

Cruise Prospectus

<p>1. Ship Name</p> <p style="text-align: center; color: blue;">R/V THOMAS G. THOMPSON</p>	<p>2. Operating Inst. or Agency</p> <p style="text-align: center; color: blue;">University of Washington</p>				
<p>3. Project Title</p>	<p>4. Cruise Dates (inclusive)</p>				
<p>5. Action Required</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top; border: none;"> <p>Research Clearances</p> <p>_____ Request State Dept. to Initiate</p> <p>_____ Request State Dept. Advice</p> <p>_____ Being Handled Privately — Information Only</p> <p>_____ None Required — Information Only</p> <p>_____ Other (Specify on Reverse)</p> </td> <td style="width: 50%; text-align: center; vertical-align: top; border: none;"> <p>Port Call Clearance</p> <p>_____ Public Vessel — State Dept. Initiate</p> <p>_____ Part of Research Clearance — Request State Department Initiate</p> <p>_____ Being Handled by Ship's Agent</p> <p>_____ Unusual Problem — Request State Dept. Assistance (Specify)</p> </td> </tr> </table>		<p>Research Clearances</p> <p>_____ Request State Dept. to Initiate</p> <p>_____ Request State Dept. Advice</p> <p>_____ Being Handled Privately — Information Only</p> <p>_____ None Required — Information Only</p> <p>_____ Other (Specify on Reverse)</p>	<p>Port Call Clearance</p> <p>_____ Public Vessel — State Dept. Initiate</p> <p>_____ Part of Research Clearance — Request State Department Initiate</p> <p>_____ Being Handled by Ship's Agent</p> <p>_____ Unusual Problem — Request State Dept. Assistance (Specify)</p>		
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<p>6. Itinerary</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 70%; text-align: center;">Port</th> <th style="width: 30%; text-align: center;">Inclusive Dates</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> </tr> </tbody> </table>	Port	Inclusive Dates			<p>7. Cruise Coordinator or Contact (name, address & telephone number)</p> <p style="color: blue;">Daniel Schwartz, Manager of Marine Operations Univ Washington School of Oceanography, Box 357940 Seattle, WA 98195-7940 Phone: (206) 543-5062; Fax: (206) 543-6073</p> <p>8. Principal Scientist(s) (name, title, affiliation)</p> <p style="text-align: right;">No. Scientists: </p>
Port	Inclusive Dates				
<p>9. Funding Agency(s)</p>	<p>10. Cooperating Institutions (including foreign)</p>				
<p>11. Scientific Equipment to be Used</p>	<p>12. Data to be Collected</p>				
<p>13. Ship Description</p> <p>Gross Tons: 3052 LOA: 274' Draft: 18.5'</p> <p>Name of Master: Glenn R. Gomes</p> <p>No. Crew: 22</p> <p>Radio Call Sign: KTDQ</p> <p>Emergency Freq. Monitored: 2182 kHz continuously while underway channel 16 VHF</p>	<p>14. Ancillary Project(s) (describe briefly)</p>				

CRUISE REPORT

Ship Utilization Data

Instructions

GENERAL: This revision of the UNOLS CRUISE REPORT, Ship Utilization Data, is made to explicitly establish responsibility for completing and submitting Ship Utilization Data Forms with the Ship Operator, to clarify requirements and expand instructions for filling out the form.

Although it will still be necessary for Operators to obtain some information from P.I.s/Chief Scientists (e.g., science grant numbers, participants), the responsibility for completing and submitting Cruise Reports lies with the Operating Institution.

Cruise Reports should be submitted as soon after completion of cruises as practical, for all operational (chargeable) days, including days at sea (both operations projects and transits) and chargeable inport days. All reports should be submitted to the UNOLS Office, NSF, and ONR; reports for projects charged to other agencies should also be furnished to that agency.

