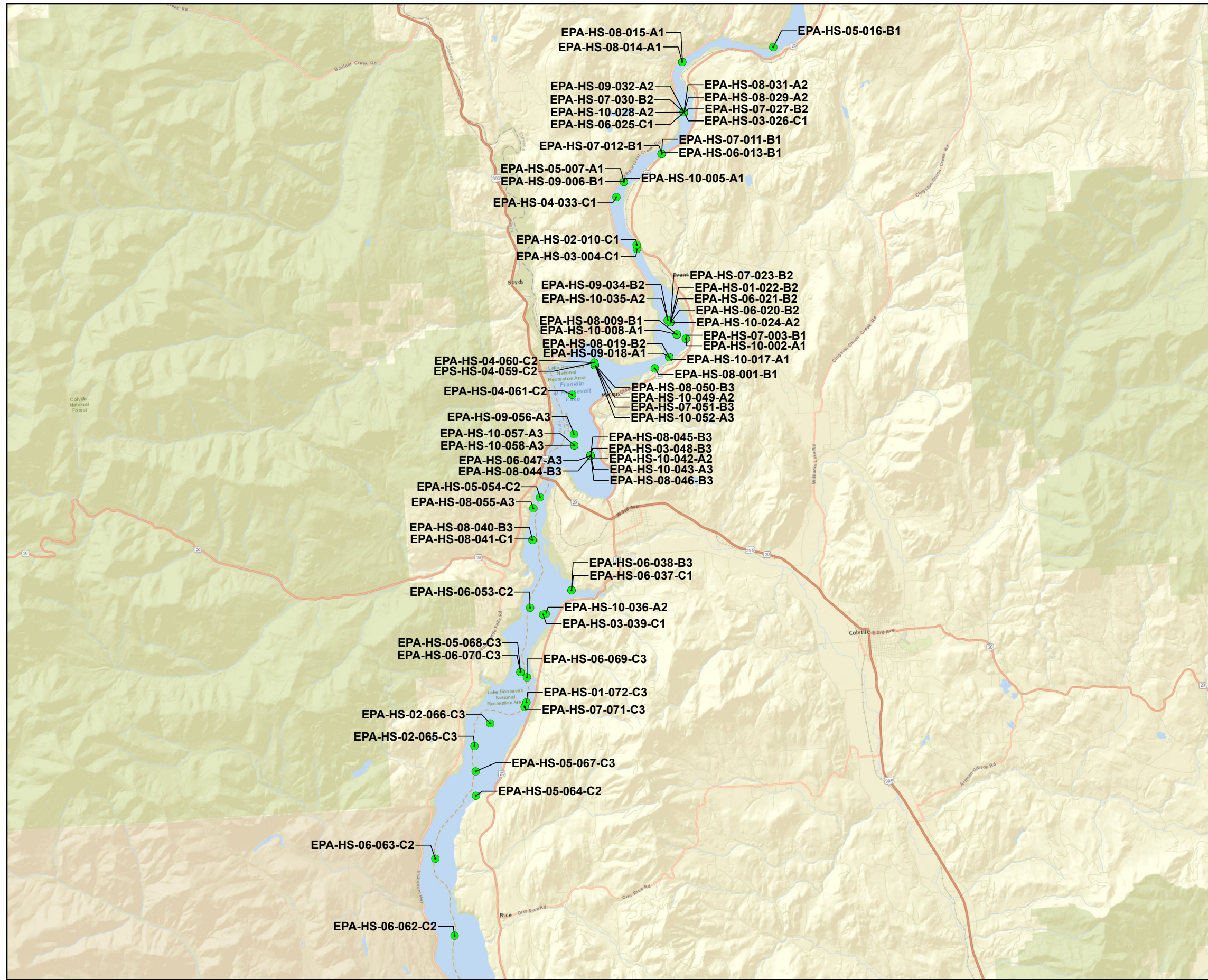
Size Class	Composite Number	Individual Fish ID	Fish Composite ID
A	1	EPA-HS-05-007-A1	EPA-HS-A1
		EPA-HS-06-047-A3	
		EPA-HS-09-056-A3	
		EPA-HS-10-008-A1	
		EPA-HS-10-017-A1	
		EPA-HS-10-028-A2	
		EPA-HS-10-057-A3	
		EPA-HS-10-058-A3	
	2	EPA-HS-08-014-A1	EPA-HS-A2
		EPA-HS-08-029-A2	
		EPA-HS-08-031-A2	
		EPA-HS-09-032-A2	
		EPA-HS-10-024-A2	
		EPA-HS-10-035-A2	
		EPA-HS-10-036-A2	
		EPA-HS-10-043-A3	
	3	EPA-HS-08-015-A1	EPA-HS-A3
		EPA-HS-08-055-A3	
		EPA-HS-09-018-A1	
		EPA-HS-10-002-A1	
		EPA-HS-10-005-A1	
		EPA-HS-10-042-A2	
		EPA-HS-10-049-A3	
		EPA-HS-10-052-A3	
B	1	EPA-HS-05-016-B1	EPA-HS-B1
		EPA-HS-06-038-B3	
		EPA-HS-07-011-B1	
		EPA-HS-07-030-B2	
		EPA-HS-07-051-B3	
		EPA-HS-08-009-B1	
		EPA-HS-08-040-B3	
		EPA-HS-08-046-B3	
	2	EPA-HS-03-048-B3	EPA-HS-B2
		EPA-HS-06-013-B1	

Table 6

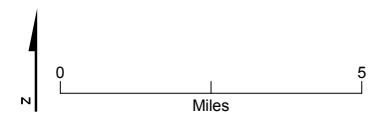
Composite Sample Assignments

Size Class	Composite Number	Individual Fish ID	Fish Composite ID
		EPA-HS-07-023-B2	EPA-HS-B3
		EPA-HS-07-027-B2	
		EPA-HS-08-019-B2	
		EPA-HS-08-044-B3	
		EPA-HS-08-050-B3	
		EPA-HS-09-006-B1	
	3	EPA-HS-01-022-B2	
		EPA-HS-06-020-B2	
		EPA-HS-06-021-B2	
		EPA-HS-07-003-B1	
		EPA-HS-07-012-B1	
		EPA-HS-08-001-B1	
		EPA-HS-08-045-B3	
		EPA-HS-09-034-B2	
C	1	EPA-HS-02-066-C3	EPA-HS-C1
		EPA-HS-04-059-C2	
		EPA-HS-04-060-C2	
		EPA-HS-05-054-C2	
		EPA-HS-05-067-C3	
		EPA-HS-06-063-C2	
		EPA-HS-06-069-C3	
		EPA-HS-08-041-C1	
	2	EPA-HS-01-072-C3	EPA-HS-C2
		EPA-HS-02-010-C1	
		EPA-HS-03-004-C1	
		EPA-HS-03-026-C1	
		EPA-HS-05-068-C3	
		EPA-HS-06-025-C1	
		EPA-HS-06-065-C3	
		EPA-HS-07-071-C3	
	3	EPA-HS-03-039-C1	EPA-HS-C3
		EPA-HS-04-033-C1	
		EPA-HS-04-061-C2	
		EPA-HS-05-064-C2	
		EPA-HS-06-037-C1	
		EPA-HS-06-053-C2	
		EPA-HS-06-062-C2	
		EPA-HS-06-070-C3	

Figures



LEGEND
 ● Sturgeon Tissue Sample Locations



**Sturgeon Tissue Sample Locations
 Upper Columbia River RI/FS
 – 2016 Field Investigation**

Appendix A Photo Log



EPA-HS-08-001-B1



EPA-HS-10-002-A1

PHOTO LOG



EPA-HS-07-003-B1



EPA-HS-03-004-C1



EPA-HS-10-005-A1



EPA-HS-09-006-B1 - dry erase board in photo mistakenly identifies as A1

PHOTO LOG



EPA-HS-05-007-A1



EPA-HS-10-008-A1



EPA-HS-08-009-B1



EPA-HS-02-010-C1



EPA-HS-07-011-B1



EPA-HS-07-012-B1



EPA-HS-06-013-B1



EPA-HS-08-014-A1



EPA-HS-08-015-A1



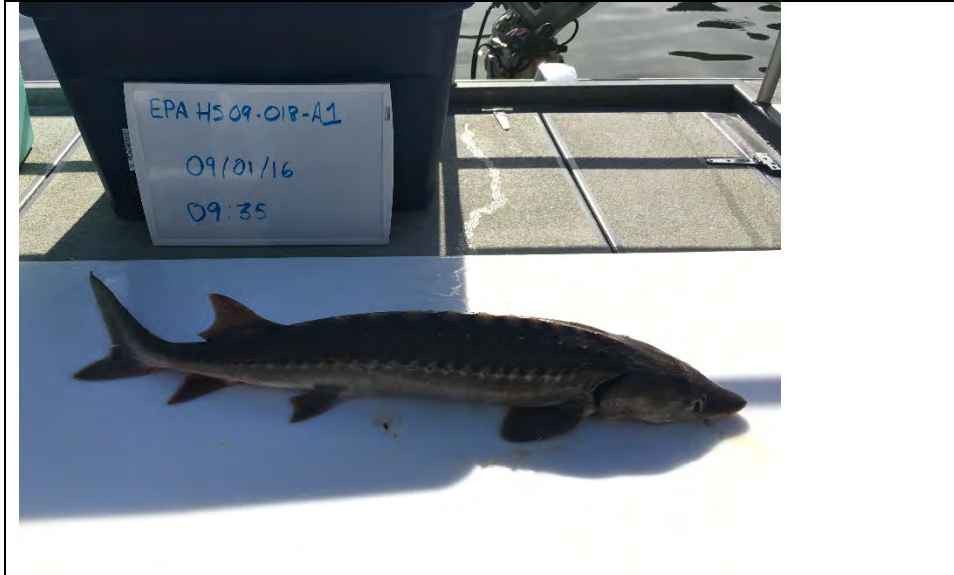
EPA-HS-08-015-A1 Example of tail fin abnormality



EPA-HS-05-016-B1



EPA-HS-10-017-A1



EPA-HS-09-018-A1



EPA-HS-08-019-B2



EPA-HS-06-020-B2



EPA-HS-06-021-B2



EPA-HS-01-022-B2



EPA-HS-07-023-B2



EPA-HS-10-024-A2



EPA-HS-06-025-C1



EPA-HS-03-026-C1



EPA-HS-07-027-B2



EPA-HS-10-028-A2



EPA-HS-08-029-A2



EPA-HS-07-030-B2



EPA-HS-08-031-A2



EPA-HS-08-031-A2 Signal crayfish in stomach



EPA-HS-09-032-A2



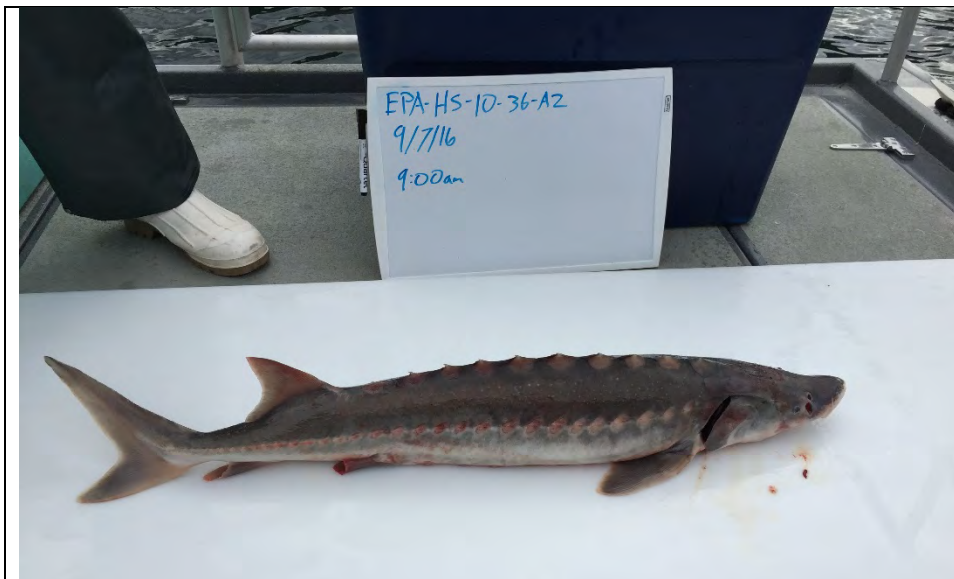
EPA-HS-04-033-C1



EPA-HS-09-034-B2



EPA-HS-10-035-A2



EPA-HS-10-036-A2



EPA-HS-03-037-C1



EPA-HS-06-038-B3



EPA-HS-03-039-C1



EPA-HS-08-040-B3



EPA-HS-08-041-C1



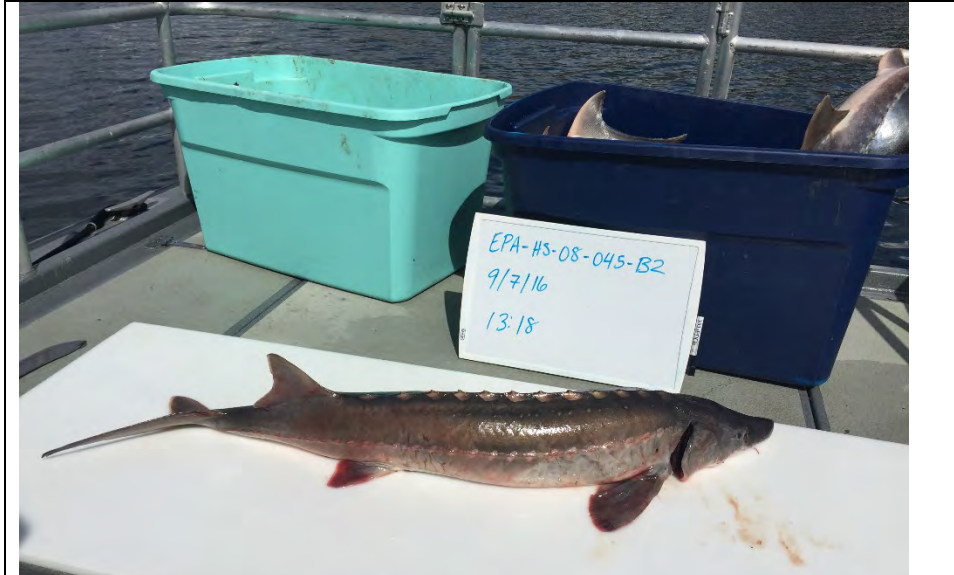
EPA-HS-10-042-A2



EPA-HS-10-043-A3



EPA-HS-08-044-B3



EPA-HS-08-045-B3 - dry erase board in photo mistakenly identifies fish as B2



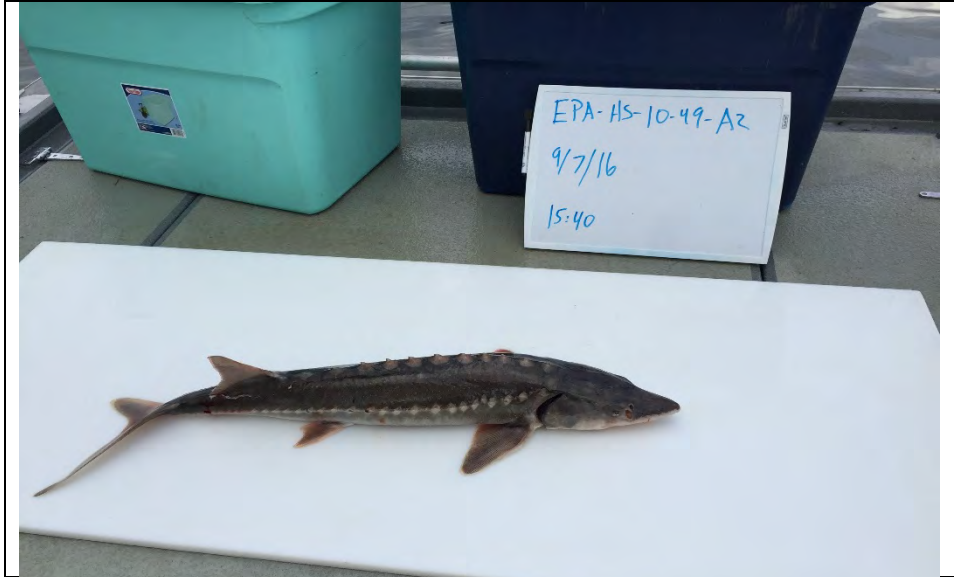
EPA-HS-08-046-B3



EPA-HS-06-047-A3



EPA-HS-03-048-B3



EPA-HS-10-049-A3 - dry erase board in photo mistakenly identifies fish as A2



EPA-HS-08-050-B3



EPA-HS-07-051-B3



EPA-HS-10-052-A3



EPA-HS-06-053-C2 - dry erase board in photo mistakenly identifies fish as C1



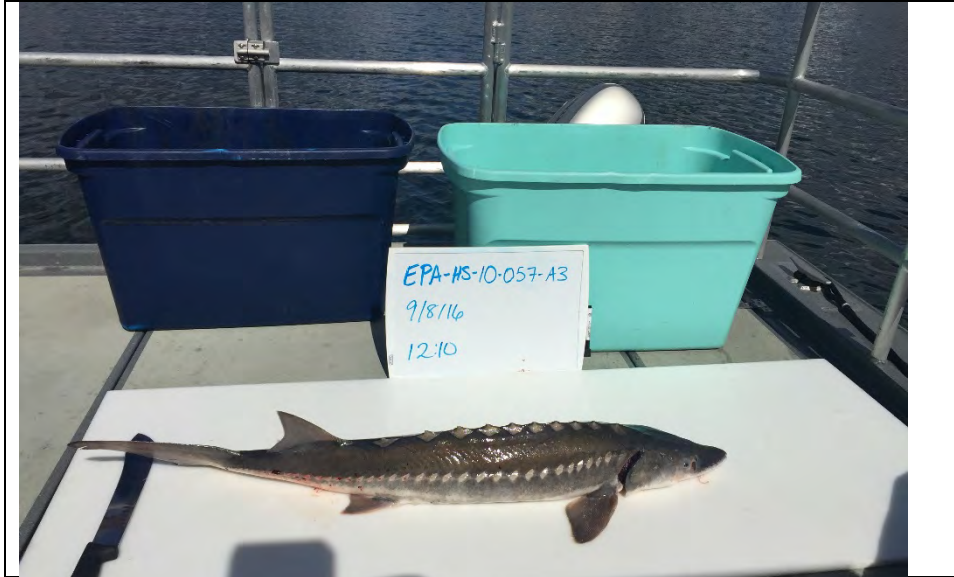
EPA-HS-05-054-C2



EPA-HS-08-055-A3



EPA-HS-09-056-A3



EPA-HS-10-057-A3



EPA-HS-10-058-A3



EPA-HS-04-059-C2



EPA-HS-04-059-C2 Example of abnormal fin



EPA-HS-04-060-C2 – Photo has incorrect ID on white board



EPA-HS-04-060-C2 – corrected ID



EPA-HS-04-061-C2



EPA-HS-06-062-C2



EPA-HS-06-063-C2



EPA-HS-05-064-C2



EPA-HS-02-065-C3



EPA-HS-02-066-C3



EPA-HS-05-067-C3



EPA-HS-05-068-C3



EPA-HS-06-069-C3



EPA-HS-06-070-C3



EPA-HS-07-071-C3



EPA-HS-07-071-C3 – Example of abnormal fin



EPA-HS-01-072-C3



Example of fish tag



Removing scutes



Example of filleting



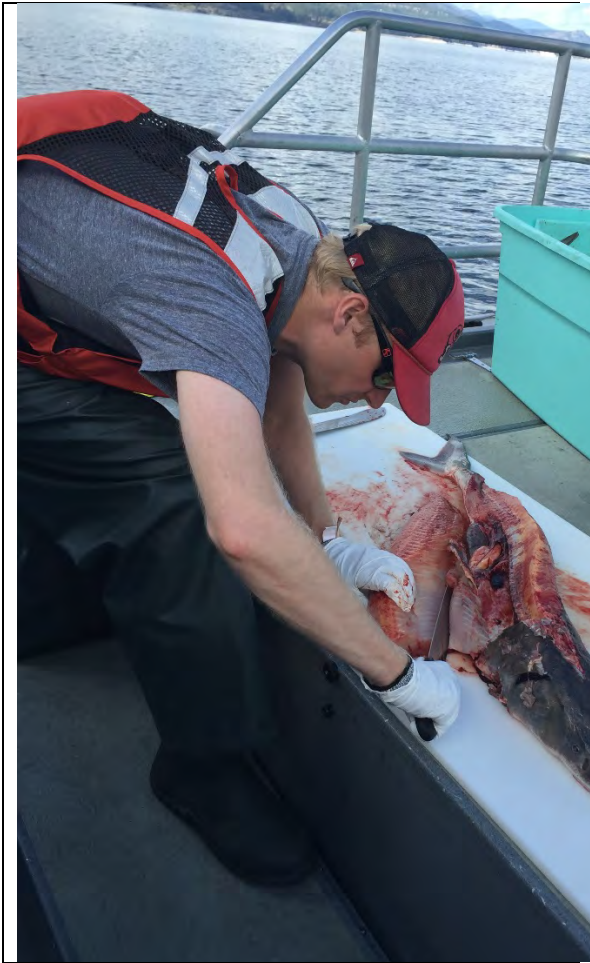
Example of filleting



Example of filleting



Example of filleting



Example of filleting



Example of filleting



Removing skin from fillet



Sample taken from middle of fillet



Example of sample



National Parks vessel



Colville boat pulling in setline



Example of gut content



Example of gut content

Appendix B Field Forms

2016 Hatchery Sturgeon Tissue Collection

(Record the Capture Date/fish Tag number when collected)

Replicate 1						
A: 50-97cm		B: 98-137cm		C: 138-160cm		
1	EPA-HS-10-002-A1	083016	EPA-HS-07-003-B1	08/30/16	EPA-HS-03-04-C1	08/30/16
2	EPA-HS-10-005-A1	083016	EPA-HS-08-001-B1	083016	EPA-HS-02-010-C1	8/31/16
3	EPA-HS-05-007-A1	083016	EPA-HS-09-006-B1	083016	EPA-HS-03-026-C1	9/1/16
* 4	EPA-HS-10-008-A1	083116	EPA-HS-08-009-B1	083116	EPA-HS-06-025-C1	09/1/16
5	EPA-HS-08-014-A1	08/31/16	EPA-HS-07-011-B1	8/31/16	EPA-HS-04-033-C1	09/02/16
6	EPA-HS-08-015-A1	8/31/16	EPA-HS-07-012-B1	8/31/16	EPA-HS-03-039-C1	09/07/16
7	EPA-HS-10-017-A1	090116	EPA-HS-06-013-B1	083116	EPA-HS-06-037-C1	09/07/16
8	EPA-HS-09-018-A1	090116	EPA-HS-05-016-B1	8/31/16	EPA-HS-08-041-C1	9/7/16
EPA-HS-A1		EPA-HS-B1		EPA-HS-C1		

Replicate 2						
A: 50-97cm		B: 98-137cm		C: 138-160cm		
1	EPA-HS-10-024-A2	090116	EPA-HS-08-019-B2	090116	EPA-HS-06-052-C2	9/8/16
2	EPA-HS-09-032-A2	09/01/16	EPA-HS-06-020-B2	090116	EPA-HS-05-054-C2	9/8/16
3	EPA-HS-08-031-A2	09/01/16	EPA-HS-06-021-B2	090116	EPA-HS-04-060-C2	9/8/16
4	EPA-HS-08-025-A2	09/01/16	EPA-HS-01-022-B2	090116	EPA-HS-04-055-C2	9/8/16
5	EPA-HS-10-035-A2	09/02/16	EPA-HS-07-023-B2	090116	EPA-HS-04-061-C2	9/9/16
6	EPA-HS-10-036-A2	09/01/16	EPA-HS-07-030-B2	09/01/16	EPA-HS-06-062-C2	9/12/16
7	EPA-HS-10-042-A2	09/13/16	EPA-HS-07-027-B2	09/01/16	EPA-HS-06-063-C2	9/13/16
8	EPA-HS-10-044-A2	9/9/16	EPA-HS-09-034-B2	09/02/16	EPA-HS-05-064-C2	9/13/16
EPA-HS-A2		EPA-HS-B2		EPA-HS-C2		

Replicate 3						
A: 50-97cm		B: 98-137cm		C: 138-160cm		
1	EPA-HS-06-047-A3	9/07/16	EPA-HS-06-038-B3	9/7/16	EPA-HS-02-065-C3	9/13/16
2	EPA-HS-10-052-A3	9/07/16	EPA-HS-08-044-B3	9/7/16	EPA-HS-02-066-C3	9/13/16
3	EPA-HS-10-043-A3	9/7/16	EPA-HS-03-048-B3	9/7/16	EPA-HS-05-067-C3	9/13/16
4	EPA-HS-10-042-A3	9/7/16	EPA-HS-08-046-B3	9/7/16	EPA-HS-05-068-C3	9/13/16
5	EPA-HS-08-052-A3	9/8/16	EPA-HS-08-045-B3	9/7/16	EPA-HS-06-069-C3	9/13/16
6	EPA-HS-09-050-A3	9/8/16	EPA-HS-08-046-B3	9/7/16	EPA-HS-06-070-C3	9/13/16
7	EPA-HS-10-057-A3	9/8/16	EPA-HS-08-050-B3	9/7/16	EPA-HS-07-071-C3	9/13/16
8	EPA-HS-10-058-A3	9/8/16	EPA-HS-07-051-B3	9/7/16	EPA-HS-01-072-C3	9/13/16
EPA-HS-A3		EPA-HS-B3		EPA-HS-C3		

Notes:

1) insert the brood year code and sequential fish number (3 digits) into the ID

Brood Year = last 2 digits of year

- | | |
|-----------|-----------|
| 2001 = 01 | 2006 = 06 |
| 2002 = 02 | 2007 = 07 |
| 2003 = 03 | 2008 = 08 |
| 2004 = 04 | 2009 = 09 |
| 2005 = 05 | 2010 = 10 |

2) and the date (to the right of fish ID)

EPA-HS-10-052-A3

2016 Fish Collection Form
Upper Columbia River (UCR) Fish Tissue Study

Date: 8/30/16

Individual Fish ID	Pit tag #	Fish Composite ID	Time	Sex	Abnormalities see (V) form	Photo ID	Weight of Fillet (kg)	Weight of subsample for Composite (g)	Collectors Initials
EPAHS0700381	985.120032	EPAHS B1	1039	F	✓	Cams iPhone I	1.11	206	CR
	8355646								
EPAHS0800161	985.12101270 1301	EPAHS B1	1140	M	✓	Cams iPhone	1.485	220	CR
EPAHS10002A	985.1210231 83278	EPAHS A1	1210	-	✓	✓	0.655	215	CR
EPAHS0304C1	985.120019 274668	EPAHS C1	1310	F	✓	✓	3.640	201	CR
EPAHS1005 A1	985.121023 461693	EPAHS A1	1425 1425	-	✓	✓	0.75	209	CR
EPAHS0900161	985.121006 398160	EPAHS B1	1446	-	✓	✓	2.472	208	CR
EPAHS05007A1	985.120039 500558	EPAHS A1	1517	-	✓	✓	0.900	220	CR

Reeds
3
3
3
2
2
2
2
2

Notes:

* looks bigger than A1 class 3'8" @ 3'8" > 97cm. confirm conversion +
40 120 110 : 44" = 112cm, move to sample B1
reassign as needed.
** Seems that HS09006 + 05007 tags were Can R
switched. 3'1" ~ 90cm FL for HS05007A1 → A1.
= 93cm

2016 Fish Collection Form

Date: 8/31/16

Upper Columbia River (UCR) Fish Tissue Study

Individual Fish ID	Pit tag #	Fish Composite ID	Time	Sex	Abnormalities (V)	Photo ID	Weight of Fillet fat Kg	Weight of subsample for Composite (g)	Collectors Initials
EPA-HS-10-008-A1	985.121023179 416	EPA-HS-A1	10:13	M	✓	Cam's iPhone	0.475	203	CAI, K10
EPA-HS-08-009-B1	985.12101271 9932	EPA-HS-B1	10:47		✓	"	1.515	206	CAI, K10
EPA-HS-02-010-C1	985.1200130 34977	EPA-HS-C1	11:40	F	✓	"	3.925	211	CAI, K10
EPA-HS-07-011-B1	985.1200326 33230	EPA-HS-B1	12:30	M	✓	"	1.340	211	CAI, K10
EPA-HS-07-012-B1	985.1200265 3596	EPA-HS-B1	12:44		✓	"	2.010	201	CAI, K10
EPA-HS-06-013-B1	985.12003052 1109	EPA-HS-B1	13:05		✓	No photo	1.515	209	CAI, K10
EPA-HS-08-014-A1	985.1210121 80857	EPA-HS-A1	13:58		✓	Cam phone	1.055	206	CAI, K10
EPA-HS-08-015-A1	985.1210121 22961	EPA-HS-A1	14:10		✓	Cam iPhone	0.665	204	CAI, K10
EPA-HS-05-016-B1	985.1200269 78257	EPA-HS-B1	14:22		✓	"	1.445	209	CAI, K10

Notes:

Date: 8/20/09 090116

2016 Fish Collection Form
Upper Columbia River (UCR) Fish Tissue Study

Individual Fish ID	Pit tag #	Fish Composite ID	Time	Sex	Abnormalities (V)	Photo ID	Weight of Fillet (g)	Weight of subsample for Composite (g)	Collectors Initials
EPAHS10017A1	985.12102 3184869	EPAHS A1	0915	Im	✓	Cano phone	0.46	201	CE/KO
EPAHS09018 A1	985.12100 6347972	EPAHS A1	0935	Im	✓		0.77	218	CE/KO
EPAHS080982	985.120032 653049	EPAHS B2	0950	-	✓		1.88	211	CE/KO
EPAHS 062082	985.120030 488480	EPAHS B2	1026	-	✓		3.135	208	CE/KO
EPAHS10024A2	985.121022 324306	A2	1048	-	✓		0.97	210	CE/KO
EPAHS06021 B2	985.120030 399360	B2	1102	-	✓		2.34	210	CE/KO
EPAHS01022 B2	985.120014 066543	B2	1121	-	✓		1.14	205	CE/KO
EPAHS07023 B2	985.12003 2569329	B2	1135	-	✓		1.54	210	CE/KO
EPA-HS-09-032 A2	985.120036 4696	EPA-HS-A2	13:26	-	✓		0.890	205	U.KO
EPA-HS-07-030 B2	985.120032 577997	EPA-HS-B2	13:37	-	✓		1.620	208	CE/KO

Notes:

2016 Fish Collection Form
Upper Columbia River (UCR) Fish Tissue Study

Date: 9/1/16

Individual Fish ID	Pit tag #	Fish Composite ID	Time	Sex	Abnormalities (V)	Photo ID	Weight of Fillet (g)	Weight of subsample for Composite (g)	Collectors Initials
EPA-HS-08-021-AZ	985.121006 337392	EPA-HS-AZ	13:48	-	✓	Cam's iPhone	0.655	208	ca, kio
EPA-HS-10-028-AZ	985.1210232 49893	EPA-HS-AZ	14:00	-	✓	"	0.620	208	ca, kio
EPA-HS-08-029-AZ	985.1210067 32345	EPA-HS-AZ	14:11	-	✓	"	0.720	205	ca, kio
EPA-HS-07-027-BZ	985.1200311 03155	EPA-HS-BZ	14:23	-	✓	"	1.910	210	ca, kio
EPA-HS-03-026-C1	985.120013 468748	EPA-HS-C1	14:41	F	✓	"	2.840	210*	ca, kio
EPA-HS-06-025-C1	985.1200304 85876	EPA-HS-C1	14:55	M	✓	"	2.955	405	ca, kio

Notes:

* ~~210~~ needed to take 400g

2016 Fish Collection Form
Upper Columbia River (UCR) Fish Tissue Study

Date: 9/2/2014

Individual Fish ID	Pit tag #	Fish Composite ID	Time	Sex	Abnormalities (V)	Photo ID	Weight of Fillet (g)	Weight of subsample for Composite (g)	Collectors Initials
EPA-HS-04-033-c1	985.1200 23085031	EPA-HS-01	10:30	—	✓	Cem's photo	2.905	408	ca, k10
EPA-HS-09-034B2	985.1210 12171808	EPA-HS-B2	11:11	M	✓	"	1.210	205	ca, k10
EPA-HS-10-055A1	985.1210121 85873	EPA-HS-A2	11:30	M	✓	"	0.820	208	ca, k10

Notes:

2016 Fish Collection Form
Upper Columbia River (UCR) Fish Tissue Study

Date: 9/7/16

Individual Fish ID	Pit tag #	Fish Composite ID	Time	Sex	Abnormalities (V)	Photo ID	Weight of Fillet (g)	Weight of subsample for Composite (g)	Collectors Initials
EPA-HS-10-043-A3	985.1210 1245336.3	EPA-HS-A3	13:45		✓	Kelly phone	0.47	215	DR, KO
EPA-HS-08-040-B3	985.1200325 83488	EPA-HS-B3	13:55		✓	Kelly phone	1.83	212	DR, KO
EPA-HS-08-041-C1	985.120030 384611	EPA-HS-C1	14:05		✓	Kelly p	3.805	420	DR, KO
EPA-HS-10-052-A3	985.1200230 985.12102324 6291	EPA-HS-B3	14:50		✓	DR phone	0.7	214	DR, KO
EPA-HS-07-051-B3	985.12003258 4909	EPA-HS-B3	15:07		✓	DR phone	1.835	217	DR, KO
EPA-HS-08-050-B3	985.121012 681539	EPA-HS-B3	15:23		✓	DR phone	1.33	220	DR, KO
EPA-HS-10-049-A2	985.121013 236745	EPA-HS-A2	15:40		✓	DR phone	0.455	207	DR, KO

Notes:

2016 Fish Collection Form
Upper Columbia River (UCR) Fish Tissue Study

Date: 9/7/16

Individual Fish ID	Pit tag #	Fish Composite ID	Time	Sex	Abnormalities (V)	Photo ID	Weight of Fillet (g)	Weight of subsample for Composite (g)	Collectors Initials
EPA-HS-10-036-A2	985.1210229 26811	EPA-HS-A2	9:00		✓	DR phone	815g 0.815kg	210	DR
EPA-HS-08-039-C1	985.120013 38726	EPA-HS-C1	10:11		✓	Kelley's phone	4.215	420	DR, K10
EPA-HS-06-038-B3	985.120030 502219	EPA-HS-B3	10:33		✓	Kelley phone	2.63	215	DR, K10
EPA-HS-06-037-C1	985.1200 30389582	EPA-HS-C1	10:52		✓	Kelley phone	2.66 3.270	446	DR, K10
EPA-HS-06-047-B3	985.120024 750910	EPA-HS-A3	12:50		✓	Kelley phone	0.965	207	DR, K10
EPA-HS-08-044-B3	985.1210 12208535	EPA-HS-B3	12:41		✓	Kelley phone	1.09	211	DR, K10
EPA-HS-03-048-B3	985.1200 19177693	EPA-HS-B3	12:53		✓	Kelley phone	2.10	209	DR, K10
EPA-HS-08-046-B3	985.1210 12690092	EPA-HS-B3	13:06		✓	"	1.250	220	DR, K10
EPA-HS-08-045-B3	985.121012 78690	EPA-HS-B3	13:18		✓	"	1.345	223	DR, K10
EPA-HS-10-042-A2	985.121023 174355	EPA-HS-A2	13:30		✓	Kelley phone	0.77	220	DR, K10

Notes:

2016 Fish Collection Form
Upper Columbia River (UCR) Fish Tissue Study

Date: 9/8/14

Individual Fish ID	Pit tag #	Fish Composite ID	Time	Sex	Abnormalities (V)	Photo ID	Weight of Fillet (kg)	Weight of subsample for Composite (g)	Collectors Initials
EPA-HS-06-053-C1	985.120030 53580	EPA-HS-C2	9:12		✓	Kelly phone	3.415	410	DR, K10
EPA-HS-05-054-C2	985.1200305 16128	EPA-HS-C2	10:22		✓	Kelly phone	3.615	440	DR, K10
EPA-HS-08-055-A3	985.1200325 77018	EPA-HS-A3	11:05		✓	Kelly phone	0.850	217	DR, K10
EPA-HS-09-056-A3	985.121006 342338	EPA-HS-A3	11:33		✓	Kelly phone	0.325	222	DR, K10, JC
EPA-HS-10-057-A3	985.121012 119134	EPA-HS-A3	12:10		✓	Kelly phone	0.645	212	DR, K10, JC
EPA-HS-10-058-A3	985.1210234 52212	EPA-HS-A3	12:27		✓	Kelly phone	0.495	225	DR, K10, JC
EPA-HS-04-059-C2	985.1200184 30746	EPA-HS-C2	16:19		✓	Kelly phone	3.760	415	DR, K10
EPA-HS-04-059-C2	985.1200237 58877	EPA-HS-C2	16:54		✓	Kelly phone	2.480	430	DR, K10

Notes: EPA-HS-05-054-C2 from Spokanes (Andy)
ODS site
138.4 cm
23.22 kg
2005
985.120030510128

EPA-HS-09-056-A3 from Spokane (Andy)
20 site
82.2 cm
3.79 kg
2009
485 121006342338

2016 Fish Collection Form

Upper Columbia River (UCR) Fish Tissue Study

Date: 9/13/16

Individual Fish ID	Pit tag #	Fish Composite ID	Time	Sex	Abnormalities (V)	Photo ID	Weight of Fillet (g)	Weight of subsample for Composite (g)	Collectors Initials
EPA-HS-06-062-CZ	985.120030 517577	EPA-HS-CZ	9:48		✓	Kelly phone	4203.9	420	KO, MG
EPA-HS-06-063-CZ	985.12003038 4035	EPA-HS-C2	10:36		✓	Kelly phone	4,085	450	KO, MG
EPA-HS-05-064-C2	985.1200305 0479	EPA-HS-C2	11:25		✓	Kelly phone	2,495	456	KO, MG
EPA-HS-06-065-C3	999.000000 475990	EPA-HS-C3	12:11		✓	Kelly phone	4,325	420	KO, MG
EPA-HS-06-066-C3	985.121025 225039	EPA-HS-C3	13:45		✓	Kelly phone	5,550	440	KO, MG
EPA-HS-05-067-C3	985.120050 490868	EPA-HS-C3	14:25		✓	Kelly phone	2,005	425	KO, MG
EPA-HS-05-068-C3	985.1200305 00873	EPA-HS-C3	15:14		✓	Kelly phone	4.6	440	KO, MG
EPA-HS-06-069-C3	985.12003037 9918	EPA-HS-C3	15:36		✓	Kelly phone	3,825	426	KO, MG
EPA-HS-06-070-C3	985.12003050 9234	EPA-HS-C3	15:53		✓	Kelly phone	4,175	445	KO, MG
EPA-HS-07-071-C3	985.12003266 0100	EPA-HS-C3	16:09		✓	Kelly phone	2,78	490	KO, MG

Notes: EPA-HS-01-072- 985.1200
C3 14062140
EPA-HS-C3 + 16:26
K Kelly phone
S.05 430
KO, MG

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 08/30/16 Reach: 4 Marcus Indiv. Fish Sample No. EPA-HS-07-003B1

Time: 1039

Weight (kg): 10.44 Kg Length (cm): 115.1

Species: HWS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p>Left</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Right</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Left</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Right</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p>Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p>Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p>	<p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 083016 Reach: 4 (Markus) Indiv. Fish Sample No. EPAHS0800131

Time: 1140

Weight (g): 9.95 Length (cm): 113.8

Species: HWS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p>	<p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 083016 Reach: 4 (Marion) Indiv. Fish Sample No. EPAHS10002A1
 Time: 1216 Weight (kg): 3.73 kg Length (cm): 81.3
 Species: HS

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	HEAD & ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table style="width:100%; border: none;"> <tr> <th style="text-align: left; border: none;"><u>Left</u></th> <th style="text-align: left; border: none;"><u>Right</u></th> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other(specify):</td> <td style="border: none;"><input type="checkbox"/> other(specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other(specify):	<input type="checkbox"/> other(specify):	_____	_____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																							
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																							
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																							
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																							
<input type="checkbox"/> missing	<input type="checkbox"/> missing																							
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																							
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																							
<input type="checkbox"/> other(specify):	<input type="checkbox"/> other(specify):																							
_____	_____																							
_____	_____																							
_____	_____																							

OPERCULA: <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> Other (specify): _____ _____ _____

GILLS: <table style="width:100%; border: none;"> <tr> <th style="text-align: left; border: none;"><u>Left:</u></th> <th style="text-align: left; border: none;"><u>Right:</u></th> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> frayed</td> <td style="border: none;"><input type="checkbox"/> frayed</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> marginate</td> <td style="border: none;"><input type="checkbox"/> marginate</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> pale</td> <td style="border: none;"><input type="checkbox"/> pale</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left:</u>	<u>Right:</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> frayed	<input type="checkbox"/> marginate	<input type="checkbox"/> marginate	<input type="checkbox"/> pale	<input type="checkbox"/> pale	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	DELTS: <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<u>Left:</u>	<u>Right:</u>												
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal												
<input type="checkbox"/> frayed	<input type="checkbox"/> frayed												
<input type="checkbox"/> marginate	<input type="checkbox"/> marginate												
<input type="checkbox"/> pale	<input type="checkbox"/> pale												
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____												

FINS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 083016 Reach: Evans Indiv. Fish Sample No. EPAHS 0304C1
 Time: 1310
 Weight (kg): 19.6 kg Length (cm): 173.5
 Species: H5

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	HEAD & ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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GILLS: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	DELTS: <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input type="checkbox"/> normal <input checked="" type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 083016 Reach: Bossburg Indiv. Fish Sample No. EPAH S10005A1
 Time: 1425 Weight (g): 1.93 kg Length (cm): 66.3
 Species: HS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 083016 Reach: Bassburg Indiv. Fish Sample No. EPAHS 09006B1
 Time: 1446 Weight (kg): 5.58 kg ⁰⁸³⁰¹⁶ Length (cm): 287.9 ⁰⁸³⁰¹⁶ from CCT
 Species: HS 11.94 kg. 287.9 cm measured on boat
119.8

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 083016 Reach: Bossburg Indiv. Fish Sample No. EPAHS05007A1

Time: 1517 Weight (g): 11.94 kg ⁰⁸³⁰¹⁶ Length (cm): 119.8 08-083016

Species: H.S 5.58 kg 87.9 cm

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other(specify):</td> <td style="border: none;"><input type="checkbox"/> other(specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other(specify):	<input type="checkbox"/> other(specify):	_____	_____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																							
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																							
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																							
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																							
<input type="checkbox"/> missing	<input type="checkbox"/> missing																							
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																							
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																							
<input type="checkbox"/> other(specify):	<input type="checkbox"/> other(specify):																							
_____	_____																							
_____	_____																							
_____	_____																							

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left:</u></td> <td style="text-align: center; border: none;"><u>Right:</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> frayed</td> <td style="border: none;"><input type="checkbox"/> frayed</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> marginate</td> <td style="border: none;"><input type="checkbox"/> marginate</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> pale</td> <td style="border: none;"><input type="checkbox"/> pale</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left:</u>	<u>Right:</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> frayed	<input type="checkbox"/> marginate	<input type="checkbox"/> marginate	<input type="checkbox"/> pale	<input type="checkbox"/> pale	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<u>Left:</u>	<u>Right:</u>												
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal												
<input type="checkbox"/> frayed	<input type="checkbox"/> frayed												
<input type="checkbox"/> marginate	<input type="checkbox"/> marginate												
<input type="checkbox"/> pale	<input type="checkbox"/> pale												
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____												

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 08/31/2016 Reach: 3 Indiv. Fish Sample No. EPA-HS-10-008-A1
 Time: 10:13
 Weight (g): 3.31 Length (cm): 76.8
 Species: HS kg

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	HEAD & ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA: <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> Other (specify): _____ _____ _____

GILLS: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	DELTS: <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 08/31/2016 Reach: 3 (musculus) Indiv. Fish Sample No. EPA-HS-08-009-B1
 Time: 10:47
 Weight (g): 11.07 Length (cm): 115.6
 Species: HS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 08/31/2016 Reach: 2 Indiv. Fish Sample No. EPA-HS-02-010-C1
 Time: 11:40
 Weight (g): 26.6 Length (cm): 153.0
 Species: HJS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 08/31/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-07-011-131
 Time: 12:30
 Species: HS Weight (kg): 7.75 Length (cm): 105.3 cm

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	HEAD & ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares BARBELS: <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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GILLS: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	DELTS: <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 8/31/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-07-012-131
 Time: 12:44
 Weight (g): 13.44 Length (cm): 117.2
 Species: HS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 8/3/16 Reach: 2 Indiv. Fish Sample No. ERA15-06-013-B1
 Time: 13:05
 Weight (g): 11.02 kg Length (cm): 115.5 cm
 Species: _____

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____ _____
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 08/31/2016 Reach: 2 Indiv. Fish Sample No. EPA-HS-08-014-A1
 Time: 13:58
 Weight (g): 6.59 Length (cm): 97.4
 Species: HS kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input checked="" type="checkbox"/> frayed <u>mild, tail</u>	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 08/31/14 Reach: 2 Indiv. Fish Sample No. EPA-HS-08-015-A1
 Time: 14:10
 Weight (g): 4.66 Length (cm): 87.8
 Species: HS FS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input checked="" type="checkbox"/> other (specify): <u>cut or broken</u> <p align="center"><i>Missing most of dorsal caudal fin</i></p>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 08/31/2016 Reach: 2 Indiv. Fish Sample No. EPA-HS-05-016-131
 Time: 14:22
 Weight (g): 10.10 Length (cm): 113.2
 Species: HS kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 090116 Reach: 34 (Marked) Indiv. Fish Sample No. EPAHS 10017A1
 Time: 0915 Weight (g): 3.2 kg Length (cm): 73.6
 Species: H5

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	HEAD & ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA: <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> Other (specify): _____ _____ _____

GILLS: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	DELTS: <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 090116 Reach: X3 (marked) Indiv. Fish Sample No. EPAHS09018A1
 Time: 0935
 Weight (g): 4.52 kg Length (cm): 85.4
 Species: H5

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input type="checkbox"/> normal <input checked="" type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): <u>Tail</u>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/01/16 Reach: 3 (Maroon) Indiv. Fish Sample No. EPAHS0819B2
 Time: 0950
 Weight (g): 9.75 kg Length (cm): 109.2
 Species: HS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p>Left</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p>Right</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p>Left</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p>Right</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p>Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p>Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input checked="" type="checkbox"/> frayed <u>Tail</u>	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 090116 Reach: 2 (Evans) Indiv. Fish Sample No. EPAHS06020B2
 Time: 1026
 Weight (g): 16.36 kg Length (cm): 127.1
 Species: H5

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p align="center"><i>nodules on either side of head</i></p> <p>BARBELS: <i>side of head</i></p> <input checked="" type="checkbox"/> normal <i>@ ant dorsal operculum</i> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%;"> <tr> <th style="text-align: left; width: 50%;">Left</th> <th style="text-align: left; width: 50%;">Right</th> </tr> <tr> <td><input type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other(specify): _____</td> <td><input type="checkbox"/> other(specify): _____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Left	Right	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other(specify): _____	<input type="checkbox"/> other(specify): _____	_____	_____	_____	_____
Left	Right																					
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other(specify): _____	<input type="checkbox"/> other(specify): _____																					
_____	_____																					
_____	_____																					

OPERCULA:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> Other (specify): <u>Nodules on either side of head at anterior-dorsal part of operculum</u>
<input type="checkbox"/> slight shortening	
<input type="checkbox"/> severe shortening	

<p>GILLS:</p> <table style="width:100%;"> <tr> <th style="text-align: left; width: 50%;">Left:</th> <th style="text-align: left; width: 50%;">Right:</th> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> frayed</td> <td><input type="checkbox"/> frayed</td> </tr> <tr> <td><input type="checkbox"/> marginate</td> <td><input type="checkbox"/> marginate</td> </tr> <tr> <td><input type="checkbox"/> pale</td> <td><input type="checkbox"/> pale</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	Left:	Right:	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> frayed	<input type="checkbox"/> marginate	<input type="checkbox"/> marginate	<input type="checkbox"/> pale	<input type="checkbox"/> pale	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
Left:	Right:												
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal												
<input type="checkbox"/> frayed	<input type="checkbox"/> frayed												
<input type="checkbox"/> marginate	<input type="checkbox"/> marginate												
<input type="checkbox"/> pale	<input type="checkbox"/> pale												
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____												

FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> hemorrhagic
<input type="checkbox"/> mild erosion	<input type="checkbox"/> emboli
<input type="checkbox"/> severe erosion	<input type="checkbox"/> other (specify): _____
<input checked="" type="checkbox"/> frayed	

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 090116 Reach: 2 (Evans) Indiv. Fish Sample No. EPAHS10024A2

Time: 10 48

Weight (g): 5,81 kg Length (cm): 89.7

Species: HS
Hatchery white Sturgeon

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 090116 Reach: 2 (Evan) Indiv. Fish Sample No. EPAHS 0602132
 Time: 1102
 Weight (g): 12.28 Kg Length (cm): 120
 Species: HS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center">Left</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemmorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center">Right</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemmorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p align="center">Left</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemmorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center">Right</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemmorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>
<p align="center">Left</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemmorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center">Right</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemmorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p>Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p>Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal hemorrhagic

mild erosion emboli

severe erosion other (specify): _____

frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 090116 Reach: 2 (Evans) Indiv. Fish Sample No. EPAHSO1022B2

Time: 1121 Weight (g): 7.89kg Length (cm): 105.1

Species: H5

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal hemorrhagic

mild erosion emboli

severe erosion other (specify): _____

frayed _____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 090116 Reach: 2 (Evans) Indiv. Fish Sample No. EPAH S07023B2
 Time: 1135
 Weight (g): 7.92 kg Length (cm): 104.1
 Species: HS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <th style="text-align: left; border: none;"><u>Left</u></th> <th style="text-align: left; border: none;"><u>Right</u></th> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other(specify):</td> <td style="border: none;"><input type="checkbox"/> other(specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other(specify):	<input type="checkbox"/> other(specify):	_____	_____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																							
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																							
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																							
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																							
<input type="checkbox"/> missing	<input type="checkbox"/> missing																							
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																							
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																							
<input type="checkbox"/> other(specify):	<input type="checkbox"/> other(specify):																							
_____	_____																							
_____	_____																							
_____	_____																							

OPERCULA:

 normal Other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <th style="text-align: left; border: none;"><u>Left:</u></th> <th style="text-align: left; border: none;"><u>Right:</u></th> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> frayed</td> <td style="border: none;"><input type="checkbox"/> frayed</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> marginate</td> <td style="border: none;"><input type="checkbox"/> marginate</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> pale</td> <td style="border: none;"><input type="checkbox"/> pale</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left:</u>	<u>Right:</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> frayed	<input type="checkbox"/> marginate	<input type="checkbox"/> marginate	<input type="checkbox"/> pale	<input type="checkbox"/> pale	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<u>Left:</u>	<u>Right:</u>												
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal												
<input type="checkbox"/> frayed	<input type="checkbox"/> frayed												
<input type="checkbox"/> marginate	<input type="checkbox"/> marginate												
<input type="checkbox"/> pale	<input type="checkbox"/> pale												
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____												

FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> hemorrhagic
<input type="checkbox"/> mild erosion	<input type="checkbox"/> emboli
<input type="checkbox"/> severe erosion	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> frayed	_____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/1/14 Reach: 2 ^{North Bridge} Indiv. Fish Sample No. EPA-H5-09-032-A2
 Time: 13:26
 Species: HS Weight (g): 5.27 Length (cm): 86.8
_{K₂}

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	HEAD & ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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GILLS: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	DELTS: <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/01/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-07-030-B2
 Time: 13:37
 Weight (g): 9.38 Length (cm): 109.1
 Species: HS Koy

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input checked="" type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/01/2016 Reach: 2 Indiv. Fish Sample No. EPA-HS-08-031-AZ

Time: 13:48

Weight (g): 4.04 Length (cm): 81.2

Species: HS

ky

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p>Left</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p>Right</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p>Left</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p>Right</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p>Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p>Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/01/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-10-028-A2

Time: 14:00 Weight (g): 4.33 Length (cm): 84.5

Species: HS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p>Left</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p>Right</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p>Left</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p>Right</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p>Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p>Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input checked="" type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/01/2016 Reach: 2 Indiv. Fish Sample No. EPA-HS-08-029-A2

Time: 14:11

Weight (g): 4.62 Length (cm): 84.4

Species: HS

kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/01/2016 Reach: 2 Indiv. Fish Sample No. EPA-HS-07-027-B2

Time: 14:23

Weight (g): 14.56 Length (cm): 120.9

Species: HS

kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">other (specify): <input type="checkbox"/></p> <p style="margin-left: 20px;"><u>Scabies</u></p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p>	<p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/01/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-03-026-C1

Time: 14:41

Weight (kg): 19.59 Length (cm): 139.2

Species: HS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input checked="" type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/1/2016 Reach: 2 Indiv. Fish Sample No. EPA-HS-06-025-C1
 Time: 14:55
 Weight (g): 22.50 Length (cm): 138.0
 Species: HS Ky

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	HEAD & ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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GILLS: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	DELTS: <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input checked="" type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 090216 Reach: 2 Indiv. Fish Sample No. EPAHS04033 C1
 Time: 1030
 Weight (g): 17.5 Length (cm): 136.140
 Species: HS kg remained on boat

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	HEAD & ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	EYES: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____			

OPERCULA: <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____ _____
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GILLS: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	DELTS: <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/02/2016 Reach: 2 Indiv. Fish Sample No. EPA-HS-09-034-B2

Time: 11:11

Weight (g): 6.81 Length (cm): 97.8

Species: HS

kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal

slight shortening

severe shortening

Other (specify): _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/02/2016 Reach: 2 Indiv. Fish Sample No. EPA-HS-10-035-A2
 Time: 11:30
 Weight (g): 4.56 Length (cm): 81.7
 Species: HS Kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/07/2016 Reach: _____ Indiv. Fish Sample No. EDA-HS-10-036-A7

Time: 9:00

Weight (g): 421 Length (cm): 79.1

Species: WS/HS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/07/16 Reach: _____ Indiv. Fish Sample No. EPA-HS-03-039-C1
 Time: 10:11
 Weight (g): 27.08 Length (cm): 146.3
 Species: HS
 kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____ _____
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/07/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-00-038-B3

Time: 16:33

Weight (g): 18.7 Length (cm): 131.7

Species: HS

kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed _____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/07/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-06-037-C1

Time: 10:52

Weight (g): 24.1 Length (cm): 142.0

Species: HS kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>
<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p>	<p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/07/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-06-047-A3
 Time: 12:30
 Weight (g): 6.84 Length (cm): 90.8
 Species: HS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/07/2014 Reach: 2 Indiv. Fish Sample No. EPA-HS-08-044-B3

Time: 12:41

Weight (g): 6.81 Length (cm): 103.5

Species: HS

Ky

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>
<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal hemorrhagic

mild erosion emboli

severe erosion other (specify): _____

frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/27/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-03-048-B3

Time: 12:53

Weight (g): 15.21 Length (cm): 132.2

Species: HS

kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/07/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-08-046-133

Time: 13:06

Weight (g): 8.17 Length (cm): 104.0

Species: HS

Ky

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal hemorrhagic

mild erosion emboli

severe erosion other (specify): _____

frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/7/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-08-045-133

Time: 1318

Weight (g): 8.31 Length (cm): 106.3

Species: HS

Ky

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal hemorrhagic

mild erosion emboli

severe erosion other (specify): _____

frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/7/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-16-042-A2

Time: 13:30

Weight (g): 6.19 Length (cm): 89.8

Species: HS Ky

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>
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OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
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FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p>	<p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/7/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-10-043-A3

Time: 13:45

Weight (g): 3.29 Length (cm): 73.8

Species: HS

kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal hemorrhagic

mild erosion emboli

severe erosion other (specify): _____

frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/7/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-08-040-B3
 Time: 13:55
 Weight (g): 10.39 Length (cm): 118.1
 Species: HS ky

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input checked="" type="checkbox"/> frayed <u>dorsal, tail</u>	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/07/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-08-041-c1

Time: 14:05

Weight (g): 24.16 Length (cm): 138.9

Species: HS

kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>
<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

EPA-HS-10-052-A3

Date (MM/DD/YYYY): 09/07/2016 Reach: 2 Indiv. Fish Sample No. 985-121023296291 DR

Time: 1450

Weight (g): 4.22 Length (cm): 82.4

Species: WS L-8

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

<p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p>	<p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input checked="" type="checkbox"/> other (specify): <u>curled left pectoral fin</u></p>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/07/2016 Reach: 2 Indiv. Fish Sample No. EPA-HS-07-051-B3

Time: 15:07

Weight (g): 12.82 Length (cm): 121

Species: WS 48

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>
<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal hemorrhagic

mild erosion emboli

severe erosion other (specify): _____

frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 04/07/2016 Reach: _____ Indiv. Fish Sample No. FPA-HS-08-050-B3

Time: 15:23

Weight (g): 806 Length (cm): 105.9

Species: WS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p>	<p><input checked="" type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/07/16 Reach: 2 Indiv. Fish Sample No. EPA-145-10-049-A2

Time: 15:40

Weight (g): 3.02 Length (cm): 75.4

Species: WS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal hemorrhagic

mild erosion emboli

severe erosion other (specify): _____

frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/08/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-06-053-C1
 Time: 9:12
 Weight (g): 26.5 Length (cm): 149.9
 Species: HJ F3

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	HEAD & ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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GILLS: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	DELTS: <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/08/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-05-054-C2

Time: 10:22

Weight (g): 23.22 Length (cm): 138.4

Species: HS

Kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening

severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p>	<p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 7/8/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-08-055-A3
 Time: 11:05
 Weight (g): 6.19 Length (cm): 96.8
 Species: HS Kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): missing left septum
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/08/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-09-056-A3

Time: 11:33

Weight (g): 3.79 Length (cm): 82.2

Species: HS Kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/8/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-10-057-A3

Time: 12:10

Weight (g): 6.06 Length (cm): 97.2

Species: HS kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/08/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-10-058-A3

Time: 12:27

Weight (g): 3.71 Length (cm): 79.6

Species: HS

kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p>	<p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/8/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-04-060-C2
 Time: 16:19
 Weight (g): 23.9 Length (cm): 143.7
 Species: HS Kg

