



STATE OF ALASKA DEPARTMENT OF FISH AND GAME

CLASSROOM INCUBATION PROJECT

Report #1 Due December 31

(Name of Instructor)

(Organization or School)

(Mailing Address)

(City, State, Zip Code)

Telephone: _____ (work) _____ (home)

Species: coho chum pink other _____

Eggs Received: _____ Stage Received: green eyed

Current Stage: green eyed hatch
 alevin fry

Mortality to Date: _____ Estimate % Survival (Live eggs/total received) _____

Water Exchange Intervals: weekly monthly
 <1 x/week <1 x/month

Accumulated Thermal Units to Date: _____

What educational activities have you done in regards to your incubation project? Explain:

Note: student reports, art, etc., are appreciated.

Problems experienced during your project to date: _____

Assistance available from local biologist or other teachers incubating eggs? yes No

I certify that the statements made in this report are true and that I have followed the guidelines as originally specified in my approved permit.

Signature

Date



STATE OF ALASKA
DEPARTMENT OF FISH AND GAME
CLASSROOM INCUBATION PROJECT

Report #2 (Due end of school year)

(Name of Instructor) (Organization or School)

(Mailing Address) (City, State, Zip Code)

Telephone: _____ (work) _____ (home)

Species: [] coho [] chum [] pink [] other _____

Eggs Received: _____ Estimate % Survival (Live eggs/total received) _____

Water Exchange Intervals: [] weekly [] monthly
[] <1 x/week [] <1 x/month

Accumulated Thermal Units to Critical: _____

Eyed: _____ Alevin (hatch): _____ Emergence (fry): _____

Fish were: [] Destroyed at end of project
[] Sacrificed for experimentation
[] Released into a landlocked lake
Name of lake: _____
Date released: _____
[] Released into drainage of origin
Name of stream/river: _____
Date released: _____

Problems experienced during your project: _____

What educational activities have you done in conjunction with your incubation project since the last reporting period? Explain: _____

I certify that the statements made in this report are true and that I have followed the guidelines as originally specified in my approved permit.

Signature

Date