



Oregon Department of Fish and Wildlife  
**Salmon and Trout Enhancement Program**  
**Classroom Egg Incubation Project**



**Report of Operations**

Date:			
Name:			
Name of School/Organization:			
Address:			
Contact Phone:		Email Address:	
Name of your local STEP Biologist:			

Eggs	
Date Received:	
Number Received:	
Hatch Date:	
Total Egg Mortality:	

Fry	
Date Released:	
Number Released:	
Total Fry Mortality:	

Release Location of Fry	
Location of Release Site:	
Name of Waterbody:	

***Please attach the following information:***

Comments:

(If more than one release group, provide details. Also, state reasons for mortality that exceeds 10 percent of your total eggs)

Description of your Project:

(Please include a description of how you used the classroom egg incubation program.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***The Report of Operations form must be submitted to your local STEP Biologist within 15-days after release of fry.***