

**BOTTOM LONGLINE GEAR LOG**

<b>OBS/TRIP NUMBER</b>	<b>VESSEL NAME</b>	<b>VESSEL NUMBER</b>	<b>DATE LANDED (mm/dd/yyyy)</b>																																																										
<b>STRING NUMBER</b>	<b>NUMBER OF HOOKS</b>	<b>ANCHOR USED?</b> <input type="checkbox"/>	<b>ANCHOR WEIGHT</b> lbs																																																										
<b>MAINLINE &amp; GANGION CODES</b>		<b>LINE ADDITIONS</b>																																																											
<table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">COLOR</th> <th colspan="2" style="text-align: left;">MATERIAL</th> </tr> <tr> <td>Clear</td><td>01</td><td>Blue</td><td>06</td> </tr> <tr> <td>White</td><td>02</td><td>Multi</td><td>07</td> </tr> <tr> <td>Pink</td><td>03</td><td>Red</td><td>08</td> </tr> <tr> <td>Black</td><td>04</td><td>Other</td><td>09</td> </tr> <tr> <td>Green</td><td>05</td><td></td><td></td> </tr> <tr> <td></td><td></td><td>Nylon</td><td>01</td> </tr> <tr> <td></td><td></td><td>Cotton</td><td>02</td> </tr> <tr> <td></td><td></td><td>Steel Wire</td><td>03</td> </tr> <tr> <td></td><td></td><td>Other</td><td>09</td> </tr> </table>		COLOR		MATERIAL		Clear	01	Blue	06	White	02	Multi	07	Pink	03	Red	08	Black	04	Other	09	Green	05					Nylon	01			Cotton	02			Steel Wire	03			Other	09	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">TYPE</th> <th style="text-align: left;">USED?</th> <th style="text-align: left;">NUMBER</th> </tr> <tr> <td>POLYBALL</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>BULLET/DAUB</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>HIGH FLYER</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>ADD. LINE WT</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>OTHER</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>		TYPE	USED?	NUMBER	POLYBALL	<input type="checkbox"/>	_____	BULLET/DAUB	<input type="checkbox"/>	_____	HIGH FLYER	<input type="checkbox"/>	_____	ADD. LINE WT	<input type="checkbox"/>	_____	OTHER	<input type="checkbox"/>	_____
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<b>MAINLINE</b> COLOR (1-9) _____ MATERIAL (1-9) _____ DIAMETER _____ mm TEST _____ lbs # OF STRANDS _____ AVG LENGTH _____ nm <b>GANGIONS</b> COLOR (1-9) _____ MATERIAL (1-9) _____ DIAMETER _____ mm TEST _____ lbs AVG LENGTH _____ ft AVG # _____ DISTANCE BETWEEN _____ ft LEADERS USED? <input type="checkbox"/> MATERIAL (1-9) _____ LENGTH _____ in LEADER TEST _____ lbs		<b>SWIVELS USED?</b> <input type="checkbox"/> # SWIVELS/GANGION _____ <b>DROPLINES USED?</b> <input type="checkbox"/> # DROPLINES _____ AVG LENGTH _____ ft DISTANCE BTW _____ ft																																																											
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