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	HEAD & ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	EYES: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____			

OPERCULA: <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____ _____
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GILLS: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	DELTS: <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/8/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-04-059-C2
 Time: 16:34
 Weight (g): 20.6 Length (cm): 139.5
 Species: HS kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input checked="" type="checkbox"/> other (specify): <u>curled R fin</u>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/9/16 Reach: 2 Indiv. Fish Sample No. EPA-HS-04-061-C2
 Time: 14:17
 Weight (kg): 27.35 Length (cm): 150.5
 Species: HS ky

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/13/16 Reach: _____ Indiv. Fish Sample No. EPA-115-06-042-C2

Time: 9:48

Weight (g): 22.6 Length (cm): 138.3

Species: HS

Kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening

severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/13/14 Reach: Bernaby Island Indiv. Fish Sample No. EPA-HB-06-063-C2
 Time: 10:36
 Weight (g): 20.98 Length (cm): 148.3
 Species: H5 Ky

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____ _____
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/13/16 Reach: _____ Indiv. Fish Sample No. EPA-HS-05-064-C2

Time: 11:25 Weight (g): 24.5 Length (cm): 146.5

Species: H₂

Key

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p>Left</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p>Right</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>
<p>Left</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p>Right</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal Other (specify): _____

slight shortening

severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p>Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p>Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/13/16 Reach: _____ Indiv. Fish Sample No. EPA-HS-02-065-C3
 Time: 12:41
 Weight (g): 23.08 Length (cm): 146.8
 Species: HS ky

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	HEAD & ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input type="checkbox"/> normal <input checked="" type="checkbox"/> missing <u>1</u> <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
Left <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	Right <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemmorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> Other (specify): _____ _____ _____
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GILLS: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	DELTS: <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
Left: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	Right: <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

<input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input checked="" type="checkbox"/> other (specify): <u>gimpy right fin</u>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/13/16 Reach: _____ Indiv. Fish Sample No. EPA-HS-02-066-C3

Time: 13:45

Weight (g): 25.67 Length (cm): 157.5

Species: HS

Eg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
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OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/13/16 Reach: _____ Indiv. Fish Sample No. EPA-HS-05-067-C3

Time: 14:25

Weight (g): 25.6 Length (cm): 146.7

Species: HS

Ky

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">Anchor worm(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">other (specify): <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	<p>HEAD & ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other(specify): _____</p> <p>_____</p> <p>_____</p>
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OPERCULA:

normal

slight shortening

severe shortening

Other (specify): _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>DELTS:</p> <p><input type="checkbox"/> Deformities</p> <p><input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Lesions</p> <p><input type="checkbox"/> Tumors</p>
<p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>		

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/13/14 Reach: _____ Indiv. Fish Sample No. EPA-HS-05-068-C3
 Time: 15:14
 Weight (g): 25.24 Length (cm): 145.4
 Species: HS Ky

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/13/16 Reach: _____ Indiv. Fish Sample No. EPA-HS-06-069-L3

Time: 15:36

Weight (kg): 22.75 Length (cm): 140.8

Species: HS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">white spots</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding-left: 20px;">leech(es)</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding-left: 20px;">black spot(s)</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding-left: 20px;">Anchor worm(s)</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding-left: 20px;">other (specify):</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table> <p>_____</p> <p>_____</p>	white spots		leech(es)		black spot(s)		Anchor worm(s)		other (specify):		<p>HEAD & ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Left</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; vertical-align: top;"> <p><u>Right</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p><u>Left</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): <p>_____</p> <p>_____</p> <p>_____</p>
white spots														
leech(es)														
black spot(s)														
Anchor worm(s)														
other (specify):														
<p><u>Left</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Right</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): <p>_____</p> <p>_____</p> <p>_____</p>													

OPERCULA:

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening 	<p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; vertical-align: top;"> <p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p>DELTS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 		

FINS:

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed 	<ul style="list-style-type: none"> <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/13/2016 Reach: _____ Indiv. Fish Sample No. EPA-115 - 06-070-C3

Time: 15:53

Weight (g): 21.16 Length (cm): 138.5

Species: H5

K8

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/13/16 Reach: _____ Indiv. Fish Sample No. EPA-HS-07-071-C3
 Time: 16:09
 Weight (g): 19.76 Length (cm): 140
 Species: HS Key

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ </td> </tr> </table>	<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____
<p><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____	<p><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____			

OPERCULA:

 normal Other (specify): _____
 slight shortening
 severe shortening

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p><u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
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FINS:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed	<input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input checked="" type="checkbox"/> other (specify): <u>right gony fin</u>
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2016 FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/13/16 Reach: _____ Indiv. Fish Sample No. EPA-HS-01-072-C3
 Time: 16:26 Weight (g): 27.5 Length (cm): 149.4
 Species: HS Kg

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> Anchor worm(s) <input type="checkbox"/> other (specify): <input type="checkbox"/> _____ _____	<p>HEAD & ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____ </td> </tr> </table>	<p>Left</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____	<p>Right</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other(specify): _____ _____ _____ _____
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OPERCULA:

 normal Other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p>Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p>Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>DELTS:</p> <input type="checkbox"/> Deformities <input type="checkbox"/> Erosion <input type="checkbox"/> Lesions <input type="checkbox"/> Tumors
<p>Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____		

FINS:

 normal hemorrhagic
 mild erosion emboli
 severe erosion other (specify): _____
 frayed

CH2MHILL

Pre-Task Safety Plan (PTSP) and Safety Meeting Sign-in Sheet

Project: WCR Sturgeon Sampling Location: Kettle Falls Date: 9/10/16
 Supervisor: David Resman Job Activity: Sturgeon Sampling

Attendees:	Print Name	Sign Name
	<u>David Resman</u>	<u>[Signature]</u>
	<u>Kelly Orland</u>	<u>[Signature]</u>

List Tasks and verify that applicable AHAs have been reviewed:
Travel on boat, working on water, collecting sturgeon, processing/filleting sturgeon, placing samples on wet & dry ice, delivery of samples to courier service

Tools/Equipment Required for Tasks (ladders, scaffolds, fall protection, cranes/rigging, heavy equipment, power tools):
Boat, life jackets, fire extinguisher, cutting board, bins, buckets, scales, knives, water down equipment, scrub brush & alumid

Potential H&S Hazards, including chemical, physical, safety, biological and environmental (check all that apply):

<input type="checkbox"/> Chemical burns/contact	<input type="checkbox"/> Trench, excavations, cave-ins	<input checked="" type="checkbox"/> Ergonomics
<input checked="" type="checkbox"/> Pressurized lines/equipment	<input checked="" type="checkbox"/> Overexertion	<input checked="" type="checkbox"/> Chemical splash
<input type="checkbox"/> Thermal burns	<input checked="" type="checkbox"/> Pinch points	<input checked="" type="checkbox"/> Poisonous plants/insects
<input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Cuts/abrasions	<input checked="" type="checkbox"/> Eye hazards/flying projectile
<input checked="" type="checkbox"/> Weather conditions	<input checked="" type="checkbox"/> Spills	<input type="checkbox"/> Inhalation hazard
<input type="checkbox"/> Heights/fall > 6 feet	<input type="checkbox"/> Overhead Electrical hazards	<input checked="" type="checkbox"/> Heat/cold stress
<input type="checkbox"/> Noise	<input type="checkbox"/> Elevated loads	<input checked="" type="checkbox"/> Water/drowning hazard
<input type="checkbox"/> Explosion/fire	<input checked="" type="checkbox"/> Slips, trip and falls	<input type="checkbox"/> Heavy equipment
<input type="checkbox"/> Radiation	<input checked="" type="checkbox"/> Manual lifting	<input type="checkbox"/> Aerial lifts/platforms
<input type="checkbox"/> Confined space entry	<input type="checkbox"/> Welding/cutting	<input type="checkbox"/> Demolition
<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Security	<input checked="" type="checkbox"/> Poor communications

Other Potential Hazards (Describe):

Hazard Control Measures (Check All That Apply):

<p>PPE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thermal/lined <input checked="" type="checkbox"/> Eye <input checked="" type="checkbox"/> Dermal/hand - <i>hand protection gloves</i> <input type="checkbox"/> Hearing <input type="checkbox"/> Respiratory <input type="checkbox"/> Reflective vests <input checked="" type="checkbox"/> Flotation device <input type="checkbox"/> Hard Hat 	<p>Protective Systems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sloping <input type="checkbox"/> Shoring <input type="checkbox"/> Trench box <input type="checkbox"/> Barricades <input type="checkbox"/> Competent person <input type="checkbox"/> Locate buried utilities <input type="checkbox"/> Daily inspections <input type="checkbox"/> Entry Permits/notification 	<p>Fire Protection</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire watch <input type="checkbox"/> Non-spark tools <input type="checkbox"/> Grounding/bonding <input type="checkbox"/> Intrinsically safe equipment 	<p>Electrical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Grounded <input type="checkbox"/> Panels covered <input type="checkbox"/> GFCI/extension cords <input type="checkbox"/> Power tools/cord inspected <input type="checkbox"/> Overhead line clearance <input type="checkbox"/> Underground utils ID'd
<p>Fall Protection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Harness/lanyards <input type="checkbox"/> Adequate anchorage <input type="checkbox"/> Guardrail system <input type="checkbox"/> Covered opening <input type="checkbox"/> Fixed barricades <input type="checkbox"/> Warning system 	<p>Air Monitoring</p> <ul style="list-style-type: none"> <input type="checkbox"/> PID/FID <input type="checkbox"/> Detector tubes <input type="checkbox"/> Radiation <input type="checkbox"/> Personnel sampling <input type="checkbox"/> LEL/O2 <input type="checkbox"/> No visible dust <input type="checkbox"/> Other 	<p>Proper Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aerial lift/ladders/scaffolds <input type="checkbox"/> Forklift/heavy equipment <input type="checkbox"/> Backup alarms <input type="checkbox"/> Hand/power tools <input type="checkbox"/> Crane with current inspection <input type="checkbox"/> Proper rigging <input type="checkbox"/> Operator qualified 	<p>Welding & Cutting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cylinders secured/capped <input type="checkbox"/> Cylinders separated/upright <input type="checkbox"/> Flash-back arrestors <input type="checkbox"/> No cylinders in CSE <input type="checkbox"/> Flame retardant clothing <input type="checkbox"/> Appropriate goggles
<p>Confined Space Entry</p> <ul style="list-style-type: none"> <input type="checkbox"/> Isolation <input type="checkbox"/> Air monitoring <input type="checkbox"/> Trained personnel <input type="checkbox"/> Permit completed <input type="checkbox"/> Rescue 	<p>Medical/ER</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> First-aid kit <input checked="" type="checkbox"/> Eye wash <input checked="" type="checkbox"/> FA-CPR trained personnel <input checked="" type="checkbox"/> Route to hospital 	<p>Heat/Cold Stress</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Work/rest regime <input checked="" type="checkbox"/> Rest area <input checked="" type="checkbox"/> Liquids available <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Training 	<p>Vehicle/Traffic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Traffic control <input type="checkbox"/> Barricades <input type="checkbox"/> Flags <input type="checkbox"/> Signs
<p>Permits</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hot work <input type="checkbox"/> Confined space <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Excavation <input type="checkbox"/> Demolition <input type="checkbox"/> Energized work 	<p>Demolition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-demolition survey <input type="checkbox"/> Structure condition <input type="checkbox"/> Isolate area/utilities <input type="checkbox"/> Competent person <input type="checkbox"/> Hazmat present 	<p>Inspections:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ladders/aerial lifts <input type="checkbox"/> Lanyards/harness <input type="checkbox"/> Scaffolds <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Drill rigs/geoprobe rigs <input type="checkbox"/> Cranes and rigging <input type="checkbox"/> Utilities marked 	<p>Training:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hazwaste (current) <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Competent person <input checked="" type="checkbox"/> Task-specific <input checked="" type="checkbox"/> FA/CPR <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Hazcom
<p>Underground Utilities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dig alert called <input type="checkbox"/> 3rd Party locator <input type="checkbox"/> As-builts reviewed <input type="checkbox"/> Interview site staff <input type="checkbox"/> Client review <input type="checkbox"/> soft locate necessary? 	<p>Incident Communications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Work stops until cleared by <input checked="" type="checkbox"/> TM/CM <input type="checkbox"/> Immediate calls to TM/CM <input checked="" type="checkbox"/> Client notification <input checked="" type="checkbox"/> 24 hour notification setup <input checked="" type="checkbox"/> Clear communications 	<p>AHA' s</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> reviewed and approved by HSM <input checked="" type="checkbox"/> on site and current <input checked="" type="checkbox"/> applicable for this day's work <input checked="" type="checkbox"/> communication and incident processes included? 	

Field Notes (including observations from prior day, etc.):

Name (Print): David Resman
 Signature: *David Resman*

Date: 9/10/16

CH2MHILL

Pre-Task Safety Plan (PTSP) and Safety Meeting Sign-in Sheet

Project: UCR Location: UCR/Kettle Falls Date: 08/30/16
Supervisor: C. Irvine Job Activity: Sturgeon Sampling

Attendees:	Print Name	Sign Name
	<u>Cam Irvine</u>	<u>Cam Irvine</u>
	<u>Justin Kemp</u>	<u>Justin Kemp</u>
	<u>Kelly O'Neil</u>	<u>Kelly O'Neil</u>
	<u>Justin Kemp</u>	<u>Justin Kemp</u>
	<u>Olivia Shutt</u>	<u>Olivia Shutt</u>

List Tasks and verify that applicable AHAs have been reviewed:
Boating safety, overboard procedure

Tools/Equipment Required for Tasks (ladders, scaffolds, fall protection, cranes/rigging, heavy equipment, power tools):
boat, pfd

Potential H&S Hazards, including chemical, physical, safety, biological and environmental (check all that apply):

<input type="checkbox"/> Chemical burns/contact	<input type="checkbox"/> Trench, excavations, cave-ins	<input checked="" type="checkbox"/> Ergonomics
<input type="checkbox"/> Pressurized lines/equipment	<input type="checkbox"/> Overexertion	<input type="checkbox"/> Chemical splash
<input type="checkbox"/> Thermal burns	<input checked="" type="checkbox"/> Pinch points	<input type="checkbox"/> Poisonous plants/insects
<input type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Cuts/abrasions	<input type="checkbox"/> Eye hazards/flying projectile
<input checked="" type="checkbox"/> Weather conditions	<input type="checkbox"/> Spills	<input type="checkbox"/> Inhalation hazard
<input type="checkbox"/> Heights/fall > 6 feet	<input type="checkbox"/> Overhead Electrical hazards	<input type="checkbox"/> Heat/cold stress
<input type="checkbox"/> Noise	<input type="checkbox"/> Elevated loads	<input type="checkbox"/> Water/drowning hazard
<input type="checkbox"/> Explosion/fire	<input checked="" type="checkbox"/> Slips, trip and falls	<input type="checkbox"/> Heavy equipment
<input type="checkbox"/> Radiation	<input checked="" type="checkbox"/> Manual lifting	<input type="checkbox"/> Aerial lifts/platforms
<input type="checkbox"/> Confined space entry	<input type="checkbox"/> Welding/cutting	<input type="checkbox"/> Demolition
<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Security	<input type="checkbox"/> Poor communications

Other Potential Hazards (Describe):

Hazard Control Measures (Check All That Apply):

<p>PPE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thermal/lined <input type="checkbox"/> Eye <input type="checkbox"/> Dermal/hand <input type="checkbox"/> Hearing <input type="checkbox"/> Respiratory <input type="checkbox"/> Reflective vests <input checked="" type="checkbox"/> Flotation device <input type="checkbox"/> Hard Hat 	<p>Protective Systems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sloping <input type="checkbox"/> Shoring <input type="checkbox"/> Trench box <input type="checkbox"/> Barricades <input type="checkbox"/> Competent person <input type="checkbox"/> Locate buried utilities <input type="checkbox"/> Daily inspections <input type="checkbox"/> Entry Permits/notification 	<p>Fire Protection</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire watch <input type="checkbox"/> Non-spark tools <input type="checkbox"/> Grounding/bonding <input type="checkbox"/> Intrinsically safe equipment 	<p>Electrical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Grounded <input type="checkbox"/> Panels covered <input type="checkbox"/> GFCI/extension cords <input type="checkbox"/> Power tools/cord inspected <input type="checkbox"/> Overhead line clearance <input type="checkbox"/> Underground utils ID'd
<p>Fall Protection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Harness/lanyards <input type="checkbox"/> Adequate anchorage <input type="checkbox"/> Guardrail system <input type="checkbox"/> Covered opening <input type="checkbox"/> Fixed barricades <input type="checkbox"/> Warning system 	<p>Air Monitoring</p> <ul style="list-style-type: none"> <input type="checkbox"/> PID/FID <input type="checkbox"/> Detector tubes <input type="checkbox"/> Radiation <input type="checkbox"/> Personnel sampling <input type="checkbox"/> LEL/O2 <input type="checkbox"/> No visible dust <input type="checkbox"/> Other 	<p>Proper Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aerial lift/ladders/scaffolds <input type="checkbox"/> Forklift/heavy equipment <input type="checkbox"/> Backup alarms <input type="checkbox"/> Hand/power tools <input type="checkbox"/> Crane with current inspection <input type="checkbox"/> Proper rigging <input type="checkbox"/> Operator qualified 	<p>Welding & Cutting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cylinders secured/capped <input type="checkbox"/> Cylinders separated/upright <input type="checkbox"/> Flash-back arrestors <input type="checkbox"/> No cylinders in CSE <input type="checkbox"/> Flame retardant clothing <input type="checkbox"/> Appropriate goggles
<p>Confined Space Entry</p> <ul style="list-style-type: none"> <input type="checkbox"/> Isolation <input type="checkbox"/> Air monitoring <input type="checkbox"/> Trained personnel <input type="checkbox"/> Permit completed <input type="checkbox"/> Rescue 	<p>Medical/ER</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> First-aid kit <input type="checkbox"/> Eye wash <input checked="" type="checkbox"/> FA-CPR trained personnel <input checked="" type="checkbox"/> Route to hospital 	<p>Heat/Cold Stress</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work/rest regime <input checked="" type="checkbox"/> Rest area <input checked="" type="checkbox"/> Liquids available <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Training 	<p>Vehicle/Traffic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Traffic control <input type="checkbox"/> Barricades <input type="checkbox"/> Flags <input type="checkbox"/> Signs
<p>Permits</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hot work <input type="checkbox"/> Confined space <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Excavation <input type="checkbox"/> Demolition <input type="checkbox"/> Energized work 	<p>Demolition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-demolition survey <input type="checkbox"/> Structure condition <input type="checkbox"/> Isolate area/utilities <input type="checkbox"/> Competent person <input type="checkbox"/> Hazmat present 	<p>Inspections:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ladders/aerial lifts <input type="checkbox"/> Lanyards/harness <input type="checkbox"/> Scaffolds <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Drill rigs/geoprobe rigs <input type="checkbox"/> Cranes and rigging <input type="checkbox"/> Utilities marked 	<p>Training:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hazwaste (current) <input type="checkbox"/> Construction <input type="checkbox"/> Competent person <input type="checkbox"/> Task-specific <input checked="" type="checkbox"/> FA/CPR <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Hazcom
<p>Underground Utilities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dig alert called <input type="checkbox"/> 3rd Party locator <input type="checkbox"/> As-builts reviewed <input type="checkbox"/> Interview site staff <input type="checkbox"/> Client review <input type="checkbox"/> soft locate necessary? 	<p>Incident Communications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work stops until cleared by TM/CM <input checked="" type="checkbox"/> Immediate calls to TM/CM <input checked="" type="checkbox"/> Client notification <input type="checkbox"/> 24 hour notification setup <input checked="" type="checkbox"/> Clear communications 	<p>AHA's</p> <ul style="list-style-type: none"> <input type="checkbox"/> reviewed and approved by HSM <input type="checkbox"/> on site and current <input type="checkbox"/> applicable for this day's work <input type="checkbox"/> Communication and incident processes included? 	

Field Notes (including observations from prior day, etc.):

Wickhoff - Megan / NPS provided boat safety

Name (Print):

Car Irvine

Signature:

[Signature]

Date:

08/30/16

CH2MHILL

Pre-Task Safety Plan (PTSP) and Safety Meeting Sign-in Sheet

Project: ACR - Sturgeon Location: Kettle Falls Date: 8/31/06
Supervisor: Cam Irvine Job Activity: Sturgeon Sampling

Attendees:	Print Name	Sign Name
	<u>Cam Irvine</u>	<u>Cam Irvine</u>
	<u>Kelly O'Neal</u>	<u>Kelly O'Neal</u>
	<u>Kathryn Gerise</u>	<u>Kathryn Gerise</u>

List Tasks and verify that applicable AHAs have been reviewed:
Filleting Sturgeon - Knife AHA
Wildlife on roads.

Tools/Equipment Required for Tasks (ladders, scaffolds, fall protection, cranes/rigging, heavy equipment, power tools):
Knives, cut resistant gloves

Potential H&S Hazards, including chemical, physical, safety, biological and environmental (check all that apply):

<input type="checkbox"/> Chemical burns/contact	<input type="checkbox"/> Trench, excavations, cave-ins	<input checked="" type="checkbox"/> Ergonomics
<input type="checkbox"/> Pressurized lines/equipment	<input type="checkbox"/> Overexertion	<input type="checkbox"/> Chemical splash
<input type="checkbox"/> Thermal burns	<input checked="" type="checkbox"/> Pinch points	<input checked="" type="checkbox"/> Poisonous plants/insects
<input type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Cuts/abrasions	<input checked="" type="checkbox"/> Eye hazards/flying projectile
<input type="checkbox"/> Weather conditions	<input type="checkbox"/> Spills	<input type="checkbox"/> Inhalation hazard
<input type="checkbox"/> Heights/fall > 6 feet	<input type="checkbox"/> Overhead Electrical hazards	<input checked="" type="checkbox"/> Heat/cold stress
<input type="checkbox"/> Noise	<input type="checkbox"/> Elevated loads	<input checked="" type="checkbox"/> Water/drowning hazard
<input type="checkbox"/> Explosion/fire	<input checked="" type="checkbox"/> Slips, trip and falls	<input type="checkbox"/> Heavy equipment
<input type="checkbox"/> Radiation	<input checked="" type="checkbox"/> Manual lifting	<input type="checkbox"/> Aerial lifts/platforms
<input type="checkbox"/> Confined space entry	<input type="checkbox"/> Welding/cutting	<input type="checkbox"/> Demolition
<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Security	<input checked="" type="checkbox"/> Poor communications

Other Potential Hazards (Describe):

Hazard Control Measures (Check All That Apply):

<p>PPE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thermal/lined <input checked="" type="checkbox"/> Eye <input checked="" type="checkbox"/> Dermal/hand <input type="checkbox"/> Hearing <input type="checkbox"/> Respiratory <input type="checkbox"/> Reflective vests <input checked="" type="checkbox"/> Flotation device <input type="checkbox"/> Hard Hat 	<p>Protective Systems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sloping <input type="checkbox"/> Shoring <input type="checkbox"/> Trench box <input type="checkbox"/> Barricades <input type="checkbox"/> Competent person <input type="checkbox"/> Locate buried utilities <input type="checkbox"/> Daily inspections <input type="checkbox"/> Entry Permits/notification 	<p>Fire Protection</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire watch <input type="checkbox"/> Non-spark tools <input type="checkbox"/> Grounding/bonding <input type="checkbox"/> Intrinsically safe equipment 	<p>Electrical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Grounded <input type="checkbox"/> Panels covered <input type="checkbox"/> GFCI/extension cords <input type="checkbox"/> Power tools/cord inspected <input type="checkbox"/> Overhead line clearance <input type="checkbox"/> Underground utils ID'd
<p>Fall Protection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Harness/lanyards <input type="checkbox"/> Adequate anchorage <input type="checkbox"/> Guardrail system <input type="checkbox"/> Covered opening <input type="checkbox"/> Fixed barricades <input type="checkbox"/> Warning system 	<p>Air Monitoring</p> <ul style="list-style-type: none"> <input type="checkbox"/> PID/FID <input type="checkbox"/> Detector tubes <input type="checkbox"/> Radiation <input type="checkbox"/> Personnel sampling <input type="checkbox"/> LEL/O2 <input type="checkbox"/> No visible dust <input type="checkbox"/> Other 	<p>Proper Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aerial lift/ladders/scaffolds <input type="checkbox"/> Forklift/heavy equipment <input type="checkbox"/> Backup alarms <input type="checkbox"/> Hand/power tools <input type="checkbox"/> Crane with current inspection <input type="checkbox"/> Proper rigging <input type="checkbox"/> Operator qualified 	<p>Welding & Cutting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cylinders secured/capped <input type="checkbox"/> Cylinders separated/upright <input type="checkbox"/> Flash-back arrestors <input type="checkbox"/> No cylinders in CSE <input type="checkbox"/> Flame retardant clothing <input type="checkbox"/> Appropriate goggles
<p>Confined Space Entry</p> <ul style="list-style-type: none"> <input type="checkbox"/> Isolation <input type="checkbox"/> Air monitoring <input type="checkbox"/> Trained personnel <input type="checkbox"/> Permit completed <input type="checkbox"/> Rescue 	<p>Medical/ER</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> First-aid kit <input type="checkbox"/> Eye wash <input checked="" type="checkbox"/> FA-CPR trained personnel <input checked="" type="checkbox"/> Route to hospital 	<p>Heat/Cold Stress</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work/rest regime <input type="checkbox"/> Rest area <input checked="" type="checkbox"/> Liquids available <input type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Training 	<p>Vehicle/Traffic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Traffic control <input type="checkbox"/> Barricades <input type="checkbox"/> Flags <input type="checkbox"/> Signs
<p>Permits</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hot work <input type="checkbox"/> Confined space <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Excavation <input type="checkbox"/> Demolition <input type="checkbox"/> Energized work 	<p>Demolition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-demolition survey <input type="checkbox"/> Structure condition <input type="checkbox"/> Isolate area/utilities <input type="checkbox"/> Competent person <input type="checkbox"/> Hazmat present 	<p>Inspections:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ladders/aerial lifts <input type="checkbox"/> Lanyards/harness <input type="checkbox"/> Scaffolds <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Drill rigs/geoprobe rigs <input type="checkbox"/> Cranes and rigging <input type="checkbox"/> Utilities marked 	<p>Training:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hazwaste (current) <input type="checkbox"/> Construction <input type="checkbox"/> Competent person <input checked="" type="checkbox"/> Task-specific <input checked="" type="checkbox"/> FA/CPR <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Hazcom
<p>Underground Utilities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dig alert called <input type="checkbox"/> 3rd Party locator <input type="checkbox"/> As-builts reviewed <input type="checkbox"/> Interview site staff <input type="checkbox"/> Client review <input type="checkbox"/> soft locate necessary? 	<p>Incident Communications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work stops until cleared by TM/CM <input checked="" type="checkbox"/> Immediate calls to TM/CM <input checked="" type="checkbox"/> Client notification <input type="checkbox"/> 24 hour notification setup <input checked="" type="checkbox"/> Clear communications 	<p>AHA's</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> reviewed and approved by HSM <input checked="" type="checkbox"/> on site and current <input checked="" type="checkbox"/> applicable for this day's work <input checked="" type="checkbox"/> Communication and incident processes included? 	

Field Notes (including observations from prior day, etc.):

wildly observed en route to site.

Name (Print): Sam Irvine
 Signature: [Signature]

Date: 8/31/16

CH2MHILL

Pre-Task Safety Plan (PTSP) and Safety Meeting Sign-in Sheet

Project: UCR Location: Kettle Marina Date: 9/21/16
 Supervisor: Car Irvine Job Activity: Sturgeon Sampling

Attendees:	Print Name	Sign Name
	<u>Car Irvine</u>	<u>Car Irvine</u>
	<u>Kelly Orscol</u>	<u>Kelly Orscol</u>
	<u>Kathleen Kerise</u>	<u>Kathleen Kerise</u>

List Tasks and verify that applicable AHAs have been reviewed:
Weather: may be stormy tomorrow. will get off water if lightning near. 3 points of contact - especially during chop or if in motion. Sun screen Boat.

