



**State of Louisiana**  
Louisiana Department of Health  
Office of Public Health

**STATE OF LOUISIANA  
SURVEILLANCE OFFICE'S DAILY TRIP REPORT**

|                                                                                                                                                                                                                                                                                                |                                                                       |                 |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------|----------|
| Time of Departure:                                                                                                                                                                                                                                                                             | AM<br>PM                                                              | Time of Return: | AM<br>PM |
| NAME AND ADDRESS OF PERMITEE:                                                                                                                                                                                                                                                                  | PERMIT NUMBERS<br><br>QUANTITY OF SHELLFISH HARVESTED<br>(IN BUSHELS) |                 |          |
| HARVEST AREA & LEASE NUMBERS                                                                                                                                                                                                                                                                   | BEDDING AREA AND LEASE NUMBERS                                        |                 |          |
| NAME OF SERVEILLANCE OFFICIER:                                                                                                                                                                                                                                                                 |                                                                       | DATE:           |          |
| I.D. NUMBER OF BADGE NUMBER:                                                                                                                                                                                                                                                                   |                                                                       |                 |          |
| MAIL DIRECTLY TO:<br>LDH – OPH<br>COMMERCIAL SEAFOOD<br>P.O. BOX 4489<br>BIN 10<br>BATON ROUGE, LA. 70821 – 4489<br>OR FAX TO: 225-342-7607<br>Email: <a href="mailto:chris.lemaire@la.gov">chris.lemaire@la.gov</a> or <a href="mailto:jennifer.armentor@la.gov">jennifer.armentor@la.gov</a> |                                                                       |                 |          |