INSTRUCTIONS FOR INDIVIDUAL ENTRIES ON CRUISE REPORTS:

3. CRUISE (LEG) NO.: Each Cruise Report should have a number. Many institutions have established systems for identifying cruises for each calendar year. A report should be prepared for each cruise or leg(s) of a cruise involving a discrete and uninterrupted primary project. Transits not included in a science cruise should be reported separately. The sum of all Cruise Reports in a year must cover all chargeable days for that year.
4. DATES AND PORT CALLS: Show the inclusive dates of the cruise including chargeable port days which make up the total scope of the cruise. Inclusive dates should equal the sum of Days at Sea and Days in Port (5 and 6). Under PORT CALLS, list the port of origin, any intermediate calls, and the termination port, whether they are the ship's home port or chargeable (away) ports.
5. DAYS AT SEA: According to UNOLS' UNIFORM OPERATIONS AND COST ACCOUNTING TERMINOLOGY, days at sea are all days actually at sea incident to a scientific mission, including day of arrival, day of departure, and transit time.
6. DAYS IN PORT: List all chargeable days, generally days in port away from home port and associated with the cruise being reported. Generally, all days in a port away from home port are divided between the preceding and subsequent cruises, according to use.
7. PARTICIPATING PERSONNEL: List names of the entire scientific party, including marine technicians assigned by the operating institution, students, observers, and official foreign observers. Show job title, institutional affiliations, and functional classifications as in Item 11 (i.e., chief scientist, scientist, grad student, technician, student observer, foreign observer). These functional classifications are summarized in 11. If aboard for less than entire at-sea reporting period, show inclusive dates.
- 8a. AREA OF RESEARCH: Indicate area(s) of operations according to the attached Standard Navy Ocean Area and Region Index and provide a brief description; e.g., NA6, Georges Bank or NP13, NP12, NP11, NP10, North Pacific transect.
- 8b. RESEARCH IN FOREIGN WATERS: Indicate whether or not research was conducted in foreign waters and if so, what country. (If you requested and received a clearance - if you didn't, answer had better be no.) Transits in and out of foreign ports are excluded, but if an extraordinary port clearance is required (e.g., as for USSR), report that as Port Clearance Required.
9. PRIMARY PROJECT(S): Those projects which govern the principal operations, area, and movements of the ship and to whose sponsor some or all of the days are charged (see 12). If days are charged to a project, it is Primary; if not, it usually isn't.
- 9a. PROJECT TITLE, PRINCIPAL INVESTIGATOR, AND INSTITUTION: Project title, P.I., and Institution submitting the proposal and receiving the science grant that justifies the ship operation. Do not substitute the chief scientist if different from the P.I. if he proposal/grant is part of a multi-project program (e.g., DOE through SAIC contract).
- 9c. GRANT OR CONTRACT NUMBER: This is the science grant or contract, not the ship operations grant.
- 9d. PARTICIPATING PERSONNEL: List (by code) the personnel participating significantly in each project. Observers, including assigned foreign observers, are generally listed with the primary project. Individuals may contribute to and be listed with more than one project.
- 9e. DISCIPLINE: List discipline of each of the primary projects, in one of the categories on the attached coding list of Activities (e.g., chemical oceanography, transit).
- 10a-e. ANCILLARY PROJECTS: Provide the same information as for Primary Projects. If time is charged to a project (in 12), it will ordinarily be listed as Primary, not Ancillary.
11. SCIENCE PARTY: Provide the number of scientists, technicians, graduate students, undergrads, observers (other than official foreign), and foreign observers. These data are used to calculate the number of person-days the ship provided in each category. Thus, if there are changes in the scientific party during a cruise, do not merely count all participants listed in 7 and divide among categories here. Rather, provide an average number (i.e., if two observers are aboard for only 10 days of a 20-day cruise, the correct entry is $2 \times 10/20 = 1$). Foreign observers are those official observers assigned aboard as a condition of foreign clearances, whether they aid in the research or not. Other foreign nationals are generally aboard as functioning members of the science party, and should be listed according to function. Except for foreign observers, who will always be listed as such, the precedence for individuals fitting into two or more categories is: scientist, grad student, undergrad, technician, observer (select a single category per individual).
12. COST ALLOCATION DATA: This part of the form should be completed with extraordinary care. It is the prime basis for ship and fleet statistics and, by funding agencies, for calculating the number of days' ship operation and allocating those days by agency, division, project, etc. The sum of days charged on all Cruise Reports for a given ship in a given year should be the total of that ship's annual days of operation.
- 12a. DAYS CHARGED: Days charged should be the sum of days at sea and chargeable days in port (i.e., usually operational days in a port other than home port). See UNIFORM OPERATIONS AND COST ACCOUNTING TERMINOLOGY (attached). Days charged should agree with entries in 4, 5, and 6 above.
- 12b. AGENCY OR ACTIVITY CHARGED: The agency or activity who has agreed to pay, usually the agency listed under 9b. On occasion an agency will provide by means of a pass-through with another agency or a contractor (e.g., USGS has funded some ship operations by passing them through NSF; DOE often contracts for a project and that contractor pays you). In these cases, list the original funder -- USGS, DOE, etc.
- 12c. GRANT OR CONTRACT NO.: This is the grant or contract under which you get these ship operations funds. For NSF work, this is your Ship Operations Grant. In some cases, NSF provides ship ops funds through individual science grants, in which case use the science grant number. There should always be an appropriate, identifiable number for ONR funding as well. If the ship funds come through a grant to another institution, note that fact: ONR's N000XX-91-6-00XX to WHOI.