Tools/Equipment Required for Tasks (ladders, scaffolds, fall protection, cranes/rigging, heavy equipment, power tools):
filleting knives - cut proof gloves. Boating safety - general

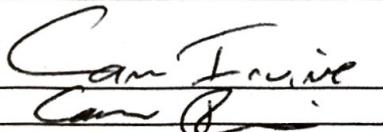
Potential H&S Hazards, including chemical, physical, safety, biological and environmental (check all that apply):

<input type="checkbox"/> Chemical burns/contact	<input type="checkbox"/> Trench, excavations, cave-ins	<input checked="" type="checkbox"/> Ergonomics
<input type="checkbox"/> Pressurized lines/equipment	<input type="checkbox"/> Overexertion	<input checked="" type="checkbox"/> Chemical splash <u>alcohol</u>
<input type="checkbox"/> Thermal burns	<input checked="" type="checkbox"/> Pinch points	<input type="checkbox"/> Poisonous plants/insects
<input type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Cuts/abrasions	<input checked="" type="checkbox"/> Eye hazards/flying projectile
<input checked="" type="checkbox"/> Weather conditions	<input type="checkbox"/> Spills	<input type="checkbox"/> Inhalation hazard
<input type="checkbox"/> Heights/fall > 6 feet	<input type="checkbox"/> Overhead Electrical hazards	<input checked="" type="checkbox"/> Heat/cold stress
<input type="checkbox"/> Noise	<input type="checkbox"/> Elevated loads	<input checked="" type="checkbox"/> Water/drowning hazard
<input type="checkbox"/> Explosion/fire	<input checked="" type="checkbox"/> Slips, trip and falls	<input type="checkbox"/> Heavy equipment
<input type="checkbox"/> Radiation	<input checked="" type="checkbox"/> Manual lifting	<input type="checkbox"/> Aerial lifts/platforms
<input type="checkbox"/> Confined space entry	<input type="checkbox"/> Welding/cutting	<input type="checkbox"/> Demolition
<input type="checkbox"/> Underground Utilities	<input checked="" type="checkbox"/> Security	<input checked="" type="checkbox"/> Poor communications

Other Potential Hazards (Describe):
Cell phones when radio down. NPS boat not able to transmit on radio

Hazard Control Measures (Check All That Apply):

<p>PPE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thermal/lined <input type="checkbox"/> Eye <input checked="" type="checkbox"/> Dermal/hand <input type="checkbox"/> Hearing <input type="checkbox"/> Respiratory <input type="checkbox"/> Reflective vests <input checked="" type="checkbox"/> Flotation device <input type="checkbox"/> Hard Hat 	<p>Protective Systems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sloping <input type="checkbox"/> Shoring <input type="checkbox"/> Trench box <input type="checkbox"/> Barricades <input type="checkbox"/> Competent person <input type="checkbox"/> Locate buried utilities <input type="checkbox"/> Daily inspections <input type="checkbox"/> Entry Permits/notification 	<p>Fire Protection</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire watch <input type="checkbox"/> Non-spark tools <input type="checkbox"/> Grounding/bonding <input type="checkbox"/> Intrinsically safe equipment 	<p>Electrical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Grounded <input type="checkbox"/> Panels covered <input type="checkbox"/> GFCI/extension cords <input type="checkbox"/> Power tools/cord inspected <input type="checkbox"/> Overhead line clearance <input type="checkbox"/> Underground utils ID'd
<p>Fall Protection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Harness/lanyards <input type="checkbox"/> Adequate anchorage <input type="checkbox"/> Guardrail system <input type="checkbox"/> Covered opening <input type="checkbox"/> Fixed barricades <input type="checkbox"/> Warning system 	<p>Air Monitoring</p> <ul style="list-style-type: none"> <input type="checkbox"/> PID/FID <input type="checkbox"/> Detector tubes <input type="checkbox"/> Radiation <input type="checkbox"/> Personnel sampling <input type="checkbox"/> LEL/O2 <input type="checkbox"/> No visible dust <input type="checkbox"/> Other 	<p>Proper Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aerial lift/ladders/scaffolds <input type="checkbox"/> Forklift/heavy equipment <input type="checkbox"/> Backup alarms <input type="checkbox"/> Hand/power tools <input type="checkbox"/> Crane with current inspection <input type="checkbox"/> Proper rigging <input type="checkbox"/> Operator qualified 	<p>Welding & Cutting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cylinders secured/capped <input type="checkbox"/> Cylinders separated/upright <input type="checkbox"/> Flash-back arrestors <input type="checkbox"/> No cylinders in CSE <input type="checkbox"/> Flame retardant clothing <input type="checkbox"/> Appropriate goggles
<p>Confined Space Entry</p> <ul style="list-style-type: none"> <input type="checkbox"/> Isolation <input type="checkbox"/> Air monitoring <input type="checkbox"/> Trained personnel <input type="checkbox"/> Permit completed <input type="checkbox"/> Rescue 	<p>Medical/ER</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> First-aid kit <input type="checkbox"/> Eye wash <input checked="" type="checkbox"/> FA-CPR trained personnel <input checked="" type="checkbox"/> Route to hospital 	<p>Heat/Cold Stress</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work/rest regime <input checked="" type="checkbox"/> Rest area <input type="checkbox"/> Liquids available <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Training 	<p>Vehicle/Traffic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Traffic control <input type="checkbox"/> Barricades <input type="checkbox"/> Flags <input type="checkbox"/> Signs
<p>Permits</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hot work <input type="checkbox"/> Confined space <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Excavation <input type="checkbox"/> Demolition <input type="checkbox"/> Energized work 	<p>Demolition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-demolition survey <input type="checkbox"/> Structure condition <input type="checkbox"/> Isolate area/utilities <input type="checkbox"/> Competent person <input type="checkbox"/> Hazmat present 	<p>Inspections:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ladders/aerial lifts <input type="checkbox"/> Lanyards/harness <input type="checkbox"/> Scaffolds <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Drill rigs/geoprobe rigs <input type="checkbox"/> Cranes and rigging <input type="checkbox"/> Utilities marked 	<p>Training:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hazwaste (current) <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Competent person <input checked="" type="checkbox"/> Task-specific <input checked="" type="checkbox"/> FA/CPR <input checked="" type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Hazcom
<p>Underground Utilities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dig alert called <input type="checkbox"/> 3rd Party locator <input type="checkbox"/> As-builts reviewed <input type="checkbox"/> Interview site staff <input type="checkbox"/> Client review <input type="checkbox"/> soft locate necessary? 	<p>Incident Communications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work stops until cleared by TM/CM <input checked="" type="checkbox"/> Immediate calls to TM/CM <input checked="" type="checkbox"/> Client notification <input checked="" type="checkbox"/> 24 hour notification setup <input checked="" type="checkbox"/> Clear communications 	<p>AHA's</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> reviewed and approved by HSM <input checked="" type="checkbox"/> on site and current <input checked="" type="checkbox"/> applicable for this day's work <input checked="" type="checkbox"/> Communication and incident processes included? 	
<p>Field Notes (including observations from prior day, etc.):</p> <hr/> <hr/> <hr/>			

Name (Print): Sam Irvine
 Signature: 

Date: 09/01/16

CH2MHILL

Pre-Task Safety Plan (PTSP) and Safety Meeting Sign-in Sheet

Project: UCR RIIFS Location: _____ Date: 090216
Supervisor: C. Irvine Job Activity: Sturgeon Sampling

Attendees:	Print Name	Sign Name
	<u>Cam Irvine</u>	<u>Cam Irvine</u>
	<u>Kathryn Perise</u>	<u>Kathryn Perise</u>
	<u>Paul R. Thilly</u>	<u>Paul R. Thilly</u>
	<u>Kelly O'Neil</u>	<u>Kelly O'Neil</u>

List Tasks and verify that applicable AHAs have been reviewed:

Tools/Equipment Required for Tasks (ladders, scaffolds, fall protection, cranes/rigging, heavy equipment, power tools):

boat, knives to fillet fish

Potential H&S Hazards, including chemical, physical, safety, biological and environmental (check all that apply):

<input type="checkbox"/> Chemical burns/contact	<input type="checkbox"/> Trench, excavations, cave-ins	<input checked="" type="checkbox"/> Ergonomics
<input type="checkbox"/> Pressurized lines/equipment	<input type="checkbox"/> Overexertion	<input type="checkbox"/> Chemical splash
<input type="checkbox"/> Thermal burns	<input checked="" type="checkbox"/> Pinch points	<input checked="" type="checkbox"/> Poisonous plants/insects
<input type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Cuts/abrasions	<input type="checkbox"/> Eye hazards/flying projectile
<input checked="" type="checkbox"/> Weather conditions	<input type="checkbox"/> Spills	<input type="checkbox"/> Inhalation hazard
<input type="checkbox"/> Heights/fall > 6 feet	<input type="checkbox"/> Overhead Electrical hazards	<input type="checkbox"/> Heat/cold stress
<input type="checkbox"/> Noise	<input type="checkbox"/> Elevated loads	<input type="checkbox"/> Water/drowning hazard
<input type="checkbox"/> Explosion/fire	<input checked="" type="checkbox"/> Slips, trip and falls	<input type="checkbox"/> Heavy equipment
<input type="checkbox"/> Radiation	<input checked="" type="checkbox"/> Manual lifting	<input type="checkbox"/> Aerial lifts/platforms
<input type="checkbox"/> Confined space entry	<input type="checkbox"/> Welding/cutting	<input type="checkbox"/> Demolition
<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Security	<input type="checkbox"/> Poor communications

Other Potential Hazards (Describe):

yellow jackets - benedryl in FA kit.

Hazard Control Measures (Check All That Apply):

PPE <input checked="" type="checkbox"/> Thermal/lined <input type="checkbox"/> Eye <input checked="" type="checkbox"/> Dermal/hand <input type="checkbox"/> Hearing <input type="checkbox"/> Respiratory <input type="checkbox"/> Reflective vests <input checked="" type="checkbox"/> Flotation device <input type="checkbox"/> Hard Hat	Protective Systems <input type="checkbox"/> Sloping <input type="checkbox"/> Shoring <input type="checkbox"/> Trench box <input type="checkbox"/> Barricades <input type="checkbox"/> Competent person <input type="checkbox"/> Locate buried utilities <input type="checkbox"/> Daily inspections <input type="checkbox"/> Entry Permits/notification	Fire Protection <input checked="" type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire watch <input type="checkbox"/> Non-spark tools <input type="checkbox"/> Grounding/bonding <input type="checkbox"/> Intrinsically safe equipment	Electrical <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Grounded <input type="checkbox"/> Panels covered <input type="checkbox"/> GFCI/extension cords <input type="checkbox"/> Power tools/cord inspected <input type="checkbox"/> Overhead line clearance <input type="checkbox"/> Underground utils ID'd
Fall Protection <input type="checkbox"/> Harness/lanyards <input type="checkbox"/> Adequate anchorage <input type="checkbox"/> Guardrail system <input type="checkbox"/> Covered opening <input type="checkbox"/> Fixed barricades <input type="checkbox"/> Warning system	Air Monitoring <input type="checkbox"/> PID/FID <input type="checkbox"/> Detector tubes <input type="checkbox"/> Radiation <input type="checkbox"/> Personnel sampling <input type="checkbox"/> LEL/O2 <input type="checkbox"/> No visible dust <input type="checkbox"/> Other	Proper Equipment <input type="checkbox"/> Aerial lift/ladders/scaffolds <input type="checkbox"/> Forklift/heavy equipment <input type="checkbox"/> Backup alarms <input type="checkbox"/> Hand/power tools <input type="checkbox"/> Crane with current inspection <input type="checkbox"/> Proper rigging <input type="checkbox"/> Operator qualified	Welding & Cutting <input type="checkbox"/> Cylinders secured/capped <input type="checkbox"/> Cylinders separated/upright <input type="checkbox"/> Flash-back arrestors <input type="checkbox"/> No cylinders in CSE <input type="checkbox"/> Flame retardant clothing <input type="checkbox"/> Appropriate goggles
Confined Space Entry <input type="checkbox"/> Isolation <input type="checkbox"/> Air monitoring <input type="checkbox"/> Trained personnel <input type="checkbox"/> Permit completed <input type="checkbox"/> Rescue	Medical/ER <input checked="" type="checkbox"/> First-aid kit <input type="checkbox"/> Eye wash <input checked="" type="checkbox"/> FA-CPR trained personnel <input checked="" type="checkbox"/> Route to hospital	Heat/Cold Stress <input checked="" type="checkbox"/> Work/rest regime <input checked="" type="checkbox"/> Rest area <input checked="" type="checkbox"/> Liquids available <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Training	Vehicle/Traffic <input type="checkbox"/> Traffic control <input type="checkbox"/> Barricades <input type="checkbox"/> Flags <input type="checkbox"/> Signs
Permits <input type="checkbox"/> Hot work <input type="checkbox"/> Confined space <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Excavation <input type="checkbox"/> Demolition <input type="checkbox"/> Energized work	Demolition <input type="checkbox"/> Pre-demolition survey <input type="checkbox"/> Structure condition <input type="checkbox"/> Isolate area/utilities <input type="checkbox"/> Competent person <input type="checkbox"/> Hazmat present	Inspections: <input type="checkbox"/> Ladders/aerial lifts <input type="checkbox"/> Lanyards/harness <input type="checkbox"/> Scaffolds <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Drill rigs/geoprobe rigs <input type="checkbox"/> Cranes and rigging <input type="checkbox"/> Utilities marked	Training: <input checked="" type="checkbox"/> Hazwaste (current) <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Competent person <input checked="" type="checkbox"/> Task-specific <input checked="" type="checkbox"/> FA/CPR <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Hazcom
Underground Utilities <input type="checkbox"/> Dig alert called <input type="checkbox"/> 3rd Party locater <input type="checkbox"/> As-builts reviewed <input type="checkbox"/> Interview site staff <input type="checkbox"/> Client review <input type="checkbox"/> soft locate necessary?	Incident Communications <input type="checkbox"/> Work stops until cleared by TM/CM <input checked="" type="checkbox"/> Immediate calls to TM/CM <input checked="" type="checkbox"/> Client notification <input type="checkbox"/> 24 hour notification setup <input checked="" type="checkbox"/> Clear communications	AHA's <input checked="" type="checkbox"/> Reviewed and approved by HSM <input checked="" type="checkbox"/> On site and current <input checked="" type="checkbox"/> applicable for this day's work <input checked="" type="checkbox"/> Communication and incident processes included?	

Field Notes (including observations from prior day, etc.):

yellow jackets yesterday 2 killed

Name (Print): San Irvine
 Signature: [Signature]

Date: 090216

CH2MHILL

Pre-Task Safety Plan (PTSP) and Safety Meeting Sign-in Sheet

Project: LCR Shogun Sampling Location: Kettle Falls WA Date: 9/7/16
 Supervisor: David Rasmussen Job Activity: Shogun Sampling

Attendees:	Print Name	Sign Name
	<u>Kelly O'Neal</u>	<u>[Signature]</u>

List Tasks and verify that applicable AHAs have been reviewed:
Collect Shogun samples, fillet fish, process samples
Drive to site, work on boats

Tools/Equipment Required for Tasks (ladders, scaffolds, fall protection, cranes/rigging, heavy equipment, power tools):
Goggles, rubber boots, fillet knife, dry ice

Potential H&S Hazards, including chemical, physical, safety, biological and environmental (check all that apply):

<input checked="" type="checkbox"/> Chemical burns/contact	<input type="checkbox"/> Trench, excavations, cave-ins	<input checked="" type="checkbox"/> Ergonomics
<input type="checkbox"/> Pressurized lines/equipment	<input type="checkbox"/> Overexertion	<input type="checkbox"/> Chemical splash
<input checked="" type="checkbox"/> Thermal burns	<input checked="" type="checkbox"/> Pinch points	<input checked="" type="checkbox"/> Poisonous plants/insects
<input type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Cuts/abrasions	<input checked="" type="checkbox"/> Eye hazards/flying projectile
<input checked="" type="checkbox"/> Weather conditions	<input type="checkbox"/> Spills	<input type="checkbox"/> Inhalation hazard
<input type="checkbox"/> Heights/fall > 6 feet	<input type="checkbox"/> Overhead Electrical hazards	<input checked="" type="checkbox"/> Heat/cold stress
<input type="checkbox"/> Noise	<input type="checkbox"/> Elevated loads	<input checked="" type="checkbox"/> Water/drowning hazard
<input type="checkbox"/> Explosion/fire	<input type="checkbox"/> Slips, trip and falls	<input type="checkbox"/> Heavy equipment
<input type="checkbox"/> Radiation	<input checked="" type="checkbox"/> Manual lifting	<input type="checkbox"/> Aerial lifts/platforms
<input type="checkbox"/> Confined space entry	<input type="checkbox"/> Welding/cutting	<input type="checkbox"/> Demolition
<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Security	<input type="checkbox"/> Poor communications

Other Potential Hazards (Describe):

Hazard Control Measures (Check All That Apply):

<p>PPE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thermal/lined <input checked="" type="checkbox"/> Eye <input checked="" type="checkbox"/> Dermal/hand <input type="checkbox"/> Hearing <input type="checkbox"/> Respiratory <input type="checkbox"/> Reflective vests <input checked="" type="checkbox"/> Flotation device <input type="checkbox"/> Hard Hat 	<p>Protective Systems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sloping <input type="checkbox"/> Shoring <input type="checkbox"/> Trench box <input type="checkbox"/> Barricades <input type="checkbox"/> Competent person <input type="checkbox"/> Locate buried utilities <input type="checkbox"/> Daily inspections <input type="checkbox"/> Entry Permits/notification 	<p>Fire Protection</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire watch <input type="checkbox"/> Non-spark tools <input type="checkbox"/> Grounding/bonding <input type="checkbox"/> Intrinsically safe equipment 	<p>Electrical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Grounded <input type="checkbox"/> Panels covered <input type="checkbox"/> GFCI/extension cords <input type="checkbox"/> Power tools/cord inspected <input type="checkbox"/> Overhead line clearance <input type="checkbox"/> Underground utils ID'd
<p>Fall Protection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Harness/lanyards <input type="checkbox"/> Adequate anchorage <input type="checkbox"/> Guardrail system <input type="checkbox"/> Covered opening <input type="checkbox"/> Fixed barricades <input type="checkbox"/> Warning system 	<p>Air Monitoring</p> <ul style="list-style-type: none"> <input type="checkbox"/> PID/FID <input type="checkbox"/> Detector tubes <input type="checkbox"/> Radiation <input type="checkbox"/> Personnel sampling <input type="checkbox"/> LEL/O2 <input type="checkbox"/> No visible dust <input type="checkbox"/> Other 	<p>Proper Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aerial lift/ladders/scaffolds <input type="checkbox"/> Forklift/heavy equipment <input type="checkbox"/> Backup alarms <input type="checkbox"/> Hand/power tools <input type="checkbox"/> Crane with current inspection <input type="checkbox"/> Proper rigging <input type="checkbox"/> Operator qualified 	<p>Welding & Cutting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cylinders secured/capped <input type="checkbox"/> Cylinders separated/upright <input type="checkbox"/> Flash-back arrestors <input type="checkbox"/> No cylinders in CSE <input type="checkbox"/> Flame retardant clothing <input type="checkbox"/> Appropriate goggles
<p>Confined Space Entry</p> <ul style="list-style-type: none"> <input type="checkbox"/> Isolation <input type="checkbox"/> Air monitoring <input type="checkbox"/> Trained personnel <input type="checkbox"/> Permit completed <input type="checkbox"/> Rescue 	<p>Medical/ER</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> First-aid kit <input type="checkbox"/> Eye wash <input checked="" type="checkbox"/> FA-CPR trained personnel <input checked="" type="checkbox"/> Route to hospital 	<p>Heat/Cold Stress</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work/rest regime <input type="checkbox"/> Rest area <input checked="" type="checkbox"/> Liquids available <input type="checkbox"/> Monitoring <input type="checkbox"/> Training 	<p>Vehicle/Traffic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Traffic control <input type="checkbox"/> Barricades <input type="checkbox"/> Flags <input type="checkbox"/> Signs
<p>Permits</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hot work <input type="checkbox"/> Confined space <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Excavation <input type="checkbox"/> Demolition <input type="checkbox"/> Energized work 	<p>Demolition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-demolition survey <input type="checkbox"/> Structure condition <input type="checkbox"/> Isolate area/utilities <input type="checkbox"/> Competent person <input type="checkbox"/> Hazmat present 	<p>Inspections:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ladders/aerial lifts <input type="checkbox"/> Lanyards/harness <input type="checkbox"/> Scaffolds <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Drill rigs/geoprobe rigs <input type="checkbox"/> Cranes and rigging <input type="checkbox"/> Utilities marked 	<p>Training:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hazwaste (current) <input type="checkbox"/> Construction <input type="checkbox"/> Competent person <input checked="" type="checkbox"/> Task-specific <input checked="" type="checkbox"/> FA/CPR <input type="checkbox"/> Confined Space <input type="checkbox"/> Hazcom
<p>Underground Utilities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dig alert called <input type="checkbox"/> 3rd Party locater <input type="checkbox"/> As-builts reviewed <input type="checkbox"/> Interview site staff <input type="checkbox"/> Client review <input type="checkbox"/> soft locate necessary? 	<p>Incident Communications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work stops until cleared by TM/CM <input type="checkbox"/> Immediate calls to TM/CM <input type="checkbox"/> Client notification <input type="checkbox"/> 24 hour notification setup <input type="checkbox"/> Clear communications 	<p>AHA's</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> reviewed and approved by HSM <input checked="" type="checkbox"/> on site and current <input checked="" type="checkbox"/> applicable for this day's work <input checked="" type="checkbox"/> Communication and incident processes included? 	

Field Notes (including observations from prior day, etc.):

Name (Print): David Ramussen
 Signature: *David Ramussen*

Date: 9/7/16

CH2MHILL

Pre-Task Safety Plan (PTSP) and Safety Meeting Sign-in Sheet

Project: W.R. Shogren Sampling Location: Kettle Island Date: 9/8/16
 Supervisor: David Reimessen Job Activity: Shogren sampling

Attendees:	Print Name	Sign Name
	<u>David Reimessen</u>	<u>[Signature]</u>
	<u>[Signature]</u>	<u>[Signature]</u>
	<u>Kelley O'Neal</u>	<u>[Signature]</u>

List Tasks and verify that applicable AHAs have been reviewed:

Shogren retrieval & filter, sample processing
travel on boat Carrying heavy coolers
work over water use of net/cue

Tools/Equipment Required for Tasks (ladders, scaffolds, fall protection, cranes/rigging, heavy equipment, power tools):

life jackets, throw rings
sticks/gambles, rubber boots
knives, cut gloves

Potential H&S Hazards, including chemical, physical, safety, biological and environmental (check all that apply):

<input type="checkbox"/> Chemical burns/contact	<input type="checkbox"/> Trench, excavations, cave-ins	<input checked="" type="checkbox"/> Ergonomics
<input checked="" type="checkbox"/> Pressurized lines/equipment	<input checked="" type="checkbox"/> Overexertion	<input checked="" type="checkbox"/> Chemical splash
<input type="checkbox"/> Thermal burns	<input checked="" type="checkbox"/> Pinch points	<input checked="" type="checkbox"/> Poisonous plants/insects
<input checked="" type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Cuts/abrasions	<input checked="" type="checkbox"/> Eye hazards/flying projectile
<input checked="" type="checkbox"/> Weather conditions	<input checked="" type="checkbox"/> Spills	<input type="checkbox"/> Inhalation hazard
<input type="checkbox"/> Heights/fall > 6 feet	<input type="checkbox"/> Overhead Electrical hazards	<input checked="" type="checkbox"/> Heat/cold stress
<input type="checkbox"/> Noise	<input type="checkbox"/> Elevated loads	<input checked="" type="checkbox"/> Water/drowning hazard
<input type="checkbox"/> Explosion/fire	<input type="checkbox"/> Slips, trip and falls	<input type="checkbox"/> Heavy equipment
<input type="checkbox"/> Radiation	<input checked="" type="checkbox"/> Manual lifting	<input type="checkbox"/> Aerial lifts/platforms
<input type="checkbox"/> Confined space entry	<input type="checkbox"/> Welding/cutting	<input type="checkbox"/> Demolition
<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Security	<input type="checkbox"/> Poor communications

Other Potential Hazards (Describe):

Hazard Control Measures (Check All That Apply):			
PPE <input type="checkbox"/> Thermal/lined <input checked="" type="checkbox"/> Eye <input checked="" type="checkbox"/> Dermal/hand - cut resistant gloves <input type="checkbox"/> Hearing <input type="checkbox"/> Respiratory <input type="checkbox"/> Reflective vests <input checked="" type="checkbox"/> Flotation device <input type="checkbox"/> Hard Hat <input checked="" type="checkbox"/> Rain gear/goggles	Protective Systems <input type="checkbox"/> Sloping <input type="checkbox"/> Shoring <input type="checkbox"/> Trench box <input type="checkbox"/> Barricades <input type="checkbox"/> Competent person <input type="checkbox"/> Locate buried utilities <input type="checkbox"/> Daily inspections <input type="checkbox"/> Entry Permits/notification	Fire Protection <input checked="" type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire watch <input type="checkbox"/> Non-spark tools <input type="checkbox"/> Grounding/bonding <input type="checkbox"/> Intrinsically safe equipment	Electrical <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Grounded <input type="checkbox"/> Panels covered <input type="checkbox"/> GFCI/extension cords <input type="checkbox"/> Power tools/cord inspected <input type="checkbox"/> Overhead line clearance <input type="checkbox"/> Underground utils ID'd
Fall Protection <input type="checkbox"/> Harness/lanyards <input type="checkbox"/> Adequate anchorage <input type="checkbox"/> Guardrail system <input type="checkbox"/> Covered opening <input type="checkbox"/> Fixed barricades <input type="checkbox"/> Warning system	Air Monitoring <input type="checkbox"/> PID/FID <input type="checkbox"/> Detector tubes <input type="checkbox"/> Radiation <input type="checkbox"/> Personnel sampling <input type="checkbox"/> LEL/O2 <input type="checkbox"/> No visible dust <input type="checkbox"/> Other	Proper Equipment <input type="checkbox"/> Aerial lift/ladders/scaffolds <input type="checkbox"/> Forklift/heavy equipment <input type="checkbox"/> Backup alarms <input type="checkbox"/> Hand/power tools <input type="checkbox"/> Crane with current inspection <input type="checkbox"/> Proper rigging <input type="checkbox"/> Operator qualified	Welding & Cutting <input type="checkbox"/> Cylinders secured/capped <input type="checkbox"/> Cylinders separated/upright <input type="checkbox"/> Flash-back arrestors <input type="checkbox"/> No cylinders in CSE <input type="checkbox"/> Flame retardant clothing <input type="checkbox"/> Appropriate goggles
Confined Space Entry <input type="checkbox"/> Isolation <input type="checkbox"/> Air monitoring <input type="checkbox"/> Trained personnel <input type="checkbox"/> Permit completed <input type="checkbox"/> Rescue	Medical/ER <input checked="" type="checkbox"/> First-aid kit <input type="checkbox"/> Eye wash <input checked="" type="checkbox"/> FA-CPR trained personnel <input checked="" type="checkbox"/> Route to hospital	Heat/Cold Stress <input type="checkbox"/> Work/rest regime <input type="checkbox"/> Rest area <input checked="" type="checkbox"/> Liquids available <input type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Training	Vehicle/Traffic <input type="checkbox"/> Traffic control <input type="checkbox"/> Barricades <input type="checkbox"/> Flags <input type="checkbox"/> Signs
Permits <input type="checkbox"/> Hot work <input type="checkbox"/> Confined space <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Excavation <input type="checkbox"/> Demolition <input type="checkbox"/> Energized work	Demolition <input type="checkbox"/> Pre-demolition survey <input type="checkbox"/> Structure condition <input type="checkbox"/> Isolate area/utilities <input type="checkbox"/> Competent person <input type="checkbox"/> Hazmat present	Inspections: <input type="checkbox"/> Ladders/aerial lifts <input type="checkbox"/> Lanyards/harness <input type="checkbox"/> Scaffolds <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Drill rigs/geoprobe rigs <input type="checkbox"/> Cranes and rigging <input type="checkbox"/> Utilities marked	Training: <input checked="" type="checkbox"/> Hazwaste (current) <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Competent person <input checked="" type="checkbox"/> Task-specific <input checked="" type="checkbox"/> FA/CPR <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Hazcom
Underground Utilities <input type="checkbox"/> Dig alert called <input type="checkbox"/> 3rd Party locator <input type="checkbox"/> As-builts reviewed <input type="checkbox"/> Interview site staff <input type="checkbox"/> Client review <input type="checkbox"/> soft locate necessary?	Incident Communications <input type="checkbox"/> Work stops until cleared by TM/CM <input type="checkbox"/> Immediate calls to TM/CM <input type="checkbox"/> Client notification <input type="checkbox"/> 24 hour notification setup <input type="checkbox"/> Clear communications	AHA' s <input checked="" type="checkbox"/> reviewed and approved by HSM <input checked="" type="checkbox"/> on site and current <input checked="" type="checkbox"/> applicable for this day's work <input checked="" type="checkbox"/> Communication and incident processes included?	
Field Notes (including observations from prior day, etc.): Bag broken for tomorrow work			

Name (Print): David Reimann
 Signature: [Signature]

Date: 7/8/16

CH2MHILL

Pre-Task Safety Plan (PTSP) and Safety Meeting Sign-in Sheet

Project: WCR Shrogen Sampling Location: Kettle Falls, WA Date: 9/9/16

Supervisor: David Resman Job Activity: Shrogen Sampling

Attendees:	Print Name	Sign Name
	<u>Kelley O'Neal</u>	<u>Kelley O'Neal</u>

List Tasks and verify that applicable AHAs have been reviewed:

Shrogen sampling, shrogen falling & sample processing
working with knives, walking on boat on water
equipment cleanup

Tools/Equipment Required for Tasks (ladders, scaffolds, fall protection, cranes/rigging, heavy equipment, power tools):

cutting boards, net, etc., cables, buckets, scrub brushes, DE water, knives, life jackets,
boat safety equipment

Potential H&S Hazards, including chemical, physical, safety, biological and environmental (check all that apply):

