ACADIAN SEAPLANTS LIMITED

ROCKWEED LANDINGS REPORT

HARVESTER NAME: **WEEK ENDING:**

VESSEL ID NUMBER: **LANDING SITE**

ASL REQUIRED INFORMATI **DMR REQUIRED INFORMATION**

Tag Color **ESTI MATED HAR VEST AMO UNT** **TOWN:** **SEAWEED CODE:** **SWR "A"** **GEAR CODE:** **RAK**

Date of Harvest	Sector Numbers	# Bags	# Tons	Scale Ticket #	Actual Tons	Weight Lbs	Harvest Time	Harvest Location

TOTAL NUMBER OF BAGS:

HARVESTER SIGNATURE:

RESOURCE MANAGER SIGNATURE: _____

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