<input type="checkbox"/> Chemical burns/contact	<input type="checkbox"/> Trench, excavations, cave-ins	<input checked="" type="checkbox"/> Ergonomics
<input checked="" type="checkbox"/> Pressurized lines/equipment	<input checked="" type="checkbox"/> Overexertion	<input type="checkbox"/> Chemical splash
<input type="checkbox"/> Thermal burns	<input checked="" type="checkbox"/> Pinch points	<input checked="" type="checkbox"/> Poisonous plants/insects
<input checked="" type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Cuts/abrasions	<input checked="" type="checkbox"/> Eye hazards/flying projectile
<input checked="" type="checkbox"/> Weather conditions	<input checked="" type="checkbox"/> Spills	<input type="checkbox"/> Inhalation hazard
<input type="checkbox"/> Heights/fall > 6 feet	<input type="checkbox"/> Overhead Electrical hazards	<input checked="" type="checkbox"/> Heat/cold stress
<input type="checkbox"/> Noise	<input type="checkbox"/> Elevated loads	<input checked="" type="checkbox"/> Water/drowning hazard
<input type="checkbox"/> Explosion/fire	<input checked="" type="checkbox"/> Slips, trip and falls	<input type="checkbox"/> Heavy equipment
<input type="checkbox"/> Radiation	<input checked="" type="checkbox"/> Manual lifting	<input type="checkbox"/> Aerial lifts/platforms
<input type="checkbox"/> Confined space entry	<input type="checkbox"/> Welding/cutting	<input type="checkbox"/> Demolition
<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Security	<input type="checkbox"/> Poor communications

Other Potential Hazards (Describe):

Hazard Control Measures (Check All That Apply):

<p>PPE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thermal/lined <input checked="" type="checkbox"/> Eye <input checked="" type="checkbox"/> Dermal/hand - <i>haz</i> <input type="checkbox"/> Hearing <input type="checkbox"/> Respiratory <input type="checkbox"/> Reflective vests <input checked="" type="checkbox"/> Flotation device <input type="checkbox"/> Hard Hat 	<p>Protective Systems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sloping <input type="checkbox"/> Shoring <input type="checkbox"/> Trench box <input type="checkbox"/> Barricades <input type="checkbox"/> Competent person <input type="checkbox"/> Locate buried utilities <input type="checkbox"/> Daily inspections <input type="checkbox"/> Entry Permits/notification 	<p>Fire Protection</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire watch <input type="checkbox"/> Non-spark tools <input type="checkbox"/> Grounding/bonding <input type="checkbox"/> Intrinsically safe equipment 	<p>Electrical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Grounded <input type="checkbox"/> Panels covered <input type="checkbox"/> GFCI/extension cords <input type="checkbox"/> Power tools/cord inspected <input type="checkbox"/> Overhead line clearance <input type="checkbox"/> Underground utils ID'd
<p>Fall Protection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Harness/lanyards <input type="checkbox"/> Adequate anchorage <input type="checkbox"/> Guardrail system <input type="checkbox"/> Covered opening <input type="checkbox"/> Fixed barricades <input type="checkbox"/> Warning system 	<p>Air Monitoring</p> <ul style="list-style-type: none"> <input type="checkbox"/> PID/FID <input type="checkbox"/> Detector tubes <input type="checkbox"/> Radiation <input type="checkbox"/> Personnel sampling <input type="checkbox"/> LEL/O2 <input type="checkbox"/> No visible dust <input type="checkbox"/> Other 	<p>Proper Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aerial lift/ladders/scaffolds <input type="checkbox"/> Forklift/heavy equipment <input type="checkbox"/> Backup alarms <input type="checkbox"/> Hand/power tools <input type="checkbox"/> Crane with current inspection <input type="checkbox"/> Proper rigging <input type="checkbox"/> Operator qualified 	<p>Welding & Cutting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cylinders secured/capped <input type="checkbox"/> Cylinders separated/upright <input type="checkbox"/> Flash-back arrestors <input type="checkbox"/> No cylinders in CSE <input type="checkbox"/> Flame retardant clothing <input type="checkbox"/> Appropriate goggles
<p>Confined Space Entry</p> <ul style="list-style-type: none"> <input type="checkbox"/> Isolation <input type="checkbox"/> Air monitoring <input type="checkbox"/> Trained personnel <input type="checkbox"/> Permit completed <input type="checkbox"/> Rescue 	<p>Medical/ER</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> First-aid kit <input checked="" type="checkbox"/> Eye wash <input checked="" type="checkbox"/> FA-CPR trained personnel <input checked="" type="checkbox"/> Route to hospital 	<p>Heat/Cold Stress</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Work/rest regime <input checked="" type="checkbox"/> Rest area <input checked="" type="checkbox"/> Liquids available <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Training 	<p>Vehicle/Traffic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Traffic control <input type="checkbox"/> Barricades <input type="checkbox"/> Flags <input type="checkbox"/> Signs
<p>Permits</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hot work <input type="checkbox"/> Confined space <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Excavation <input type="checkbox"/> Demolition <input type="checkbox"/> Energized work 	<p>Demolition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-demolition survey <input type="checkbox"/> Structure condition <input type="checkbox"/> Isolate area/utilities <input type="checkbox"/> Competent person <input type="checkbox"/> Hazmat present 	<p>Inspections:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ladders/aerial lifts <input type="checkbox"/> Lanyards/harness <input type="checkbox"/> Scaffolds <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Drill rigs/geoprobe rigs <input type="checkbox"/> Cranes and rigging <input type="checkbox"/> Utilities marked 	<p>Training:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hazwaste (current) <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Competent person <input checked="" type="checkbox"/> Task-specific <input checked="" type="checkbox"/> FA/CPR <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Hazcom
<p>Underground Utilities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dig alert called <input type="checkbox"/> 3rd Party locator <input type="checkbox"/> As-builts reviewed <input type="checkbox"/> Interview site staff <input type="checkbox"/> Client review <input type="checkbox"/> soft locate necessary? 	<p>Incident Communications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Work stops until cleared by TM/CM <input type="checkbox"/> Immediate calls to TM/CM <input checked="" type="checkbox"/> Client notification <input type="checkbox"/> 24 hour notification setup <input checked="" type="checkbox"/> Clear communications 	<p>AHA's</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> reviewed and approved by HSM <input checked="" type="checkbox"/> on site and current <input checked="" type="checkbox"/> applicable for this day's work <input checked="" type="checkbox"/> Communication and incident processes included? 	

Field Notes (including observations from prior day, etc.):

Name (Print): David Resman
 Signature: *David Resman*

Date: 9/9/16

CH2MHILL

Pre-Task Safety Plan (PTSP) and Safety Meeting Sign-in Sheet

Project: DOR 670774.RT.07 Location: Kettle Falls Date: 9/13/16
 Supervisor: Marilyn Gauthier Job Activity: Sturgeon Tissue Sampling

Attendees:	Print Name	Sign Name
	<u>Kelly O'Neal</u>	<u>[Signature]</u>
	<u>Marilyn Gauthier</u>	<u>[Signature]</u>

List Tasks and verify that applicable AHAs have been reviewed:
Travel + work on water
cutting fish (knives)
ice on equipment

Tools/Equipment Required for Tasks (ladders, scaffolds, fall protection, cranes/rigging, heavy equipment, power tools):
Boat ice life jackets, fire extinguisher, knives, cut proof gloves, first aid kit, alouca

Potential H&S Hazards, including chemical, physical, safety, biological and environmental (check all that apply):

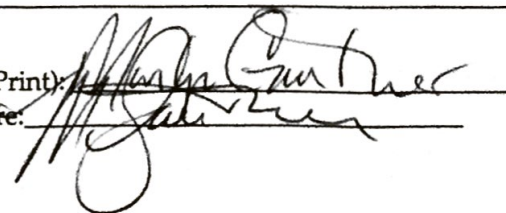
<input type="checkbox"/> Chemical burns/contact	<input type="checkbox"/> Trench, excavations, cave-ins	<input checked="" type="checkbox"/> Ergonomics
<input checked="" type="checkbox"/> Pressurized lines/equipment	<input checked="" type="checkbox"/> Overexertion	<input checked="" type="checkbox"/> Chemical splash
<input type="checkbox"/> Thermal burns	<input checked="" type="checkbox"/> Pinch points	<input checked="" type="checkbox"/> Poisonous plants/insects
<input checked="" type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Cuts/abrasions	<input checked="" type="checkbox"/> Eye hazards/flying projectile
<input checked="" type="checkbox"/> Weather conditions	<input checked="" type="checkbox"/> Spills	<input type="checkbox"/> Inhalation hazard
<input type="checkbox"/> Heights/fall > 6 feet	<input type="checkbox"/> Overhead Electrical hazards	<input checked="" type="checkbox"/> Heat/cold stress
<input type="checkbox"/> Noise	<input type="checkbox"/> Elevated loads	<input checked="" type="checkbox"/> Water/drowning hazard
<input type="checkbox"/> Explosion/fire	<input checked="" type="checkbox"/> Slips, trip and falls	<input type="checkbox"/> Heavy equipment
<input type="checkbox"/> Radiation	<input checked="" type="checkbox"/> Manual lifting	<input type="checkbox"/> Aerial lifts/platforms
<input type="checkbox"/> Confined space entry	<input type="checkbox"/> Welding/cutting	<input type="checkbox"/> Demolition
<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Security	<input checked="" type="checkbox"/> Poor communications

Other Potential Hazards (Describe):

Hazard Control Measures (Check All That Apply):

PPE <input type="checkbox"/> Thermal/lined <input checked="" type="checkbox"/> Eye <input checked="" type="checkbox"/> Dermal/hand <input type="checkbox"/> Hearing <input type="checkbox"/> Respiratory <input checked="" type="checkbox"/> Reflective vests <input type="checkbox"/> Flotation device <input type="checkbox"/> Hard Hat	Protective Systems <input type="checkbox"/> Sloping <input type="checkbox"/> Shoring <input type="checkbox"/> Trench box <input type="checkbox"/> Barricades <input type="checkbox"/> Competent person <input type="checkbox"/> Locate buried utilities <input type="checkbox"/> Daily inspections <input type="checkbox"/> Entry Permits/notification	Fire Protection <input checked="" type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire watch <input type="checkbox"/> Non-spark tools <input type="checkbox"/> Grounding/bonding <input type="checkbox"/> Intrinsically safe equipment	Electrical <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Grounded <input type="checkbox"/> Panels covered <input type="checkbox"/> GFCI/extension cords <input type="checkbox"/> Power tools/cord inspected <input type="checkbox"/> Overhead line clearance <input type="checkbox"/> Underground utils ID'd
Fall Protection <input type="checkbox"/> Harness/lanyards <input type="checkbox"/> Adequate anchorage <input type="checkbox"/> Guardrail system <input type="checkbox"/> Covered opening <input type="checkbox"/> Fixed barricades <input type="checkbox"/> Warning system	Air Monitoring <input type="checkbox"/> PID/FID <input type="checkbox"/> Detector tubes <input type="checkbox"/> Radiation <input type="checkbox"/> Personnel sampling <input type="checkbox"/> LEL/O2 <input type="checkbox"/> No visible dust <input type="checkbox"/> Other	Proper Equipment <input type="checkbox"/> Aerial lift/ladders/scaffolds <input type="checkbox"/> Forklift/heavy equipment <input type="checkbox"/> Backup alarms <input type="checkbox"/> Hand/power tools <input type="checkbox"/> Crane with current inspection <input type="checkbox"/> Proper rigging <input type="checkbox"/> Operator qualified	Welding & Cutting <input type="checkbox"/> Cylinders secured/capped <input type="checkbox"/> Cylinders separated/upright <input type="checkbox"/> Flash-back arrestors <input type="checkbox"/> No cylinders in CSE <input type="checkbox"/> Flame retardant clothing <input type="checkbox"/> Appropriate goggles
Confined Space Entry <input type="checkbox"/> Isolation <input type="checkbox"/> Air monitoring <input type="checkbox"/> Trained personnel <input type="checkbox"/> Permit completed <input type="checkbox"/> Rescue	Medical/ER <input checked="" type="checkbox"/> First-aid kit <input type="checkbox"/> Eye wash <input checked="" type="checkbox"/> FA-CPR trained personnel <input checked="" type="checkbox"/> Route to hospital	Heat/Cold Stress <input checked="" type="checkbox"/> Work/rest regime <input type="checkbox"/> Rest area <input checked="" type="checkbox"/> Liquids available <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Training	Vehicle/Traffic <input type="checkbox"/> Traffic control <input type="checkbox"/> Barricades <input type="checkbox"/> Flags <input type="checkbox"/> Signs
Permits <input type="checkbox"/> Hot work <input type="checkbox"/> Confined space <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Excavation <input type="checkbox"/> Demolition <input type="checkbox"/> Energized work	Demolition <input type="checkbox"/> Pre-demolition survey <input type="checkbox"/> Structure condition <input type="checkbox"/> Isolate area/utilities <input type="checkbox"/> Competent person <input type="checkbox"/> Hazmat present	Inspections: <input type="checkbox"/> Ladders/aerial lifts <input type="checkbox"/> Lanyards/harness <input type="checkbox"/> Scaffolds <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Drill rigs/geoprobe rigs <input type="checkbox"/> Cranes and rigging <input type="checkbox"/> Utilities marked	Training: <input checked="" type="checkbox"/> Hazwaste (current) <input type="checkbox"/> Construction <input type="checkbox"/> Competent person <input type="checkbox"/> Task-specific <input checked="" type="checkbox"/> FA/CPR <input type="checkbox"/> Confined Space <input type="checkbox"/> Hazcom
Underground Utilities <input type="checkbox"/> Dig alert called <input type="checkbox"/> 3 rd Party locator <input type="checkbox"/> As-builts reviewed <input type="checkbox"/> Interview site staff <input type="checkbox"/> Client review <input type="checkbox"/> soft locate necessary?	Incident Communications <input checked="" type="checkbox"/> Work stops until cleared by TM/CM <input type="checkbox"/> Immediate calls to TM/CM <input checked="" type="checkbox"/> Client notification <input checked="" type="checkbox"/> 24 hour notification setup <input checked="" type="checkbox"/> Clear communications	AHA's <input checked="" type="checkbox"/> Reviewed and approved by HSM <input checked="" type="checkbox"/> On site and current <input checked="" type="checkbox"/> Applicable for this day's work <input type="checkbox"/> Communication and incident processes included?	

Field Notes (including observations from prior day, etc.):

Name (Print): _____
 Signature: 

Date: 9/13/16

0730 - meet Kathy Cerone/EPA @ Celville
+ drive to Kettle Falls boat launch

0800 - met Megan
Justin
Olivia

Weather: 70-90°F
pt. cloudy. light
wind.

Math/CCT - survey boat

Denise - data

Hank - captain

Roger - deckhand

CCT + Spokane boats will be pulling
& resetting ~1000 lines with 40
hooks per line - checked 2c/day
= 800 hooks. | Safety: boating

from Marcus to Dalles. (See form)

0930 - CCT boat with sturgeon
at Marcus campground.

11:14 Fish ID EPA HS-07-003-B1

+ Stomach content - gritty, snails

1230 3 fileps collected.

EPA HS 08 001 B1

10 002 A1

07 003 B1

1340

03 004 C1

Location UCR Date 8/16 53
Project / Client Sturgeon Sampling 083016

1400 @ CET Boat N. of Evans

· v. Large Sturgeon (pics)

· 198 tag - wild

8' long

103 Kg

L, W, Blood, DNA cell by CCT
& released.

1446 EPAHS 09006 A1

· is very fatty.

meas @ 3' 8" length but

CCT assigned to A1 and

87.9 cm length

~~~~ confirm length class

~~~~ reassign - to A2.

seems that fish 006 & 007

tags were reversed -

based on wt + LN measures

reported. Switched

006 → A2

007 → A1

- Dumped carcasses mid. channel

+ they sank

1600 head back to KF Marina
from Bossburg area.

Rite in the Rain

To Do upon return

- dry ice / bag ice
- ✓ labels → scribe → bags
- coes (print after get pdf from scribe)
- ✓ data entry
- sharpen knives
- PIT tag reader codes

* 530 = 1730 @ hotel after
getting ice - only wet ice
no dry ice @ walmond

only ships on Tues + they didn't
receive any this week.

- * - ship - courier 2x/week on
wet ice?

Druckman cc'd KC on email

email/calls to Frank + MG, to
ID change management.

~~083016~~

0730 Meet Kathy + depart for Kettle Falls

0800 @ Kettle Falls boat launch to meet NPS:

Megan + Justin

Safety briefing - deer road hazards + sharps (see form)

0930 Met up with CCT Sturgeon boat at Marcus.

Weather: pt. cloudy + 70°F
light wind

2 sturgeon received from CCT: Hank, Denise, Roger.

Processed 9 fish COC

EPA HS 10-008 A1

08-009 C1

02-010 B1

07-011 B1

07-012 B1

06-013 A1

08-014 A1

08-015 A1

05-016 R1

Location UCR

Date 083116

Project / Client Sturgeon Sampling

- All fish were from marcos to north gorge
 1435 finished fish processing, had to depart before fillet from EPAHS 0817B2 - not collected
 → Tell ccy

1520 Returned to Kettle Falls Marina

- Processed samples for shipment
 1800 - Printed labels & COCs from Scribe @ Comfort Inn

1830 : Gave 2 coolers w/ samples to Spokane Carrier for 9 hr drive to ALS Kelso.

Cam
 083116

Location WER Date 09/01/16

57

Project / Client Sturgeon Sampling

✓ QAPP Status? → 2 day extension

✓ Tell CCT Need to recollect fish #17

0745 Meet Kathy + drive to
Kettle Falls Marina

0815 Meet NPS

Cam, Kelly, Kathy, Olivia
Megie + Justin - NPS

Weather: 70°F, Partly cloudy
+ light wind

Tail gate: weather (storms Fri)
off when lightning

509-634-1597 Hank

- Text to Hank # of fish

+ timing till return for
better coordination

- CCT/STI catching fewer
Sturgeon yesterday.

0845 @ Marcus for first live
pull w/ CCT: Hank,
Denise, Roger.

Water temp is 72°F

* 400g of group C
requested by Laura.

1007 3 fish processed @ Marcus
 EPA HS 10 017 A1
 09 018 A1
 08 019 B2

1207 5 fish processed @ Evans
 EPA HS 06 020 B2
 06 021 B2
 01 022 B2
 07 023 B2
 10 024 A2

cct/st1 have been hit + miss

North gerge set (Reach 2)

was a good catch w/ 10

↓
 1520 EPA HS 06 025 C1
 03 026 C1
 07 027 B2
 10 028 A2
 08 029 A2
 07 030 B2
 08 031 A2
 09 032 A2

+ Big guy ~ 79 kg we did
 not keep / released by cct
 - see photos

Location UCR Date 090116 59
Project / Client Sturgeon Sampling

13:07 - Hank told us next week they
will be fishing furs - Sat but
will not have any fish for us until
Wednesday (9/7)

- NPS staff? for boat?
- need WA boating license
to operate if Cit needs
→ down here staff
- weather man.

1520 Completed processing
the 8 fish

1600 Back at Kettle Marina.
Kathy, Car & Rachel
to check out North Area
of the site - BSB & DME.

1800 Back at Colville

~~090116
Car~~

Location UCR Date 090216
 Project / Client Sturgeon Sampling

0745 Depart Colville for Kettle
 Marina. Weather: pt. cloudy
 60°F; high of 70 expected.
 rain passed over last night.
 may get more today.

0810 @ Kettle Falls Marina
 met Kirk Holliday / NPS
 Kathy C. / EPA
 w/ Cam Irvine / CH
 + Kelly O'Neal / CH

CCT: Hank, Denise, Roger.

- Going to N. gorge + work
 Dams. only 6 sets to pull

Safety topic. bee stings. saw some
 yellow jackets at filet
 stations (on boat where we
 processed fish) yesterday.
 Banned in FAKit.

0852 Cougar in water, dead
 + bloated just N. of Marcus
 on route to first line pull. ^{OO}
photos

0924 - Q caught at N. Gorge

Location UCCR Date 090216 61
Project / Client Sturgeon Sampling

0935	2nd pull no fish
0945	3rd pull - 2 fish
	- these were shallow sets moving to deeper sets
1004	4th pull @ Evans
	0 fish
	- 5R pull CCT
	- were going to get a fish from STI Fisheries boat.
	- EPAWS 04033BZ
	2004
	L 136cm
	WT 17.50
	Size 470
11:00	2 more from CCT
	EPAHS 09034BZ
	1 10035AZ
1150	Depart Evans for Kettle Falls Marina
300	Pack Samples
320	Drive to Spokane & drop samples @ Courier
	09046 Car 2

62

Location UCR

Date 9/7/16

Project / Client Sturgeon sampling

194 site Air from Spokane s

46.4 cm

24.08 kg

985.120013038726

EPA-HS-03-039-C1

EPA-HS-03-039-C1

~~Kulpa~~

Location UCR Date 9/2/16

63

Project / Client Sturgeon Sampling

08:00 - Met @ Kettle Falls boat launch.

Sosh Weatherman captaining boat
w/deckhand Scott. Following the Colville
tribe: Hank, Denise, & Roger. Spokanes
have two boats on the water today.

CH2M team: Marilyn Granthier & Kelly O'Neal

09:20 - Chalk grade / Barnaby Island
1st set → no "C" size fish.

09:31 - Spokane boat has a fish for us

EPA-HS-06-062-C2

Fork length 138.3 cm

Weight 22.6 kg

PIT 985/200305/757

Brood Yr 2006

10:28 - Spokane boat has 2nd fish

EPA-HS-06-063-C2

Fork length 148.3 cm

20.98 kg

2006

P1 985/20030584035

11:07 - Spokanes (Andy) has 3rd fish for us
by French Rock

Location VCR Date 9/13
 Project / Client Sturgeon Sampling

EPA-MS-05-064-C32

Site 31

FL = 146.5 cm

W = 24.5 kg

BR = 2005

PIT = 985120030501479

12:30 - Spokane (Reuben) has ~~3rd~~^{4th} 'C' Ash

EPA-MS-02-065-C3

FL = 146.8 cm

W = 25.08 kg

BR = 2002

PIT = 999000000475990

13:40 - Spokane (Reuben) has fish

EPA-MS-02-066-C3

FL 157.5 cm

W 25.67 kg

BR 2007

985121025225039

Location UCR Date 9/13/16

Project / Client Sturgeon Sampling

14:16 - Colvilles (Hank) have "C" fish	
EPA - HS - 05 - 067 - C3	
FL 146.7cm	
W 25.6 kg	
BY 2005	
985.120030490868	
14:50 - Spokanes (Andy) have 2 more C fish	
EPA - HS - 01 - ⁰⁷² 068 - C3	
dark blue fish	
FL 149.4cm	
W 27.5 kg	
BY 2001	
Site 214	
PIT 985120014062140	
1426	5 fish
1626	processed
	072

light blue tub

(069)

Site 265

2nd processed

FL 140.8 cm

W

50.15

lbs

1536

→ 22.75 kg

BY = 2006

PIT 985120030379918

Reuben has 3 fish focus
on cutting board

#1

FL 140

W 19.76

BY 2007

P 985120032660100

070

#2 FL 138.5

W 21.16

BY 2006

PIT 985120030503234

(070)

third processed

15.53

#3 FL 145.4

W 25.24

BY 2005

PIT 985120030500973

~~072~~ MG

first processed

(068)

Appendix C

Field Change Forms

FIELD CHANGE REQUEST

Page 1 of 1 Field Change No.: 1 Project Number: 670274.FI.02

Project Name: White Sturgeon Tissue Sampling: Upper Columbia River Site CERCLA RI/FS

CHANGE REQUEST

Applicable

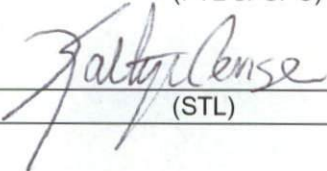
Reference: Quality Assurance Project Plan. Upper Columbia River Sturgeon Tissue Study Addendum No. 1 to the Quality Assurance Project Plan for the 2009 Fish Tissue Study

Description of Change: Replace acid/solvent decontamination of sample processing tools with scrubbing with Alconox® at the beginning of each day, followed by DI rinse, and site water rinse/scrub between fish.

Reason for Change: Unavailability of decontamination chemicals at the beginning of sampling.

Impact on Present and Completed Work: No impact expected. Teflon cutting surface and stainless steel knives are not a significant source of potential contamination.

Requested by:  Date: 09/18/16
(FTL or SPC)

Acknowledged by:  Date: 9/18/16
(STL)

PROJECT MANAGER APPROVAL

Final Disposition:

Approved/Disapproved by: _____ Date: _____

US EPA TOPO APPROVAL

Approved/Disapproved by: _____ Date: _____

FIELD CHANGE REQUEST

Page 1 of 1 Field Change No.: 2 Project Number: 670274.FI.02

Project Name: White Sturgeon Tissue Sampling: Upper Columbia River Site CERCLA RI/FS

CHANGE REQUEST

Applicable

Reference: Quality Assurance Project Plan. Upper Columbia River Sturgeon Tissue Study Addendum No. 1 to the Quality Assurance Project Plan for the 2009 Fish Tissue Study

Description of Change: Tissue storage on dry ice and shipping once a week may be revised in the field to storage on wet ice and shipping to the lab twice each week on wet ice. Tissues stored and shipped on wet ice would be received by the analytical lab within approximately 48 hours after collection.

Reason for Change: Unavailable/ inconsistent supply of dry ice locally.

Impact on Present and Completed Work: No impact expected.

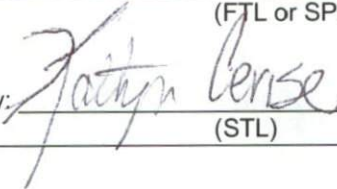
Requested by: _____



Date: 09/08/16

(FTL or SPC)

Acknowledged by: _____



Date: 9/8/16

(STL)

PROJECT MANAGER APPROVAL

Final Disposition:

Approved/Disapproved by: _____

Date: _____

US EPA TOPO APPROVAL

Approved/Disapproved by: _____

Date: _____

Appendix D
Lake Roosevelt Fisheries
Co-managers Field Records

SET AGENCY/PERSONNEL CCT / HE, DC, RF PICK AGENCY/PERSONNEL CCT / AE, OG, RF Size 20/0 10 / 1
 GEAR 600 ft setline. No. HOOKS SET/LOST Size 16/0 10 / 1 Size 18/0 10 / 1

SITE DESCRIPTION Colville River Right Near Shore
 SET COMMENTS calm overcast PICK COMMENTS overcast Lt breeze

RESERVOIR	GRTS SAMPLE #	LOCATION			SET DEPTH (m)	SET			PICK						
		rkm	Line end	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C		
FDR	045	upper	048.537458	118.110616	13.0	1	6	090609	14	17.8	1	6	090709	04	17.5
		lower	048.537299	118.110616	16.6										

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER	
					DISEASE	SCUTE SCARS	DEFOM	SCUTES REMOVED	OTC	STOMACH				DNA ID
1	WS	14	142.0	24.1	SN	1,8L	YM	N				FDR-WS-2016-1	FDR-WSD-2016-1	985120030389582
2	WS	14	131.7	18.7	SN	1,9L	YN	N				FDR-WS-2016-1	FDR-WSD-2016-1	985120030502219
3												FDR-WS-2016-1	FDR-WSD-2016-1	
4												FDR-WS-2016-1	FDR-WSD-2016-1	
5												FDR-WS-2016-1	FDR-WSD-2016-1	
6												FDR-WS-2016-1	FDR-WSD-2016-1	
7												FDR-WS-2016-1	FDR-WSD-2016-1	
8												FDR-WS-2016-1	FDR-WSD-2016-1	
9												FDR-WS-2016-1	FDR-WSD-2016-1	
10												FDR-WS-2016-1	FDR-WSD-2016-1	
11												FDR-WS-2016-1	FDR-WSD-2016-1	
12												FDR-WS-2016-1	FDR-WSD-2016-1	
13												FDR-WS-2016-1	FDR-WSD-2016-1	
14												FDR-WS-2016-1	FDR-WSD-2016-1	
15												FDR-WS-2016-1	FDR-WSD-2016-1	

KEY TO FIELDS
 Y = present/applied (record number in provided box) N = not present/not applied
 Y = present S = scar N = none
 Y = yes (describe in comments) N = no deformities
 Y = applied N = Not applied
 Y = fin tissue collected (record label ID) N = no sample
 Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

PIT
 EXTAG (external tag)
 DEFOM (Deformity)
 OTC (25mg/kg)
 DNA
 STOMACH

SPECIES
 WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 R = alive and released S = sacrificed D = dead at capture
 L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

LINE #	COMMENTS (deformities and other)
1	HATCHING FISH; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION; TRANSFERRED TO EPA FOR TOXICITY; BY 2006
2	" 1"; NO DEFORMS; " " ; " " ; B.Y. 2006; LEFT OVERCURE HAS EXTRA LOGS (FLAP)
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SET AGENCY/PERSONNEL CCT / HE, DC, RF PICK AGENCY/PERSONNEL CCT / HE, DC, RF
 GEAR 600 ft setline. No. HOOKS SET/LOST Size = 14/0 10 / / Size 16/0 10 / / Size 18/0 10 / / Size 20/0 10 / /
 SITE DESCRIPTION River Right Near shore opposite Boise
 SET COMMENTS Calvin Overcast PICK COMMENTS Turning calm

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)		SET			PICK									
		rkm	Line end	Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C							
FDR	050		upper	048.1611298	118.1129111	27.1	16	09	07	10	40	1699	16	09	08	10	31	1729
			lower	048.1611132	118.1129168	27.1	16	09	07	10	40							

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER
					D I S P	P E C T	SCUTE SCARS	P I T	EXTAG	DEFOM			
1	WS	20	111.6	10.19	S	N	1,10,2	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985-12101211691675
2	WS	14	103.2	7.34	S	N	1,10,2	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985-1200326407216
3	WS	14	96.8	6.19	S	N	1,10,2	Y	N	Y	FDR-WS-2016-	FDR-WSD-2016-	985-120032577018
4	WS	18	191.8	46.5	R	N	—	N	N	Y	FDR-WS-2016-327	FDR-WSD-2016-	985-1210016391602
5											FDR-WS-2016-	FDR-WSD-2016-	
6											FDR-WS-2016-	FDR-WSD-2016-	
7											FDR-WS-2016-	FDR-WSD-2016-	
8											FDR-WS-2016-	FDR-WSD-2016-	
9											FDR-WS-2016-	FDR-WSD-2016-	
10											FDR-WS-2016-	FDR-WSD-2016-	
11											FDR-WS-2016-	FDR-WSD-2016-	
12											FDR-WS-2016-	FDR-WSD-2016-	
13											FDR-WS-2016-	FDR-WSD-2016-	
14											FDR-WS-2016-	FDR-WSD-2016-	
15											FDR-WS-2016-	FDR-WSD-2016-	

KEY TO FIELDS
 SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 DISP (disposition) R = alive and released S = sacrificed D = dead at capture
 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)
 PIT Y = present/applied (record number in provided box) N = not present/not applied
 Y = present S = scar N = none
 EXTAG (external tag) Y = yes (describe in comments) N = no deformities
 DEFOM (Deformity) Y = applied N = Not applied
 OTC (25mg/kg) Y = fin tissue collected (record label ID) N = no sample
 DNA Y = Stomach collected N = Stomach not collected
 STOMACH Y = Stomach collected (type/color/number) Please enter in comments section
 EXTERNAL TAG DETAILS

16.26
6.17
10.19

LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION
2	" " ; NO DEFORMS; " "
3	" " ; MISLN ; " " ; 2008; TRANSFERED TO EPA FOR TOXICITY
4	NEW ADULT ; 4LB 5% ; ROB CURLED ; APPLIED PIT, 2L DNA, BLOOD ; HEALTHY LOOKING FISH
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SET AGENCY/PERSONNEL CCT / HE, DC, RF PICK AGENCY/PERSONNEL CCT / HE, DC, RF

GEAR 600 ft setline. No. HOOKS SET/LOST 14/0 10 / 1 Size 16/0 10 / 1 Size 20/0 10 / 1

SITE DESCRIPTION River Right Main Channel above HAAG Cove

SET COMMENTS Dredcast at 5. Green

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET		PICK		
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		DATE	TIME	DATE	TIME	TEMP °C
FDR	082	Line end	Latitude	32.9	DATE	TIME	DATE	TIME	16.81
		upper	048.566797		Y M D	h m	Y M D	h m	
		lower	048.56636	MIN	1 6	09 07 6 8 55	1 6	09 08 08 43	
				MAX					

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	AT CAPTURE				APPLIED				DNA ID	STOMACH ID	PIT NUMBER
					D I S P	P I T	SCUTE SCARS	EXTAG	DEFOM	P E C T	SCUTES REMOVED	P I T C A			
1	WS 16	149.9	26.5	SN 182	Y	N	N	B					FDR-WS-2016-	FDR-WSD-2016-	985-120030503580
2													FDR-WS-2016-	FDR-WSD-2016-	
3													FDR-WS-2016-	FDR-WSD-2016-	
4													FDR-WS-2016-	FDR-WSD-2016-	
5													FDR-WS-2016-	FDR-WSD-2016-	
6													FDR-WS-2016-	FDR-WSD-2016-	
7													FDR-WS-2016-	FDR-WSD-2016-	
8													FDR-WS-2016-	FDR-WSD-2016-	
9													FDR-WS-2016-	FDR-WSD-2016-	
10													FDR-WS-2016-	FDR-WSD-2016-	
11													FDR-WS-2016-	FDR-WSD-2016-	
12													FDR-WS-2016-	FDR-WSD-2016-	
13													FDR-WS-2016-	FDR-WSD-2016-	
14													FDR-WS-2016-	FDR-WSD-2016-	
15													FDR-WS-2016-	FDR-WSD-2016-	

KEY TO FIELDS

SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot

DISP (disposition) R = alive and released S = sacrificed D = dead at capture

PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray

SCUTE SCARS/REMOVED e.g., 1R, 3R 1, 2, 3 RAD/LAD (right/left anterior dorsal fin origin)

PIT Y = present/applied (record number in provided box) N = not present/not applied

EXTAG (external tag) Y = present S = scar N = none

DEFOM (Deformity) Y = yes (describe in comments) N = no deformities

OTC (25mg/kg) Y = applied N = Not applied

DNA Y = fin tissue collected (record label ID) N = no sample

STOMACH Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

COMMENTS (deformities and other)

1 HATCHERY FISH, NO DEFORMS; SACRIFICED FOR STOCK REDUCTIONS; 2000; TOOK BLOOD, FIN RAYS, + GONAD;
1MM MALE; THIN TESTIS HEAVILY EMBEDDED IN THICK ADIPOSE; TRANSFERRED TO GPA FOR TOXICITY

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LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH; RP 10%, SACRIFICED FOR STOCK REDUCTION; TRANSFERRED TO EPA FOR TOXICITY; 2004
2	HATCHERY FISH; MSRN; 11/11; 2004
3	HATCHERY FISH; MSLN; 11/11
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SET AGENCY/PERSONNEL CCT / HE, DC, RF PICK AGENCY/PERSONNEL CCT / HE, DC, RF Size 16/0 10 / 1 Size 20/0 10 / 1

GEAR 600 ft setline. No. HOOKS SET/LOST 14/0 10 / 1 Size 18/0 10 / 1

SITE DESCRIPTION River Right French Rocks MC PICK COMMENTS IMPLY LT NW Breeze

SET COMMENTS Next wind every 10 drops in deeper main

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET		PICK			
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		DATE	TIME	DATE	TIME	TEMP °C	TEMP °C
FDR	262	Line end	Longitude	38.1	DATE	TIME	DATE	TIME		
		upper	048.49559 118.117979		Y M D	h m	Y M D	h m	TEMP °C	TEMP °C
		lower	048.49291 118.118020	MIN	Y M D	h m	Y M D	h m	TEMP °C	TEMP °C
				MAX	1 6	09 12 09 58	1 6	09 13 13 23	17.29	

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER	
					SCUTE SCARS	EXTAG	DEFOM	SCUTES REMOVED	P I T C A	H O D N A				STOMACH
1	WS	20	90.8	5.83	N	128LAD	Y	N	N		FDR-WS-2016-	FDR-WSD-2016-	9.85	121028475300
2	WS	14	120.8	13.640	S	18L	Y	N	N		FDR-WS-2016-	FDR-WSD-2016-	9.85	120032589890
3	WS	18	132.8	16.38	S	18L	Y	N	N		FDR-WS-2016-	FDR-WSD-2016-	9.85	120030489360
4	WS	16	140.7	25.10	S	17L	Y	N	N		FDR-WS-2016-	FDR-WSD-2016-	9.85	120030490808
5	WS	18	236.6	120.5	R	N	N	N	N	2L	FDR-WS-2016-335	FDR-WSD-2016-	9.85	121006351551
6											FDR-WS-2016-	FDR-WSD-2016-		
7											FDR-WS-2016-	FDR-WSD-2016-		
8											FDR-WS-2016-	FDR-WSD-2016-		
9											FDR-WS-2016-	FDR-WSD-2016-		
10											FDR-WS-2016-	FDR-WSD-2016-		
11											FDR-WS-2016-	FDR-WSD-2016-		
12											FDR-WS-2016-	FDR-WSD-2016-		
13											FDR-WS-2016-	FDR-WSD-2016-		
14											FDR-WS-2016-	FDR-WSD-2016-		
15											FDR-WS-2016-	FDR-WSD-2016-		

KEY TO FIELDS

Y = present/applied (record number in provided box) N = not present/not applied

Y = present S = scar N = none

Y = yes (describe in comments) N = no deformities

Y = applied N = Not applied

Y = fin tissue collected (record label ID) N = no sample

Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/fin:ber) Please enter in comments section

EXTAG (external tag)

DEFOM (Deformity)

OTC (25mg/kg)

DNA

STOMACH

KEY TO FIELDS

WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot

R = alive and released S = sacrificed D = dead at capture

L = left ray R = right ray B = both rays N = neither ray

SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH, NO DEFORMS, SACRIFICED FOR STOCK REDUCTION
2	" " ; NO DEFORMS; " "
3	" " ; NO DEFORMS; " " ; TOOK BLOOD, GONAD, BOTH PEC FIN RAYS; 1MM MALE; THIN TESTIS EMBEDDED IN THIN KARBONS OF ADIPOSE TISSUE
4	" " ; NO DEFORMS; " " ; TOOK BLOOD, GONAD, + BOTH PEC FIN RAYS; 1MM FEMALE; OVARY HEAVILY EMBEDDED IN ADIPOSE TISSUE. 2005 BY ; TRANSFERRED TO EPA FOR TOXICITY
5	NEW ADULT; APPLIED PIT, 2L, DNA + BLOOD; NO DEFORMS; GIRTH WAS MASSIVE
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LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH; MSBN; SACRIFICED FOR STOCK REDUCTION; 2008 BY
2	" " ; MSUN; " " ; 2009 BY
3	" " ; DORSAL TIP CURLED; " " ; 2008 BY; TRANSFERRED TO EPA FOR TOXICITY; SKINNY FISH BUT LONG
4	" " ; NO DEFORMS; " " ; 2006 BY;
5	" " ; ILL CURVED; " " ; 2006 BY; TRANSFERRED TO EPA FOR TOXICITY
6	ADULT RECAP; 2L PIT; OLD DNA CLIP C-CAP; APPLIED DNA + BLOOD; HEALTHY LOOKING FISH
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14	
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SET AGENCY/PERSONNEL CCT / HE, DC, RF PICK AGENCY/PERSONNEL CCT / HE, DC, RF
 GEAR 600 ft. setline. Size = 14/0 10 / ✓ Size 16/0 10 / ✓ Size 18/0 10 / ✓ Size 20/0 10 / ✓
 SITE DESCRIPTION River Right opposite Marcus Island No. HOOKS SET/LOST 118, 108, 073
 SET COMMENTS SAPM4 Calm PICK COMMENTS Calm Overcast

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET		PICK			
		Line end	rkm		Latitude	Longitude	DATE	TIME	DATE	TIME
FDR	283	upper		048.167595	118.108073	11.9	17.55	16	09 07 19 15	17.87
		lower		048.167444	118.108151	11.9				

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DIP	AT CAPTURE			P E C T	APPLIED	DNA ID	STOMACH ID	PIT NUMBER
						SCUTE SCARS	P I T	EXTAG					
1	WS 14		75.4	3.02	S	N	123LAD	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985..121013236795
2	WS 16		105.9	8.00	S	N	131L	Y	N	Y	FDR-WS-2016-	FDR-WSD-2016-	985..121012681539
3	WS 14		121.0	12.82	S	M	19L	Y	N	Y	FDR-WS-2016-	FDR-WSD-2016-	985..120032584909
4	WS 16		131.8	17.07	S	N	16L	Y	N	B	FDR-WS-2016-	FDR-WSD-2016-	985..120018429853
5	WS 14		82.4	4.22	S	N	123LAD	Y	N	Y	FDR-WS-2016-	FDR-WSD-2016-	985..121023296291
6													
7													
8													
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11													
12													
13													
14													
15													

KEY TO FIELDS

SPECIES
 WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 R = alive and released S = sacrificed D = dead at capture
 L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R, 3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

EXTAG (external tag)
 Y = present S = scar N = none
DEFOM (Deformity)
 Y = yes (describe in comments) N = no deformities
DNA
 Y = fin tissue collected (record label ID) N = no sample
STOMACH
 Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

PIT
 Y = present/applied (record number in provided box) N = not present/not applied

COMMENTS (deformities and other)

LINE #

1 HATCHERY FISH; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION; TRANSFERRED TO EPA FOR TOXICITY; 2010

2 " " ; MSRN; " " ; " " ; 2008

3 " " ; MSBN; " " ; " " ; 2007

4 " " ; NO DEFORMS; " " ; 2004; GONAD; BLOOD; + BOTH PEC FIN RAYS TAKEN; 1MM MALE; GONAD HEAVILY EMBEDDED IN ADIPOSE TISSUE

5 " " ; MSRN; LP CURLED + 40%; SACRIFICED FOR STOCK REDUCTION; TRANSFERRED TO EPA FOR TOXICITY; 2010

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CCT / HE. DC. RF

PICK AGENCY/PERSONNEL

Size 14/0 10 / 16/0 10 / 20/0 10 /

Size 14/0 10 / 16/0 10 / 20/0 10 /

Size 14/0 10 / 16/0 10 / 20/0 10 /

Size 14/0 10 / 16/0 10 / 20/0 10 /

Size 14/0 10 / 16/0 10 / 20/0 10 /

Size 14/0 10 / 16/0 10 / 20/0 10 /

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Size 14/0 10 / 16/0 10 / 20/0 10 /

Size 14/0 10 / 16/0 10 / 20/0 10 /

SET AGENCY/PERSONNEL

GEAR 600 ft setline.

SITE DESCRIPTION

SET COMMENTS

No. HOOKS SET/LOST

Latitude

Longitude

Line end

upper

lower

SET DEPTH (m)

MIN

MAX

DATE

TIME

TEMP °C

DATE

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GRTS SAMPLE #

Line end

upper

lower

SET DEPTH (m)

MIN

MAX

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LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH, SACRIFICED FOR STOCK REDUCTION; 2010 BY ; TRANSFERRED TO EPA FOR TOXICITY ; NO DEFORMS
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CCT / HE, DC, RF

PICK AGENCY/PERSONNEL

GEAR 600 ft. setline. No. HOOKS SET/LOST Size 16/0 10 / / Size 18/0 10 / / Size 20/0 10 / /

CCT / HE, DC, RF

PICK AGENCY/PERSONNEL

SITE DESCRIPTION RUBY BELL MARCUS FKT SUPPLY CLOUDS EXFM

CCT / HE, DC, RF

PICK AGENCY/PERSONNEL

SET COMMENTS SUPPLY CLOUDS EXFM

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK											
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C							
FDR	402	Line end																	
		upper	048.1641027	118.109829	11.6	1	6	09	07	12	18	17.89	1	6	09	08	11	46	17.66
		lower	048.162873	118.109895	12.5	1	6	09	07	12	18								

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	AT CAPTURE				APPLIED				DNA ID	STOMACH ID	PIT NUMBER
					D I S P	P I T	SCUTE SCARS	EXTAG	DEFOM	P E C T	SCUTES REMOVED	P I T C A			
1	WS	10	13D5	17.45	S	N	1,10	Y	N	N	B		FDR-WS-2016-	FDR-WSD-2016-	985-120018379585
2	WS	18	97.2	6.06	S	N	123LAD	Y	N	N			FDR-WS-2016-	FDR-WSD-2016-	985-121012119134
3	WS	14	79.6	3.71	S	N	123RAD	Y	N	N			FDR-WS-2016-	FDR-WSD-2016-	985-121023452212
4													FDR-WS-2016-	FDR-WSD-2016-	
5													FDR-WS-2016-	FDR-WSD-2016-	
6													FDR-WS-2016-	FDR-WSD-2016-	
7													FDR-WS-2016-	FDR-WSD-2016-	
8													FDR-WS-2016-	FDR-WSD-2016-	
9													FDR-WS-2016-	FDR-WSD-2016-	
10													FDR-WS-2016-	FDR-WSD-2016-	
11													FDR-WS-2016-	FDR-WSD-2016-	
12													FDR-WS-2016-	FDR-WSD-2016-	
13													FDR-WS-2016-	FDR-WSD-2016-	
14													FDR-WS-2016-	FDR-WSD-2016-	
15													FDR-WS-2016-	FDR-WSD-2016-	

KEY TO FIELDS

SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 R = alive and released S = sacrificed D = dead at capture
 L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

EXTAG (external tag) Y = present/added (record number in provided box) N = not present/not applied
 DEFOM (Deformity) Y = present S = scar N = none
 OTC (25mg/kg) Y = yes (describe in comments) N = no deformities
 DNA Y = applied N = Not applied
 STOMACH Y = fin tissue collected (record label ID) N = no sample
 Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

COMMENTS (deformities and other)

LINE #

1 HATCHERY FISH; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION; TALK, BLOOD, GONAD + BOTH PEC FIN RAMEL
1MM MALE; THIN TESTIS EMPBEDDED IN THICK ADIPOSE TISSUE; STOMACH + DT FULL

2 " " ; NO DEFORMS; " " ; 2010 ; TRANSFERED TO SPA FOR TOXICITY

3 " " ; NO DEFORMS; " " ; 2010; " "

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CCT / H.E.D.C.R.F
 COT / H.E.D.C.R.F

SET AGENCY/PERSONNEL CCT / H.E.D.C.R.F PICK AGENCY/PERSONNEL CCT / H.E.D.C.R.F
 GEAR 600 ft setline. No. HOOKS SET/LOST 14/0 10/1 Size 16/0 10/1 Size 18/0 10/1 Size 20/0 10/1

SITE DESCRIPTION River Right Lower Basbars
 SET COMMENTS North Breeze Sunny Cool
 PICK COMMENTS Calvin Overcast

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)		SET			PICK				
		rkm	Line end	Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C		
FDR	427		upper	048.175809	118.105268	1	6	08291008	17.9%	1	6	08301326	18.71
			lower	048.175681	118.105431								

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISP	AT CAPTURE			DEFOM	P E C T	APPLIED	DNA ID	STOMACH ID	PIT NUMBER
						P	I	T						
1	WS	14	106.3	1.93	S	N	123	AD	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985-11210234616913
2	WS	14	87.9	5.58	S	N	116	L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985-1121006398160
3	WS	18	83.6	4.01	S	N	122	L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985-1121012609193
4	WS	18	106.7	7.56	S	N	186	L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985-1120030514876
5	WS	16	119.8	11.94	S	N	172	L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985-1120030500588
6	WS	16	116.3	11.62	S	N	172	L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985-1120030502904
7	WS	20	246.2	103.7	R	R	242	RR	Y	N	N	FDR-WS-2016-317	FDR-WSD-2016-	1116-1526665A
8												FDR-WS-2016-	FDR-WSD-2016-	
9												FDR-WS-2016-	FDR-WSD-2016-	
10												FDR-WS-2016-	FDR-WSD-2016-	
11												FDR-WS-2016-	FDR-WSD-2016-	
12												FDR-WS-2016-	FDR-WSD-2016-	
13												FDR-WS-2016-	FDR-WSD-2016-	
14												FDR-WS-2016-	FDR-WSD-2016-	
15												FDR-WS-2016-	FDR-WSD-2016-	

KEY TO FIELDS
 SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 DISP (disposition) R = alive and released S = sacrificed D = dead at capture
 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVE e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)
 PIT Y = present/applied (record number in provided box) N = not present/not applied
 EXTAG (external tag) Y = present S = scar N = none
 DEFOM (Deformity) Y = yes (describe in comments) N = no deformities
 OTC (25mg/kg) Y = applied N = Not applied
 DNA Y = fin tissue collected (record label ID) N = no sample
 STOMACH Y = Stomach collected N = Stomach not collected
 EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH; SACRIFICED FOR STOCK REDUCTION; TRANSFERRED TO ERA; NO DEFORMS
2	" " ; " " ; RP 40% ; TRANSFERRED TO ERA;
3	" " ; " " ; RP BP WAVED ; MSBN ; POSSIBLE FEMALE
4	" " ; " " ; LP 30% ; IMM FEMALE
5	" " ; " " ; NO DEFORMS ; FAT FISH ; IMM MALE ; TRANSFERRED TO ERA
6	" " ; " " ; NO DEFORMS ; FAT FISH ; IMM FEMALE
7	ADULT RECAP ; 2L, 2R, 8R, PIT, LP @ CAP ; APPLIED DNA BLOOD ; HEALTHY LOOKING FISH
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SET AGENCY/PERSONNEL *CCT / HE, DC, RF*

PICK AGENCY/PERSONNEL

GEAR 600 ft setline. No. HOOKS SET/LOST Size = 14/0 10 / ✓ Size 16/0 10 / ✓ Size 18/0 10 / ✓ Size 20/0 10 / ✓

SITE DESCRIPTION *Mid River down stream from East Swin Beach*

SET COMMENTS *Color fisher*

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK							
		Line end	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C			
FDR	430	upper	048.68748	118.02337	23.7	1	6	0830	1017	18.34	1	6	0831	0921	18.41
		lower	048.68586	118.02349											

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER	
					DISEPT	SCUTE SCARS	DEFOM	SCUTES REMOVED	POTCA	STOMACH				
1	WS	20	76.8	8.31	SNR3AD	4	N	Y				FDR-WS-2016-	FDR-WSD-2016-	985.121023179416
2	WS	18	15.6	11.07	SN1.0L	4	N	N				FDR-WS-2016-	FDR-WSD-2016-	985.121012719932
3												FDR-WS-2016-	FDR-WSD-2016-	
4												FDR-WS-2016-	FDR-WSD-2016-	
5												FDR-WS-2016-	FDR-WSD-2016-	
6												FDR-WS-2016-	FDR-WSD-2016-	
7												FDR-WS-2016-	FDR-WSD-2016-	
8												FDR-WS-2016-	FDR-WSD-2016-	
9												FDR-WS-2016-	FDR-WSD-2016-	
10												FDR-WS-2016-	FDR-WSD-2016-	
11												FDR-WS-2016-	FDR-WSD-2016-	
12												FDR-WS-2016-	FDR-WSD-2016-	
13												FDR-WS-2016-	FDR-WSD-2016-	
14												FDR-WS-2016-	FDR-WSD-2016-	
15												FDR-WS-2016-	FDR-WSD-2016-	

KEY TO FIELDS

SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot

DISP (disposition) R = alive and released S = sacrificed D = dead at capture

PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray

SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

PIT Y = present/applied (record number in provided box) N = not present/not applied

EXTAG (external tag) Y = present S = scar N = none

DEFOM (Deformity) Y = yes (describe in comments) N = no deformities

OTC (25mg/kg) Y = applied N = Not applied

DNA Y = fin tissue collected (record label ID) N = no sample

STOMACH Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/number) Please enter in **comments section**

LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH, SACRIFICED FOR STOCK REDUCTION; MSLN; TRANSFERRED TO EPA
2	" " ; " " ; NO DEFORMS; TRANSFERRED TO EPA
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SET AGENCY/PERSONNEL CCT / HE, DC, RF PICK AGENCY/PERSONNEL CCT / HE, DC, RF

GEAR 600 ft setline. No. HOOKS SET/LOST 14/0 10 / - Size 16/0 10 / - Size 20/0 10 / -

SITE DESCRIPTION River Left Shoulder Sun's Corner downstream Swain B

SET COMMENTS Calm Sunny PICK COMMENTS Calm partial Sand

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK								
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		DATE	TIME	TEMP °C	DATE	TIME	TEMP °C						
FDR	442		Latitude	5.8	Y	M	D	h	m	Y	M	D	h	m	TEMP °C	
		Line end	Longitude		Y	M	D	h	m	Y	M	D	h	m	TEMP °C	
		upper	048.168527	MIN	1	6	08	29	09	15	1	6	08	30	09	50
		lower	048.168374	MAX	1	6	08	29	09	15	1	6	08	30	09	50

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	AT CAPTURE			DEFOM	APPLIED	DNA ID	STOMACH ID	PIT NUMBER
					DISEPT	SCUTE SCARS	PIT					
1	WS	14	81.3	3.73	SN	1340	YN	N		FDR-WS-2016-	FDR-WSD-2016-	985.121023183278
2	WS	18	115.1	10.44	SN	192	YNN			FDR-WS-2016-	FDR-WSD-2016-	985.1200324551040
3										FDR-WS-2016-	FDR-WSD-2016-	
4										FDR-WS-2016-	FDR-WSD-2016-	
5										FDR-WS-2016-	FDR-WSD-2016-	
6										FDR-WS-2016-	FDR-WSD-2016-	
7										FDR-WS-2016-	FDR-WSD-2016-	
8										FDR-WS-2016-	FDR-WSD-2016-	
9										FDR-WS-2016-	FDR-WSD-2016-	
10										FDR-WS-2016-	FDR-WSD-2016-	
11										FDR-WS-2016-	FDR-WSD-2016-	
12										FDR-WS-2016-	FDR-WSD-2016-	
13										FDR-WS-2016-	FDR-WSD-2016-	
14										FDR-WS-2016-	FDR-WSD-2016-	
15										FDR-WS-2016-	FDR-WSD-2016-	

KEY TO FIELDS

SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
DISP (disposition) R = alive and released S = sacrificed D = dead at capture
PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

PIT Y = present/applied (record number in provided box) N = not present/not applied
EXTAG (external tag) Y = present S = scar N = none
DEFOM (Deformity) Y = yes (describe in comments) N = no deformities
OTC (25mg/kg) Y = applied N = Not applied
DNA Y = fin tissue collected (record label ID) N = no sample
STOMACH Y = Stomach collected N = Stomach not collected
EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH; SACRIFICED FOR EPA-TOXICITY; NO DEFORMS; SEX UNDETERMINED
2	" " ; " " ; NO DEFORMS ; IMM FEMALE
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CCT / HEDC, RF

PICK AGENCY/PERSONNEL

Size 16/0 10 / ✓

Size 18/0 10 / ✓

No. HOOKS SET/LOST

Size 20/0 10 / ✓

SITE DESCRIPTION Rever left @ North Gorge

PICK COMMENTS South Wind Overcast

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)		SET			PICK			
		rkm	Line end	Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C	
FDR	444		upper	048.78786	118.1008945	19.8	17.1	18.71	16	0901	1219	18.42
			lower	048.78625	118.1008948	19.8	17.1	18.71	16	0901	1219	18.42

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER
					D I S P	P I T	EXTAG	DEFOM	SCUTES REMOVED	P I T C A			
1	WS	16	220.5	75.7	R	L	2,2R,8R	Y	N	N	FDR-WS-2016-322	FDR-WSD-2016-1103453A	9110
2	WS	18	137.0	22.50	S	M	1,8L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985
3	WS	20	139.2	19.59	S	N	1,5L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985
4	WS	20	120.9	14.56	S	N	1,9L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985
5	WS	16	84.5	4.33	S	N	2,3L,4D	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985
6	WS	18	84.4	4.02	S	N	10L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985
7	WS	11	109.1	9.58	S	N	2,9L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985
8	WS	14	81.2	4.04	S	N	10L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985
9	WS	14	57.4	1.15	R	N	2,3L,4D	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985
10	WS	14	86.8	5.27	S	N	1,11L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985
11	WS	11	115.2	10.29	S	N	1,16L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985
12													
13													
14													
15													

KEY TO FIELDS

SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 DISP (disposition) R = alive and released S = sacrificed D = dead at capture
 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

PIT Y = present/applied (record number in provided box) N = not present/not applied
 EXTAG (external tag) Y = present S = scar N = none
 DEFOM (Deformity) Y = yes (describe in comments) N = no deformities
 OTC (25mg/kg) Y = applied N = Not applied
 DNA Y = fin tissue collected (record label ID) N = no sample
 STOMACH Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

LINE #	COMMENTS (deformities and other)
1	ADULT RECAP, 2L, 2R, RR, PIT, LP @ CAP; APPLIED DNA, BLOOD; HEALTHY LOOKING FISH
2	HATCHERY FISH; 2006 BY; SACRIFICED FOR STOCK REDUCTION; NO DEFORMS; TRANSFERRED TO EPA
3	" " ; 2003 BY ; " " ; NO DEFORMS; " " "
4	" " ; 2007 BY ; " " ; NO DEFORMS; " " "
5	" " ; BY 2010 ; " " ; NO DEFORMS; " " "
6	" " ; 2008 BY ; " " ; NO DEFORMS; " " "
7	" " ; SACRIFICED FOR STOCK REDUCTION; NO DEFORMS ; 2007 BY ; TRANSFERRED TO EPA TOXICITY
8	" " ; 2008 BY ; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION; TRANSFERRED TO EPA FOR TOXICITY
9	" " ; RELEASED; PIT NOT IN DATABASE; BP WAVED ; 6 PELVIC FINS WANTED
10	" " ; MSUN; RP 50%; 2009 BY ; SACRIFICED FOR STOCK REDUCTION ; TRANSFERRED TO EPA
11	" " ; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION
12	
13	
14	
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SET AGENCY/PERSONNEL CCT / HE DC RF PICK AGENCY/PERSONNEL CCT / HE DC RF
 GEAR 600 ft setline. Size = 14/0 10 / 10 Size 16/0 10 / 10 Size 18/0 10 / 10 Size 20/0 10 / 10
 SITE DESCRIPTION River Right of Road above North Corner of Lodge Pole Creek
 SET COMMENTS OVERCAST CALM HUMID PICK COMMENTS SUNNY CALM

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)		SET			PICK					
		rkm	Line end	Latitude	Longitude	MIN	MAX	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C	
FDR	451		upper	048.811065	118.010739	12.5		1 6	0830	1451	1 6	0831	1232	18.72
			lower	048.810979	118.009499	14.2		1 6	0830	1451	1 6	0831	1232	18.72

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISP	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER	
						P	E	C	P	O	D				SCUTES REMOVED
1	WS	14	102.3	1.67	SN	123LAD	Y	N	N				FDR-WS-2016-	FDR-WSD-2016-	985.121013456108
2	WS	10	97.9	0.59	SN	1.10L	Y	N	N				FDR-WS-2016-	FDR-WSD-2016-	985.121013180857
3	WS	14	87.8	4.06	SN	123LAD	Y	N	Y				FDR-WS-2016-	FDR-WSD-2016-	985.121012122961
4	WS	20	244.2	111.1	RB	2.28RY	Y	N	N				FDR-WS-2016-370	FDR-WSD-2016-	115.1013577A
5													FDR-WS-2016-	FDR-WSD-2016-	
6													FDR-WS-2016-	FDR-WSD-2016-	
7													FDR-WS-2016-	FDR-WSD-2016-	
8													FDR-WS-2016-	FDR-WSD-2016-	
9													FDR-WS-2016-	FDR-WSD-2016-	
10													FDR-WS-2016-	FDR-WSD-2016-	
11													FDR-WS-2016-	FDR-WSD-2016-	
12													FDR-WS-2016-	FDR-WSD-2016-	
13													FDR-WS-2016-	FDR-WSD-2016-	
14													FDR-WS-2016-	FDR-WSD-2016-	
15													FDR-WS-2016-	FDR-WSD-2016-	

KEY TO FIELDS
 SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 DISP (disposition) R = alive and released S = sacrificed D = dead at capture
 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)
 PIT Y = present/applied (record number in provided box) N = not present/not applied
 EXTAG (external tag) Y = present S = scar N = none
 DEFOM (Deformity) Y = yes (describe in comments) N = no deformities
 OTC (25mg/kg) Y = applied N = Not applied
 DNA Y = fin tissue collected (record label ID) N = no sample
 STOMACH Y = Stomach collected N = Stomach not collected
 EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

COMMENTS (deformities and other)

1 HATCHERY FISH; SACRIFICED FOR STOCK REDUCTION; NO DEFORMS; TRANSFERRED TO EPA FOR TOXICITY

2 " " ; " " ; NO DEFORMS; TRANSFERRED TO EPA FOR TOXICITY

3 " " ; " " ; MSRN; UCV STUNTED; TRANSFERRED TO EPA TO TOXICITY

4 ADULT RECAP; 2L, 2R, 8R, BP, PIT, OLD DNA SCAR @ CAP; TOOK BLOOD, DNA; HEALTHY FISH

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SET AGENCY/PERSONNEL CCT / HE, DC, RF PICK AGENCY/PERSONNEL CCT / HE, DC, RF
 GEAR 600 ft setline. No. HOOKS SET/LOST 10 / 1 Size 16/0 10 / 1 Size 18/0 10 / 1 Size 20/0 10 / 1
 SITE DESCRIPTION River left near shore above Marcus Jet
 SET COMMENTS Lt North Green Swamp Clear Cut Survey

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK									
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C					
FDR	453	upper	048.167285	118.00381	9.8	16	08	29	09	01	18.18	16	08	30	09	17	18.20
		lower	048.167242	118.004210	14.0	16	08	29	09	01	18.18	16	08	30	09	17	18.20

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISP	AT CAPTURE			DEFOM	P E C T	APPLIED	DNA ID	STOMACH ID	PIT NUMBER
						P	P	P						
1	WS	14	118.8	7.95	SN	110L	YN	Y				FDR-WS-2016-	FDR-WSD-2016-	985-171012701301
2												FDR-WS-2016-	FDR-WSD-2016-	
3												FDR-WS-2016-	FDR-WSD-2016-	
4												FDR-WS-2016-	FDR-WSD-2016-	
5												FDR-WS-2016-	FDR-WSD-2016-	
6												FDR-WS-2016-	FDR-WSD-2016-	
7												FDR-WS-2016-	FDR-WSD-2016-	
8												FDR-WS-2016-	FDR-WSD-2016-	
9												FDR-WS-2016-	FDR-WSD-2016-	
10												FDR-WS-2016-	FDR-WSD-2016-	
11												FDR-WS-2016-	FDR-WSD-2016-	
12												FDR-WS-2016-	FDR-WSD-2016-	
13												FDR-WS-2016-	FDR-WSD-2016-	
14												FDR-WS-2016-	FDR-WSD-2016-	
15												FDR-WS-2016-	FDR-WSD-2016-	

KEY TO FIELDS
 SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 DISP (disposition) R = alive and released S = sacrificed D = dead at capture
 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)
 PIT Y = present/applied (record number in provided box) N = not present/not applied
 Y = present S = scar N = none
 EXTAG (external tag) Y = yes (describe in comments) N = no deformities
 DEFOM (Deformity) Y = applied N = Not applied
 OTC (25mg/kg) Y = fin tissue collected (record label ID) N = no sample
 DNA Y = Stomach collected N = Stomach not collected
 STOMACH Y = Stomach collected N = Stomach not collected
 EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH, SACRIFICED FOR ERA-TOXICITY SAMPLING, MSBN; IMM. FEMALE
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SET AGENCY/PERSONNEL CCT / HE, DC, RF PICK AGENCY/PERSONNEL CCT / AE, DC, RF
 GEAR 600 ft setline. No. HOOKS SET/LOST 14/0 10 / 1 Size 16/0 10 / 1 Size 18/0 10 / 1 Size 20/0 10 / 1

SITE DESCRIPTION mid River Estuary
 SET COMMENTS Calvin Swamy PICK COMMENTS South Wind Survey

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK					
		Line end	Latitude		Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C		
FDR	406	upper	048.169315	118.027116	22.3	1	6	08310949	18.43	1	6	09010924	18.38
		lower	048.169165	118.026333	22.3	1	6	08310949	18.43	1	6	09010924	18.38

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	AT CAPTURE		DEFOM	APPLIED			DNA ID	STOMACH ID	PIT NUMBER
					D I S P	P I T		P E C T	SCUTE SCARS	EXTAG			
1	WS	16	89.6	5.51	S	N	110L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985.12101210121517
2	WS	14	129.1	16.30	S	N	18L	Y	N	Y	FDR-WS-2016-	FDR-WSD-2016-	985.12101210121517
3	WS	16	120.0	12.85	S	N	18L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985.12101210121517
4	WS	14	105.1	7.89	S	N	13L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985.12101210121517
5	WS	14	104.4	7.92	S	N	17L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985.12101210121517
6	WS	14	89.7	5.81	S	N	13LAD	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985.12101210121517
7	WS	14	91.3	5.70	S	N	13LAD	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985.12101210121517
8	WS	18	85.3	4.83	S	N	13LAD	Y	N	Y	FDR-WS-2016-	FDR-WSD-2016-	985.12101210121517
9	WS	14	89.9	5.75	S	N	18L	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985.12101210121517
10	WS	14	86.2	5.25	S	N	13LAD	Y	N	N	FDR-WS-2016-	FDR-WSD-2016-	985.12101210121517
11													
12													
13													
14													
15													

KEY TO FIELDS
 SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 DISP (disposition) R = alive and released S = sacrificed D = dead at capture
 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

EXTAG (external tag)
 DEFOM (Deformity) Y = yes (describe in comments) N = no deformities
 OTC (25mg/ke) Y = applied N = Not applied
 DNA Y = fin tissue collected (record label ID) N = no sample
 STOMACH Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

PIT
 Y = present/applied (record number in provided box) N = not present/not applied
 Y = present S = scar N = none
 Y = yes (describe in comments) N = no deformities
 Y = applied N = Not applied
 Y = fin tissue collected (record label ID) N = no sample
 Y = Stomach collected N = Stomach not collected

LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION
2	HATCHERY FISH; BY 2006; RP 100; SACRIFICED FOR STOCK REDUCTION; TRANSFERRED TO EPA FOR STOCK REDUCTION
3	" " ; BY 2006; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION; TRANSFERRED TO EPA FOR STOCK REDUCTIONS
4	" " ; BY 2001; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION; TRANSFERRED TO EPA FOR TOXICITY
5	" " ; BY 2007; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION; " "
6	" " ; BY 2010; NO DEFORMS; " " ; " " ;
7	" " ; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION;
8	" " ; MSLN, RP 100; SACRIFICED FOR STOCK REDUCTION
9	" " ; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION
10	" " ; NO DEFORMS; " " ;
11	" " ;
12	" " ;
13	
14	
15	

SET AGENCY/PERSONNEL *CCT / HE, D.C. RE* PICK AGENCY/PERSONNEL *CCT / HE, D.C. RE*
 GEAR 600 ft. setline. No. HOOKS SET/LOST Size 14/0 10 / *10* Size 16/0 10 / *10* Size 18/0 10 / *10* Size 20/0 10 / *10*

SITE DESCRIPTION *River left near shore Bashing off rocks sm*
 SET COMMENTS *moved off Maris about 5m & start because of shallow* PICK COMMENTS *Calm Clear*

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET		PICK										
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		DATE	TIME	DATE	TIME	TEMP °C	TEMP °C							
FDR	471		Latitude	6.4	Y	M	D	h	m	Y	M	D	h	m	TEMP °C	TEMP °C	
		Line end	Longitude	MIN	1	6	08	30	14	25	1	6	08	31	11	45	18.76
		upper	048.176966	118.102564													
		lower	048.176887	118.102759													

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER	
					P	P	P	SCUTES REMOVED	P	O				D
1	WS	4	106.3	7.75	SN	19L	YN	N				FDR-WS-2016-	FDR-WSD-2016-	985-120032633230
2	WS	4	117.2	13.44	SN	18L	YN	N				FDR-WS-2016-	FDR-WSD-2016-	985-120032653596
3	WS	4	115.5	11.02	SN	18L	YN	Y				FDR-WS-2016-	FDR-WSD-2016-	985-120030521109
4												FDR-WS-2016-	FDR-WSD-2016-	
5												FDR-WS-2016-	FDR-WSD-2016-	
6												FDR-WS-2016-	FDR-WSD-2016-	
7												FDR-WS-2016-	FDR-WSD-2016-	
8												FDR-WS-2016-	FDR-WSD-2016-	
9												FDR-WS-2016-	FDR-WSD-2016-	
10												FDR-WS-2016-	FDR-WSD-2016-	
11												FDR-WS-2016-	FDR-WSD-2016-	
12												FDR-WS-2016-	FDR-WSD-2016-	
13												FDR-WS-2016-	FDR-WSD-2016-	
14												FDR-WS-2016-	FDR-WSD-2016-	
15												FDR-WS-2016-	FDR-WSD-2016-	

KEY TO FIELDS

SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 DISP (disposition) R = alive and released S = sacrificed D = dead at capture
 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

PIT Y = present/applied (record number in provided box) N = not present/not applied
 EXTAG (external tag) Y = present S = scar N = none
 DEFOM (Deformity) Y = yes (describe in comments) N = no deformities
 OTC (25mg/kg) Y = applied N = Not applied
 DNA Y = fin tissue collected (record label ID) N = no sample
 STOMACH Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH, SACRIFICED FOR STOCK REDUCTION, NO DEFORMS; TRANSFERRED TO EPA
2	" " " NO DEFORMS; JCL LOOKS LIKE IT IS HEALED, OLD GEAR DAMAGE FAT FISH; TRANSFERRED TO EPA
3	" " " ; LP WAVED; TRANSFERRED TO EPA
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SET AGENCY/PERSONNEL CCT / HE, DC, RF PICK AGENCY/PERSONNEL CCT / HE, DC, RF
 GEAR 600 ft setline. No. HOOKS SET/LOST Size 14/0 10 / 10 / 10 / Size 16/0 10 / 10 / 10 / Size 20/0 10 / 10 / 10 /
 SITE DESCRIPTION River right off summer dock
 SET COMMENTS South wind sandy PICK COMMENTS Overcast at beach wind cool

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET		PICK	
		Latitude	Longitude		DATE	TIME	DATE	TIME
FDR	499	Line end		MIN 18.3 MAX 19.9	DATE	TIME	DATE	TIME
		upper	048.694119		118.102886	1 6 09 01	10 38	1 6 09 02
		lower	048.69245	118.102843				

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISP	AT CAPTURE			DEFOM	P E C T	APPLIED	DNA ID	STOMACH ID	PIT NUMBER
						P E C T	SCUTE SCARS	P I T						
1	WS	M	97.8	4.81	S	N	L	L	Y	N	N	FDR-WS-2016	FDR-WSD-2016	985.121012171808
2	WS	L	81.9	4.50	S	N	L	L	Y	N	Y	FDR-WS-2016	FDR-WSD-2016	985.121012185873
3												FDR-WS-2016	FDR-WSD-2016	
4												FDR-WS-2016	FDR-WSD-2016	
5												FDR-WS-2016	FDR-WSD-2016	
6												FDR-WS-2016	FDR-WSD-2016	
7												FDR-WS-2016	FDR-WSD-2016	
8												FDR-WS-2016	FDR-WSD-2016	
9												FDR-WS-2016	FDR-WSD-2016	
10												FDR-WS-2016	FDR-WSD-2016	
11												FDR-WS-2016	FDR-WSD-2016	
12												FDR-WS-2016	FDR-WSD-2016	
13												FDR-WS-2016	FDR-WSD-2016	
14												FDR-WS-2016	FDR-WSD-2016	
15												FDR-WS-2016	FDR-WSD-2016	

KEY TO FIELDS
 PIT Y = present/applied (record number in provided box) N = not present/not applied
 EXTAG (external tag) Y = present S = scar N = none
 DEFOM (Deformity) Y = yes (describe in comments) N = no deformities
 OTC (25mg/kg) Y = applied N = Not applied
 DNA Y = fin tissue collected (record label ID) N = no sample
 STOMACH Y = Stomach collected N = Stomach not collected
 EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

SPECIES WS = white sturgeon; NP = Northern Pikeminnow; BB = Burbot
DISP (disposition) R = alive and released S = sacrificed D = dead at capture
PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

COMMENTS (deformities and other)

1 HATCHERY FISH; 2009 BY ; NO DEFORMS; SACRIFICED FOR STOCK REDUCTION; TRANSFERRED TO EPA FOR TOXICITY

2 " " ; 2010 BY ; MSBN ; " " ; " " ;

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SET AGENCY/PERSONNEL CCT / HE, DC, RF PICK AGENCY/PERSONNEL CCT / HE, DC, RF
 GEAR 600 ft setline. No. HOOKS SET/LOST 16 / 10 Size 16/0 10 / 10 Size 18/0 10 / 10 Size 20/0 10 / 10
 SITE DESCRIPTION Five Right opposite Chick Beach 444
 SET COMMENTS Overcast calm PICK COMMENTS LT South Greeno Saw clear

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET		PICK			
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		DATE	TIME	DATE	TIME	TEMP °C	TEMP °C
FDR	502	Line end	Latitude	17.3	DATE	TIME	DATE	TIME	18.08	18.99
		upper	048.181458		Y M D	h m	Y M D	h m		
		lower	048.181364	MIN	16	0830	1449	16	0831	1334
				MAX	19.5					

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISP	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER	
						P E C T	SCUTE SCARS	P I T	EXTAG	DEFOM	P E C T				SCUTES REMOVED
1	WS	16	113.2	10.10	SN	1,7L	Y	N	Y				FDR-WS-2016-	FDR-WSD-2016-	985.1200210978257
2	WS	16	116.5	10.30	SN	1,10L	Y	N	Y				FDR-WS-2016-	FDR-WSD-2016-	985.120032627590
3	WS	14	48.7	1.33	RN	123RAD	Y	N	Y				FDR-WS-2016-	FDR-WSD-2016-	900.2540001166666
4	WS	20	106.6	7.86	SN	1,9L	Y	N	Y				FDR-WS-2016-	FDR-WSD-2016-	985.1211612172794
5	WS	18	227.7	94.3	RR	2L	Y	N	N				FDR-WS-2016-324	FDR-WSD-2016-	985.120030487495
6													FDR-WS-2016-	FDR-WSD-2016-	
7													FDR-WS-2016-	FDR-WSD-2016-	
8													FDR-WS-2016-	FDR-WSD-2016-	
9													FDR-WS-2016-	FDR-WSD-2016-	
10													FDR-WS-2016-	FDR-WSD-2016-	
11													FDR-WS-2016-	FDR-WSD-2016-	
12													FDR-WS-2016-	FDR-WSD-2016-	
13													FDR-WS-2016-	FDR-WSD-2016-	
14													FDR-WS-2016-	FDR-WSD-2016-	
15													FDR-WS-2016-	FDR-WSD-2016-	

KEY TO FIELDS

SPECIES WS = white sturgeon; NP = Northern Pikeminnow; BB = Burbot
 DISP (disposition) R = alive and released S = sacrificed D = dead at capture
 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

PIT Y = present/applied (record number in provided box) N = not present/not applied
 Y = present S = scar N = none
EXTAG (external tag) Y = yes (describe in comments) N = no deformities
DEFOM (Deformity) Y = applied N = Not applied
OTC (25mg/kg) Y = fin tissue collected (record label ID) N = no sample
DNA Y = Stomach collected N = Stomach not collected
STOMACH Y = Stomach collected N = Stomach not collected
EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH; SACRIFICED FOR STOCK REDUCTION; RP 40920; TRANSFERRED TO EPA 2006 BY
2	" " ; " " ; MSBN ; TRANSFERRED TO EPA ; 2008 BY
3	123 BAD; HATCHERY FISH; LP CURLED; RELEASED
4	HATCHERY FISH; SACRIFICED FOR STOCK REDUCTION; MSRN; 2008 BY
5	ADULT RECAP; 2L, PIT, RP, E CAP; DNA BLOOD APPLIED; FISHING LURE COMING OUT VENT!; NO SPAG TAGSNAR; POSSIBLE LP; POSSIBLE SURGERY SCAR
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SET AGENCY/PERSONNEL CCT / HE.DC.RF PICK AGENCY/PERSONNEL CCT / HE.DC.RF Size 16/0 10 / Size 18/0 10 / Size 20/0 10 /

GEAR 600 ft setline. No. HOOKS SET/LOST Size 14/0 10 /

SITE DESCRIPTION Mid River Left M. Marker 110 ft PICK COMMENTS Wind from South Sunny

SET COMMENTS Clear calm sunny

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET		PICK						
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	DATE	TIME			
FDR	509			23.4									
		upper	048.167737	118.108943	21.2								
		lower	048.167676	118.103128	23.4								

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISP	AT CAPTURE		DEFORM	P E C T	APPLIED					DNA ID	STOMACH ID	PIT NUMBER
						SCUTE SCARS	P I T			EXTAG	DEFOM	P E C T	SCUTES REMOVED	P O D N A			
1	WS 10		73.6	3.20	S	NP	Y	N	Y						FDR-WS-2016-	FDR-WSD-2016-	985...1210231848169
2	WS 14		85.4	4.52	S	NP	Y	N	Y						FDR-WS-2016-	FDR-WSD-2016-	985...121006349972
3	WS 18		109.2	9.75	S	NP	Y	N	Y						FDR-WS-2016-	FDR-WSD-2016-	985...120032053047
4															FDR-WS-2016-	FDR-WSD-2016-	
5															FDR-WS-2016-	FDR-WSD-2016-	
6															FDR-WS-2016-	FDR-WSD-2016-	
7															FDR-WS-2016-	FDR-WSD-2016-	
8															FDR-WS-2016-	FDR-WSD-2016-	
9															FDR-WS-2016-	FDR-WSD-2016-	
10															FDR-WS-2016-	FDR-WSD-2016-	
11															FDR-WS-2016-	FDR-WSD-2016-	
12															FDR-WS-2016-	FDR-WSD-2016-	
13															FDR-WS-2016-	FDR-WSD-2016-	
14															FDR-WS-2016-	FDR-WSD-2016-	
15															FDR-WS-2016-	FDR-WSD-2016-	

KEY TO FIELDS

SPECIES WS = white sturgeon; NP = Northern Pikeminnow; BB = Burbot
DISP (disposition) R = alive and released S = sacrificed D = dead at capture
PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
SCUTE SCARS/REMOVE e.g., 1R, 3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

PIT Y = present/applied (record number in provided box) N = not present/not applied
EXTAG (external tag) Y = present S = scar N = none
DEFOM (Deformity) Y = yes (describe in comments) N = no deformities
OTC (25mg/kg) Y = applied N = Not applied
DNA Y = fin tissue collected (record label ID) N = no sample
STOMACH Y = Stomach: collected N = Stomach not collected
EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

LINE #	COMMENTS (deformities and other)
1	HATCHERY FISH; MSBN; 200 BY; SACRIFICED FOR STOCK REDUCTION; TRANSFERRED TO EPA FOR TOXICITY; 1 SKAWED HEAD
2	HATCHERY FISH; 2009 BY; SACRIFICED FOR STOCK REDUCTION; NO DEFERMS; TRANSFERRED TO EPA FOR TOXICITY
3	HATCHERY FISH; 2008 BY; MSLN; SACRIFICED FOR STOCK REDUCTION; TRANSFERRED TO EPA FOR TOXICITY
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STJ, RS R P DC, STI, RS R P DC

SET AGENCY/PERSONNEL: PICK AGENCY/PERSONNEL: No. HOOKS SET/LOST: Size 16/0 10 / 10 Size 18/0 10 / 10 Size 20/0 10 / 10

SITE DESCRIPTION: MC south of chile grade
 SET COMMENTS: PICK COMMENTS:

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK												
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C								
FDR	227		418.4421116	418.4421116	MIN	39.5														
			418.4420011	418.4420011	MAX	55.0														

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISPOSITION	AT CAPTURE			P E C T	D E F O M	P I T	S C U T E S R E M O V E D	A P P L I E D	D N A I D	S T O M A C H I D	P I T N U M B E R
						P	P	P								
1	WS	14	86.1	5.25	SM	1,11C	Y	N	N	N	N	N	FDR-WS-2016-	FDR-WS-2016-F039	985112110121612198321	
2	WS	18	86.7	5.22	SM	2,12	Y	N	Y	N	N	N	FDR-WS-2016-	FDR-WS-2016-F041	98511211012171819561	
3	WS	16	97.8	6.54	SM	12340	Y	N	Y	N	N	N	FDR-WS-2016-	FDR-WS-2016-F048	985112110121312311791	
4	WS	16	93.2	6.45	SM	12340	Y	N	N	N	N	N	FDR-WS-2016-	FDR-WS-2016-F055	98511211012131244791	
5	WS	16	121.2	13.43	SM	1,4C	Y	N	N	N	N	N	FDR-WS-2016-	FDR-WS-2016-F049	98511201016104802161	
6	WS	10	105.5	9.43	SM	1,9C	Y	N	N	N	N	N	FDR-WS-2016-	FDR-WS-2016-F051	985112010132254121511	
7	WS	16	138.3	22.6	SM	1,8C	Y	N	N	N	N	N	FDR-WS-2016-	FDR-WS-2016-F054	98511201013051175791	
8													FDR-WS-2016-			
9													FDR-WS-2016-			
10													FDR-WS-2016-			
11													FDR-WS-2016-			
12													FDR-WS-2016-			
13													FDR-WS-2016-			
14													FDR-WS-2016-			
15													FDR-WS-2016-			

KEY TO FIELDS
 SPECIES: WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 DISP (disposition): R = alive and released; S = sacrificed; D = dead at capture
 PECT (pectoral fin ray): L = left ray; R = right ray; B = both rays; N = neither ray
 SCUTE SCARS/REMOVEVEC e.g., 1R,3R: 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)
 PIT: Y = present/applied (record number in provided box); N = not present/not applied
 EXTAG (external tag): Y = present; S = scar; N = none
 DEFOM (Deformity): Y = yes (describe in comments); N = no deformities
 OTC (25mg/kg): Y = applied; N = Not applied
 DNA: Y = fin tissue collected (record label ID); N = no sample
 STOMACH: Y = stomach collected; N = Stomach not collected
 EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

STI, RS RPOC

PICK AGENCY/PERSONNEL

Size 18/0 10 / 10

Size 16/0 10 / 10

Size 14/0 10 / 10

STI, RS RPOC

No. HOOKS SET/LOST

SITE DESCRIPTION West shore above Emily Rocks

PICK COMMENTS

SET COMMENTS

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK				
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C
FDR	138		48.50624	118.117939	MIN	44.9	160912	1249	166	160913	1211	165
			48.50503	118.118029	MAX	46.3						

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISPOSITION	AT CAPTURE			DEFOM	P E C T	APPLIED	DNA ID	STOMACH ID	PIT NUMBER
						P	I	T						
1	WS	20	146.8	75.08	S	M	1,4C	Y	N	N	N	FDR-WS-2016-	F061	91990090042599101
2	WS	16	125.3	16.16	S	M	1,7C	Y	N	N	N	FDR-WS-2016-	F063	918511290131042993101
3	WS	18	122.3	12.32	S	N	1,10	Y	M	Y	N	FDR-WS-2016-	F065	91851121011211268681
4	WS	14	118.3	12.42	S	M	1,8C	Y	M	N	N	FDR-WS-2016-	F067	91851121013215947491
5												FDR-WS-2016-		
6												FDR-WS-2016-		
7												FDR-WS-2016-		
8			LN #1									FDR-WS-2016-		
9												FDR-WS-2016-		
10												FDR-WS-2016-		
11												FDR-WS-2016-		
12												FDR-WS-2016-		
13												FDR-WS-2016-		
14												FDR-WS-2016-		
15												FDR-WS-2016-		

KEY TO FIELDS

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 R = alive and released S = sacrificed D = dead at capture
 L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVEVEC e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

EXTAG (external tag)
 DEFOM (Deformity)
 OTC (25mg/kg)
 DNA
 STOMACH
 EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

PIT
 Y = present/applied (record number in provided box) N = not present/not applied
 Y = present S = scar N = none
 Y = yes (describe in comments) N = no deformities
 Y = applied N = Not applied
 Y = fin tissue collected (record label ID) N = no sample
 Y = Stomach collected N = Stomach not collected

STI, RS RPOC

STI, RS RPOC

SET AGENCY/PERSONNEL

PICK AGENCY/PERSONNEL

GEAR 600 ft setline.

No. HOOKS SET/LOST

Size = 14/0 10 / 14

Size 16/0 10 / 10

Size 18/0 10 / 10

Size 20/0 10 / 14

SITE DESCRIPTION

Mc Bradley BL

SET COMMENTS

PICK COMMENTS

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK					
		Line end	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C	
FDR	166	upper	48-51.668	118.116788	24.0	16	09	12	16	09	13	10	10
		lower	48-51.506	118.116878	25.2	16	09	12	16	09	13	10	10

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISPOSITION	AT CAPTURE			DEFOM	P E C T	APPLIED	DNA ID	STOMACH ID	PIT NUMBER
						P I T	SCUTE SCARS	EXTAG						
1	WS	16	99.0	9.43	S	N	2.6C	Y	N	N	N	FDR-WS-2016-	FDR-WSD-2016-6069	985112100321428009
2	WS	14	157.5	25.67	S	M	1.4C	Y	N	N	N	FDR-WS-2016-	FDR-WSD-2016-6071	98511210215121510391
3	WS	16	110.5	8.90	S	N	1.9C	Y	N	N	N	FDR-WS-2016-	FDR-WSD-2016-6073	98511210112168952151
4	WS											FDR-WS-2016-		
5			LN#2	samped								FDR-WS-2016-		
6												FDR-WS-2016-		
7												FDR-WS-2016-		
8												FDR-WS-2016-		
9												FDR-WS-2016-		
10												FDR-WS-2016-		
11												FDR-WS-2016-		
12												FDR-WS-2016-		
13												FDR-WS-2016-		
14												FDR-WS-2016-		
15												FDR-WS-2016-		

KEY TO FIELDS

SPECIES
 WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 DISP (disposition) R = alive and released S = sacrificed D = dead at capture
 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

PIT
 Y = present/applied (record number in provided box) N = not present/not applied
 Y = present S = scar N = none
 Y = yes (describe in comments) N = no deformities
 Y = applied N = Not applied
 Y = fin tissue collected (record label ID) N = no sample
 Y = Stomach collected N = Stomach not collected

EXTAG (external tag)
 DEFOM (Deformity) N = no deformities
 OTC (25mg/kg) N = not applied
 DNA
 STOMACH
 EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

STZ, RS RPOC

STZ, RS RPOC

SET AGENCY/PERSONNEL STZ, RS RPOC PICK AGENCY/PERSONNEL STZ, RS RPOC
 GEAR 600 ft setline. No. HOOKS SET/LOST Size 14/0 10 / 10 Size 16/0 10 / 10 Size 18/0 10 / 10 Size 20/0 10 / 10

SITE DESCRIPTION East shore above Bridgeway Rd
 SET COMMENTS

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK				
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C
FDR	343	upper	41.8 15 22 9 12	118 11 43 18 8	20.3	16 09 12 13 11	16 51	16 51	16 51	16 51	16 51	16 51
		lower	41.8 52 12 8	118 11 48 14 7	46.1							

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISPOSITION	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER		
						P E S P	SCUTE SCARS	P I T	EXTAG	DEFOM	P E C T				SCUTES REMOVED	P I T N A
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																

KEY TO FIELDS
 SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 DISP (disposition) R = alive and released S = sacrificed D = dead at capture
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 SCUTE SCARS/REMOVEVEC e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)
 PIT Y = present/applied (record number in provided box) N = not present/not applied
 EXTAG (external tag) Y = present S = scar N = none
 DEFOM (Deformity) Y = yes (describe in comments) N = no deformities
 OTC (25mg/kg) Y = applied N = Not applied
 DNA Y = fin tissue collected (record label ID) N = no sample
 STOMACH Y = Stomach collected N = Stomach not collected
 EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

STI / R5 RPOC

SET AGENCY/PERSONNEL PICK AGENCY/PERSONNEL /
 GEAR 600 ft. setline. Size =14/0 10 / No. HOOKS SET/LOST Size 16/0 10 / Size 18/0 10 /

SITE DESCRIPTION
 SET COMMENTS

PICK COMMENTS

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK												
		Line end	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C								
FDR	243	rkm																		
		upper	416																	
		lower																		

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISPOSITION	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER						
						P	SCUTE SCARS	EXTAG	DEFOM	P	EXTAG				DEFOM	SCUTES REMOVED	PIT	STOMACH		
1	WS	10	99.3	9.81	SM	1,10L	Y	M	N	N	N	N	FDR-WS-2016-	F075	91851210121012101					
2	WS	16	140.0	19.76	SM	1,97L	Y	N	Y	N	N	N	FDR-WS-2016-	F079	91851210121012101					
3	WS	14	119.8	15.26	SN	1,97L	Y	M	N	N	N	N	FDR-WS-2016-	F081	91851210121012101					
4	WS	18	179.0	15.08	SM	1,8L	Y	N	N	N	N	N	FDR-WS-2016-	F083	91851210121012101					
5	WS	16	137.8	19.16	SM	1,76L	Y	M	N	N	N	N	FDR-WS-2016-	F085	91851210121012101					
6	WS	16	109.5	9.28	SM	1,5L	Y	M	N	N	N	N	FDR-WS-2016-	F087	91851210121012101					
7	WS	14	114.8	10.75	SM	1,8L	Y	M	N	N	N	N	FDR-WS-2016-	F089	91851210121012101					
8	WS	20	98.7	7.55	SN	1,9L	Y	M	N	N	N	N	FDR-WS-2016-	F091	91851210121012101					
9																				
10			LN #2	sampled																
11																				
12																				
13																				
14																				
15																				

KEY TO FIELDS

SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 DISP (disposition) R = alive and released S = sacrificed D = dead at capture
 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

PIT Y = present/applied (record number in provided box) N = not present/not applied
 Y = present S = scar N = none
 Y = yes (describe in comments) N = no deformities
 Y = applied N = Not applied
 Y = fin tissue collected (record label ID) N = no sample
 Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

STI, RS RP DC

PICK AGENCY/PERSONNEL

Size 20/0 10 /

Size 18/0 10 /

Size 16/0 10 /

No. HOOKS SET/LOST

Size = 14/0 10 /

SITE DESCRIPTION *Mc Quiky Point*

PICK COMMENTS

SET COMMENTS *Cherry w. body*

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK		
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE
FDR	198	upper	418-538912	118-1145106	330	1609121320	155	1609131430	165	
		lower	418-537133	118-1145110	340					

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	D I S P	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER	
						P E C T	SCUTE SCARS	P I T	EXTAG	DEFOM	P E C T				SCUTES REMOVED
1	WS	16	93.3	6.02	S	M	1,10C	Y	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	918511211912151822121
2	WS	14	133.0	19.76	S	M	1,7C	Y	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	9185112119121519121519161
3	WS	20	138.5	21.46	S	M	1,8C	Y	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	9185112119121519121519161
4	WS	14	145.4	25.24	S	N	1,2L	Y	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	9185112119121519121519161
5	WS	20	207.7	67.8	R	M	3L	N	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	9185112119121519121519161
6													FDR-WS-2016-	FDR-WSD-2016-	
7													FDR-WS-2016-	FDR-WSD-2016-	
8													FDR-WS-2016-	FDR-WSD-2016-	
9													FDR-WS-2016-	FDR-WSD-2016-	
10													FDR-WS-2016-	FDR-WSD-2016-	
11													FDR-WS-2016-	FDR-WSD-2016-	
12													FDR-WS-2016-	FDR-WSD-2016-	
13													FDR-WS-2016-	FDR-WSD-2016-	
14													FDR-WS-2016-	FDR-WSD-2016-	
15													FDR-WS-2016-	FDR-WSD-2016-	

KEY TO FIELDS

SPECIES
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 DISP (disposition)
 R = alive and released S = sacrificed D = dead at capture
 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVEVEC e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

PIT
 Y = present/applied (record number in provided box) N = not present/not applied
 Y = present S = scar N = none
 Y = yes (describe in comments) N = no deformities
 Y = applied N = Not applied
 Y = fin tissue collected (record label ID) N = no sample
 Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

SET AGENCY/PERSONNEL STAF / AMERICA PICK AGENCY/PERSONNEL STAF / AMERICA

GEAR 600 ft. setline. No. HOOKS SET/LOST 10 / 10 Size 14/0 10 / 10 Size 16/0 10 / 10 Size 20/0 10 / 0

SITE DESCRIPTION East side just below French Beach

SET COMMENTS Strong N. wind, sunny, rough water

PICK COMMENTS

RESERVOIR	GRTS SAMPLE #	rkm		LOCATION		SET DEPTH (m)		SET			PICK			
		Line end	GPS (WGS84) decimal degrees/minutes (circle one)	Latitude	Longitude	MIN	MAX	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C	
FDR	031	upper	41.6, 118.447	118.447	1810.72	22.9		16	0917	1221	16.6			
		lower	41.6, 118.333	118.333	1824.16	25.4		16	0917	1221	16.6			

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISPOSITION	AT CAPTURE			DEFOM	EXTAG	APPLIED	DNA ID	STOMACH ID	PIT NUMBER
						P	P	P						
1	WS20	146.5	24.5	14.76	Y/N	N	N	N				FDR-WS-2016-	FDR-WSD-2016-	985120030501479
2												FDR-WS-2016-	FDR-WSD-2016-	
3												FDR-WS-2016-	FDR-WSD-2016-	
4												FDR-WS-2016-	FDR-WSD-2016-	
5												FDR-WS-2016-	FDR-WSD-2016-	
6												FDR-WS-2016-	FDR-WSD-2016-	
7												FDR-WS-2016-	FDR-WSD-2016-	
8												FDR-WS-2016-	FDR-WSD-2016-	
9												FDR-WS-2016-	FDR-WSD-2016-	
10												FDR-WS-2016-	FDR-WSD-2016-	
11												FDR-WS-2016-	FDR-WSD-2016-	
12												FDR-WS-2016-	FDR-WSD-2016-	
13												FDR-WS-2016-	FDR-WSD-2016-	
14												FDR-WS-2016-	FDR-WSD-2016-	
15												FDR-WS-2016-	FDR-WSD-2016-	

transferred to FDR

KEY TO FIELDS

SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
DISP (disposition) R = alive and released S = sacrificed D = dead at capture
PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

PIT Y = present/applied (record number in provided box) N = not present/not applied
EXTAG (external tag) Y = present S = scar N = none
DEFOM (Deformity) Y = yes (describe in comments) N = no deformities
OTC (25mg/kg) Y = applied N = Not applied
DNA Y = fin tissue collected (record label ID) N = no sample
STC:MACH Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/number) Please enter in **comments section**

PICK AGENCY/PERSONNEL STUE / AMERIMIDT / 6405 / ANIP 5107

No. HOOKS SET/LOST 10 / 10 Size 16/0 10 / 10 Size 18/0 10 / 10 Size 20/0 10 / 10

SET AGENCY/PERSONNEL STUE / AMERIMIDT

GEAR 600 ft. setline.

SITE DESCRIPTION Fast slow just below Ricker flow

SET COMMENTS along N. side. ~~sample~~ better, sunny day

PICK COMMENTS

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK								
		Line end	GPS (WGS84) (decimal degrees/minutes (circle one))		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C				
FDR	214	upper	41°51.52520	118°11'42.21"	MIN	31.5	16	09	12	1309	16.6	16	09	13	14	16.6
		lower	41°51.52568	118°11'42.47"	MAX	46.5	16	09	12	1309	16.6	16	09	13	14	16.6

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISP	AT CAPTURE			DEFOM	P E C T	SCUTES REMOVED	APPLIED			DNA ID	STOMACH ID	PIT NUMBER
						P I T	SCUTE SCARS	EXTAG				P I T	O D N	S T O M A C H			
1	WS	16	149.4	27.5	MS	SN	12.32	YN	N	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-X	985120014062140	
2	WS	14	99.6	16.91	SN	SN	12.102	YN	N	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-F646	985120032585280	
3	WS	20	114.0	23.64	SN	SN	12.82	YN	N	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-F646	985120032640488	
4	WS	14	128.5	34.90	SN	SN	12.82	YN	N	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-F650	985120029770500	
5	WS	16	17.4	35.04	SN	SN	12.82	YN	N	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-F652	9851200324585	
6	WS	14	119.6	27.24	RW	RW	7.2	YN	Y	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-X	985120032639751	
7	WS	14	94.0	15.90	SN	SN	12.32	YN	N	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-F654	985121012448429	
8	WS	14	106.6	22.62	SN	SN	12.02	YN	Y	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-F656	985121012672562	
9														FDR-WS-2016-	FDR-WSD-2016-		
10														FDR-WS-2016-	FDR-WSD-2016-		
11														FDR-WS-2016-	FDR-WSD-2016-		
12														FDR-WS-2016-	FDR-WSD-2016-		
13														FDR-WS-2016-	FDR-WSD-2016-		
14														FDR-WS-2016-	FDR-WSD-2016-		
15														FDR-WS-2016-	FDR-WSD-2016-		

KEY TO FIELDS

SPECIES WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot

DISP (disposition) R = alive and released S = sacrificed D = dead at capture

PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray

SCUTE SCARS/REMOVEE e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)

PIT Y = present/applied (record number in provided box) N = not present/not applied

EXTAG (external tag) Y = present S = scar N = none

DEFOM (Deformity) Y = yes (describe in comments) N = no deformities

OTC (25mg/kg) Y = applied N = Not applied

DNA Y = fin tissue collected (record label ID) N = no sample

STOMACH Y = Stomach collected N = Stomach not collected

EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

SET AGENCY/PERSONNEL STOP / Am/RMDT PICK AGENCY/PERSONNEL STOP / Am (RMD) Size 16/0 10 / 10 Size 18/0 10 / 10 Size 20/0 10 / 10

GEAR 600 ft. setline. No. HOOKS SET/LOST 14/0 10 / 10

SITE DESCRIPTION Rickey part SET COMMENTS strong N. 20, right bottom sunny

RESERVOIR	GRTS SAMPLE #	rkm	LOCATION		SET DEPTH (m)	SET			PICK						
			Line end	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C		
FDR	265		upper	53° 16' 16.1"	140.59	MIN	42.1	16	02	13	18	16	16	16	16
			lower	53° 14' 03.6"	140.36	MAX	44.2	16	02	13	18	16	16	16	16

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	D E S P	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER
						P E C T	SCUTE SCARS	P I T	EXTAG	DEFOM	P E C T			
1	WS	20	196.7	52.0	RN	N	N	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985121006357768
2	WS	20	242.5	95.5	RN	N	N	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985121006383953
3	WS	16	195.1	55.4	RN	N	N	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985121006350141
4	WS	14	207.9	64.6	RA	ZL	N	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985121012460110
5	WS	16	140.8	50.15	SN	1L, 8L	YN	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985120030379918
6	WS	14	135.0	38.99	SN	1L, 6L	YN	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985120023682404
7	WS	16	129.9	39.88	SN	1L, 6L	YN	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985120030505671
8	WS	16	118.0	29.33	SN	1L, 6L	YN	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985120032546983
9	WS	14	125.5	34.22	SN	1L, 6L	YN	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985120030482998
10	WS	16	100.2	7.30	SN	1L, 10L	YN	Y	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985120032419955
11	WS	16	130.2	40.92	SN	1L, 6L	YN	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985120030501661
12														
13			LN #5											
14														
15														

KEY TO FIELDS
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 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R, 3R 1, 2, 3 RAD/LAD (right/left anterior dorsal fin origin)
PIT Y = present/applied (record number in provided box) N = not present/not applied
EXTAG (external tag) Y = present S = scar N = none
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OTC (25mg/kg) Y = applied N = Not applied
DNA Y = fin tissue collected (record label ID) N = no sample
STOMACH Y = Stomach collected N = Stomach not collected
EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

SET AGENCY/PERSONNEL STAD / AM/RM/DT PICK AGENCY/PERSONNEL STAD / AM/RM/DT
 GEAR 600 ft setline. No. HOOKS SET/LOST Size =14/0 10 /10 Size 18/0 10 /10 Size 20/0 10 /10

SITE DESCRIPTION East Star at Reckley Post Youth Club
 SET COMMENTS swampy bottom overcast.

PICK COMMENTS

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK									
		Line end	GPS (WGS84) (decimal degrees/minutes (circle one))		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C					
FDR	1921	upper	48.156459	118.112709	14.4	16	09	06	13	18	17	21	16	09	20	16	3
		lower	48.156266	118.112742	14.7	16	09	06	13	18	17	21	16	09	20	16	3

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISPOSITION	AT CAPTURE			DEFOM	P E C T	APPLIED	DNA ID	STOMACH ID	PIT NUMBER
						P I T	SCUTE SCARS	EXTAG						
1	WS	16	83.1	5.12	SN 123LAD	Y	N	Y	N	N	Y	FDR-WS-2016	FDR-WSD-2016-F478	985121022350187
2	WS	14	146.4	24.08	SN 143L	Y	N	Y	N	N	Y	FDR-WS-2016	FDR-WSD-2016-F480	9851200130387261
3	WS	14	100.2	7.28	SN 1410L	Y	N	Y	N	N	Y	FDR-WS-2016	FDR-WSD-2016-F480	9851200326132761
4	WS	14	197.6	62.3	RN 2L	Y	N	Y	N	N	Y	FDR-WS-2016	FDR-WSD-2016	9851200304980531
5												FDR-WS-2016	FDR-WSD-2016	
6												FDR-WS-2016	FDR-WSD-2016	
7												FDR-WS-2016	FDR-WSD-2016	
8												FDR-WS-2016	FDR-WSD-2016	
9												FDR-WS-2016	FDR-WSD-2016	
10												FDR-WS-2016	FDR-WSD-2016	
11												FDR-WS-2016	FDR-WSD-2016	
12												FDR-WS-2016	FDR-WSD-2016	
13												FDR-WS-2016	FDR-WSD-2016	
14												FDR-WS-2016	FDR-WSD-2016	
15												FDR-WS-2016	FDR-WSD-2016	

KEY TO FIELDS
 WS = white sturgeon; NP = Northern Pike/minnow; BB = Burbot
 DISP (disposition) R = alive and released S = sacrificed D = dead at capture
 PECT (pectoral fin ray) L = left ray R = right ray B = both rays N = neither ray
 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)
PIT Y = present/applied (record number in provided box) N = not present/not applied
EXTAG (external tag) Y = present S = scar N = none
DEFOM (Deformity) Y = yes (describe in comments) N = no deformities
OTC (25mg/kg) Y = applied N = Not applied
DNA Y = fin tissue collected (record label ID) N = no sample
STOMACH Y = Stomach collected N = Stomach not collected
EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

SET AGENCY/PERSONNEL *SDIF / AMIR MIDT* PICK AGENCY/PERSONNEL *SDIF / AMIR MIDT*
 GEAR 600 ft. setline. No. HOOKS SET/LOST *10 / 10* Size 14/0 *10 / 10* Size 16/0 *10 / 10* Size 18/0 *10 / 10* Size 20/0 *10 / 10*

SITE DESCRIPTION *Mid-channel just below Hwy 395 bridge*
 SET COMMENTS *smooth bottom, right mid, overcast*

PICK COMMENTS

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK					
		Line end	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C	
FDR	005	upper	46.1617711	116.12404	MIN	36.0	16	090711	18	163	16	090809	164
		lower	46.161610	116.12484	MAX	38.7							

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISPOSITION	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER
						P	SCUTE SCARS	P	EXTAG	DEFOM	P			
1	WS	16	86.8	5.96	S	123	6	1	N	N	N	FDR-WS-2016-	F548	98512101326141651
2	WS	14	77.7	3.42	S	123	6	1	N	N	N	FDR-WS-2016-	550	985121023452792
3	WS	14	111.6	10.22	S	14	106	1	N	N	N	FDR-WS-2016-	F552	985121032624697
4	WS	20	133.1	18.44	S	14	86	1	N	N	N	FDR-WS-2016-	F551	985121030487371
5	WS	16	91.1	5.53	S	14	116	1	N	N	N	FDR-WS-2016-	F556	985121005697895
6	WS	14	114.0	11.37	S	14	86	1	N	N	N	FDR-WS-2016-	F558	9851210030484790
7	WS	16	122.0	14.38	S	14	86	1	N	N	N	FDR-WS-2016-	F560	9851210030499311
8	WS	14	138.4	23.22	S	14	76	1	N	N	N	FDR-WS-2016-	-	9851210030516128
9	WS	16	132.7	18.99	S	14	86	1	N	N	N	FDR-WS-2016-	F562	9851210030514520
10	WS											FDR-WS-2016-		
11												FDR-WS-2016-		
12												FDR-WS-2016-		
13												FDR-WS-2016-		
14												FDR-WS-2016-		
15												FDR-WS-2016-		

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 SCUTE SCARS/REMOVED e.g., 1R,3R 1,2,3 RAD/LAD (right/left anterior dorsal fin origin)
 PIT EXTAG (external tag) Y = present/applied (record number in provided box) N = not present/not applied
 DEFOM (Deformity) Y = present S = scar N = none
 OTC (25mg/kg) Y = yes (describe in comments) N = no deformities
 DNA Y = applied N = Not applied
 STOMACH Y = fin tissue collected (record label ID) N = no sample
 Y = Stomach collected N = Stomach not collected
 EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

SET AGENCY/PERSONNEL STDF / AMRM/DJ PICK AGENCY/PERSONNEL STDF / AMRM/DJ Size 16/0 10 / 10 Size 18/0 10 / 10 Size 20/0 10 / 10
 GEAR 600 ft setline. No. HOOKS SET/LOST Size =14/0 10 / 10

SITE DESCRIPTION mol-chemical just above Nancy Creek
 SET COMMENTS growth bottom, light v. turbid, overcast

PICK COMMENTS

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK									
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		DATE	TIME	TEMP °C	DATE	TIME	TEMP °C							
FDR	22A	Line end	Latitude	MIN	Y	M	D	h	m	Y	M	D	h	m	TEMP °C		
		upper	118.1091753	16.3	1	6	09	08	13	00	17	5	1	6	09	11	40
		lower	118.1091991	14.5													

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISP	AT CAPTURE			DEFOM	P E C T	APPLIED			DNA ID	STOMACH ID	PIT NUMBER	
						P	SCUTE SCARS	P			EXTAG	P	O				D
1	WS	19	150.5	27.35	S	N	14,6L	Y	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-X	9.85	1200	183818511
2	WS	16	83.6	4.18	S	N	12,3LAD	Y	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-5606	9.85	1210	1832518941
3	WS	16	99.8	7.45	S	N	14,9L	Y	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-C608	9.85	1210	18327183141
4	WS	14	93.5	6.05	S	N	14,9L	Y	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-F600	9.85	1200	18324171011
5	WS	20	74.6	2.75	S	N	13,3LAD	Y	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-FA12	9.85	1210	18324986117
6	WS	16	104.8		S	N	14,6L	Y	N	N	N	N	FDR-WS-2016-	FDR-WSD-2016-F614	9.85	1200	18329786700
7													FDR-WS-2016-	FDR-WSD-2016-			
8													FDR-WS-2016-	FDR-WSD-2016-			
9			LN #1 transferred to CJA container										FDR-WS-2016-	FDR-WSD-2016-			
10													FDR-WS-2016-	FDR-WSD-2016-			
11													FDR-WS-2016-	FDR-WSD-2016-			
12													FDR-WS-2016-	FDR-WSD-2016-			
13													FDR-WS-2016-	FDR-WSD-2016-			
14													FDR-WS-2016-	FDR-WSD-2016-			
15													FDR-WS-2016-	FDR-WSD-2016-			

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 OTC (25mg/kg) Y = applied N = Not applied
 DNA Y = fin tissue collected (record label ID) N = no sample
 STOMACH Y = Stomach collected N = Stomach not collected
 EXTERNAL TAG DETAILS (type/color/number) Please enter in comments section

SET AGENCY/PERSONNEL STATE / AMIR/LOT PICK AGENCY/PERSONNEL SPUS / AMIR/LOT
 GEAR 600 ft setline. No. HOOKS SET/LOST 10 / 10 Size 14/0 10 / 10 Size 16/0 10 / 10 Size 20/0 10 / 10
 SITE DESCRIPTION mid channel just above snag cave
 SET COMMENTS snags with 1 snag 3 weeds 0+ ticks

RESERVOIR	GRTS SAMPLE #	LOCATION		SET DEPTH (m)	SET			PICK				
		rkm	GPS (WGS84) decimal degrees/minutes (circle one)		Latitude	Longitude	DATE	TIME	TEMP °C	DATE	TIME	TEMP °C
FDR	470	upper	48.751124	116.051603	MIN	17.6	16	09	02	10	17	2
		lower	48.749165	116.059143	MAX	16.0	16	09	02	10	17	2

LINE NUMBER	SPECIES	HOOK SIZE	FORK LENGTH (cm)	WEIGHT (kg)	DISP	AT CAPTURE			APPLIED			DNA ID	STOMACH ID	PIT NUMBER	
						P	I	T	P	E	C				P
1	WS	14	136.0	17.50	S	N	ZL	66	Y	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985120023685631
2	WS	14	76.0	3.24	S	N	ZL	49	Y	N	N	N	FDR-WS-2016-	FDR-WSD-2016-	985120023685631
3													FDR-WS-2016-	FDR-WSD-2016-	
4													FDR-WS-2016-	FDR-WSD-2016-	
5													FDR-WS-2016-	FDR-WSD-2016-	
6	IN	1											FDR-WS-2016-	FDR-WSD-2016-	
7													FDR-WS-2016-	FDR-WSD-2016-	
8													FDR-WS-2016-	FDR-WSD-2016-	
9													FDR-WS-2016-	FDR-WSD-2016-	
10													FDR-WS-2016-	FDR-WSD-2016-	
11													FDR-WS-2016-	FDR-WSD-2016-	
12													FDR-WS-2016-	FDR-WSD-2016-	
13													FDR-WS-2016-	FDR-WSD-2016-	
14													FDR-WS-2016-	FDR-WSD-2016-	
15													FDR-WS-2016-	FDR-WSD-2016-	

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APPENDIX B

HATCHERY WHITE STURGEON FILLET COMPOSITING PLAN



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
HANFORD/INL PROJECT OFFICE
825 Jadwin Avenue, Suite 210
Richland, Washington 99352

September 30, 2016

Kris McCaig
Project Manager
Teck American Incorporated
501 North Riverpoint Boulevard, Suite 300
Spokane, Washington 99202

RE: Hatchery White Sturgeon Fillet Compositing Approach

Dear Ms. McCaig,

Please see the enclosed tables that show the compositing approach for the hatchery white sturgeon fillets. The composites were determined using a stratified random approach, based off of sturgeon fork length. There are eight individual sturgeon in each composite. The twenty four sturgeon in each size class were first sorted by fork length. Then the smallest three sturgeon were randomly assigned composite number 1, 2, or 3. This was repeated in sets of three. There is an inconsistency in the Individual Fish ID and the Fish Composite ID. The Individual Fish ID assigned a composite in the field but this should not be used. Please use the Composite Number column, which correctly corresponds to the Fish Composite ID.

As stated in the QAPP, each individual fillet will be homogenized first, then the same mass from each of the eight fillets will be combined to make a composite. The composite will then be homogenized and subsampled for analysis. The homogenates from the individual fillets must be archived at the laboratory. Since there will be enough of the original fillet left over to repeat all analysis if needed, the leftover composite samples may be discarded.

If you have any questions, please contact me at 509-376-5466 or buelow.laura@epa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura C. Buelow".

Laura C. Buelow
Project Manager

cc: Dustan Bott, U.S. Environmental Protection Agency (electronic)
Kathryn Cerise, U.S. Environmental Protection Agency (electronic)
Dan Audet, U.S. Department of Interior (electronic)
Patti Bailey, Confederated Tribes of the Colville Reservation (electronic)
Randy Connolly, Spokane Tribe of Indians (electronic)
John Roland, Washington Department of Ecology (electronic)

Table 1. Composite Plan for “A” size Hatchery White Sturgeon.

Composite Number	Individual Fish ID	Fish Composite ID
1	EPA-HS-05-007-A1	EPA-HS-A1
1	EPA-HS-06-047-A3	EPA-HS-A1
1	EPA-HS-09-056-A3	EPA-HS-A1
1	EPA-HS-10-008-A1	EPA-HS-A1
1	EPA-HS-10-017-A1	EPA-HS-A1
1	EPA-HS-10-028-A2	EPA-HS-A1
1	EPA-HS-10-057-A3	EPA-HS-A1
1	EPA-HS-10-058-A3	EPA-HS-A1
2	EPA-HS-08-014-A1	EPA-HS-A2
2	EPA-HS-08-029-A2	EPA-HS-A2
2	EPA-HS-08-031-A2	EPA-HS-A2
2	EPA-HS-09-032-A2	EPA-HS-A2
2	EPA-HS-10-024-A2	EPA-HS-A2
2	EPA-HS-10-035-A2	EPA-HS-A2
2	EPA-HS-10-036-A2	EPA-HS-A2
2	EPA-HS-10-043-A3	EPA-HS-A2
3	EPA-HS-08-015-A1	EPA-HS-A3
3	EPA-HS-08-055-A3	EPA-HS-A3
3	EPA-HS-09-018-A1	EPA-HS-A3
3	EPA-HS-10-002-A1	EPA-HS-A3
3	EPA-HS-10-005-A1	EPA-HS-A3
3	EPA-HS-10-042-A2	EPA-HS-A3
3	EPA-HS-10-049-A3	EPA-HS-A3
3	EPA-HS-10-052-A3	EPA-HS-A3

Table 2. Composite Plan for “B” size Hatchery White Sturgeon.

Composite Number	Individual Fish ID	Fish Composite ID
1	EPA-HS-05-016-B1	EPA-HS-B1
1	EPA-HS-06-038-B3	EPA-HS-B1
1	EPA-HS-07-011-B1	EPA-HS-B1
1	EPA-HS-07-030-B2	EPA-HS-B1
1	EPA-HS-07-051-B3	EPA-HS-B1
1	EPA-HS-08-009-B1	EPA-HS-B1
1	EPA-HS-08-040-B3	EPA-HS-B1
1	EPA-HS-08-046-B3	EPA-HS-B1
2	EPA-HS-03-048-B3	EPA-HS-B2
2	EPA-HS-06-013-B1	EPA-HS-B2
2	EPA-HS-07-023-B2	EPA-HS-B2
2	EPA-HS-07-027-B2	EPA-HS-B2
2	EPA-HS-08-019-B2	EPA-HS-B2
2	EPA-HS-08-044-B3	EPA-HS-B2
2	EPA-HS-08-050-B3	EPA-HS-B2
2	EPA-HS-09-006-B1	EPA-HS-B2
3	EPA-HS-01-022-B2	EPA-HS-B3
3	EPA-HS-06-020-B2	EPA-HS-B3
3	EPA-HS-06-021-B2	EPA-HS-B3
3	EPA-HS-07-003-B1	EPA-HS-B3
3	EPA-HS-07-012-B1	EPA-HS-B3
3	EPA-HS-08-001-B1	EPA-HS-B3
3	EPA-HS-08-045-B3	EPA-HS-B3
3	EPA-HS-09-034-B2	EPA-HS-B3

Table 3. Composite Plan for “C” size Hatchery White Sturgeon.

Composite Number	Individual Fish ID	Fish Composite ID
1	EPA-HS-02-066-C3	EPA-HS-C1
1	EPA-HS-04-059-C2	EPA-HS-C1
1	EPA-HS-04-060-C2	EPA-HS-C1
1	EPA-HS-05-054-C2	EPA-HS-C1
1	EPA-HS-05-067-C3	EPA-HS-C1
1	EPA-HS-06-063-C2	EPA-HS-C1
1	EPA-HS-06-069-C3	EPA-HS-C1
1	EPA-HS-08-041-C1	EPA-HS-C1
2	EPA-HS-01-072-C3	EPA-HS-C2
2	EPA-HS-02-010-C1	EPA-HS-C2
2	EPA-HS-03-004-C1	EPA-HS-C2
2	EPA-HS-03-026-C1	EPA-HS-C2
2	EPA-HS-05-068-C3	EPA-HS-C2
2	EPA-HS-06-025-C1	EPA-HS-C2
2	EPA-HS-02-065-C3	EPA-HS-C2
2	EPA-HS-07-071-C3	EPA-HS-C2
3	EPA-HS-03-039-C1	EPA-HS-C3
3	EPA-HS-04-033-C1	EPA-HS-C3
3	EPA-HS-04-061-C2	EPA-HS-C3
3	EPA-HS-05-064-C2	EPA-HS-C3
3	EPA-HS-06-037-C1	EPA-HS-C3
3	EPA-HS-06-053-C2	EPA-HS-C3
3	EPA-HS-06-062-C2	EPA-HS-C3
3	EPA-HS-06-070-C3	EPA-HS-C3