13. SIGNATURE BLOCK: The only signature required is that of the responsible individual at the Operating Institution.

CRUISE REPORT

Ship Utilization Data

1. Ship Name		2. Operating Institution		3. Cruise (leg) Number			
4. Dates of Project: Begin: _____ End: _____		7. Participating Personnel:		Function on Cruise (Ch. Sci., Sci., Obs., Grad Student, UG, For.)			
Port Calls Place _____ Date _____		Code	Title, Name, Institution		Dates (if less entire)		
5. Number Sea Days _____		6. Number Port _____	1	Use reverse if necessary			
8a. Area of Operations, Area Index and Geographic Description		2	3				
8b. Research in Foreign _____		4	5				
		6	7				
		8	9				
		10	11				
		12	13				
		14					
9. Primary Project(s)							
a. Project Title, Principal Investigator.		b. Sponsoring Activity				c. Grant or Number	
						d. Participating	
						e. Discipline	
10. Ancillary Project(s)							
a. Project Title, Principal Investigator.		b. Sponsoring Activity				c. Grant or Number	
				d. Participating			
				e. Discipline			
11. Science Party:			12. Cost Allocation Data				
Scientist _____ Grad. Students _____		a. Days Charged		b. Agency or Activity			
Undergr _____ Technicians _____				c. Grant or Contract No.			
Observer _____ Foreign _____		TOTAL MAN DAYS: _____					
13.							
Title, Signature, Operating Institution Official							

CRUISE REPORT

Ship Utilization Data

1. Ship Named _____		2. Operating Institution _____		3. Cruise (leg) Number _____																																					
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Attach Page Size Track Chart



UNIVERSITY OF WASHINGTON

SCHOOL OF OCEANOGRAPHY, BOX 357940
TELEPHONE: (206) 543-5062
FAX: (206) 543-6073

**Please sign the agreement form
on reverse (mandatory)**

MEMBER SCIENTIFIC PARTY R/V THOMAS G. THOMPSON

Name: _____
Last First Middle

Home Address: _____ Home Phone: _____

Employer: _____ Position: PI Tech Grad St Other

Work Address: _____ Work Phone: _____

Place of Birth: _____ Date of Birth: _____

Citizenship: _____ Cert. No. if Naturalized U.S. Citizen: _____

Passport No.: _____ Date of Issue: _____ Exp. Date: _____

Status—if Non-U.S. Citizen: _____

Person to be Notified in Case of Emergency: _____
Name Relationship

Address Phone

I understand that:

- (1) If not employed by the State of Washington, I must provide my own medical and accident insurance (Field Trip Insurance);
- (2) There is no expert medical service available on board. For my own protection, I report the following past or present health problems which could require emergency treatment:

BLOOD TYPE (if known): _____

I am currently taking the following prescription drugs:

Signature

Date

**University of Washington
School of Oceanography**

POLICY ON ALCOHOL, DRUGS, AND SMOKING

The following summary of the UW School of Oceanography's policy regarding alcohol, drugs, and smoking aboard its research vessels is provided to you to ensure that you are aware of our position on these issues. Violation by UW employees of these policies will result in appropriate disciplinary action, including possible termination of the employee. For non-UW employees, violation of these policies will be reported to your employer, or the head of your parent institution, for investigation and disciplinary action, if warranted.

- | | | |
|---------|---|---|
| Alcohol | — | The possession or use of alcoholic beverages, other than when specifically authorized by the Master for special events in port, is not permitted aboard ship. |
| | — | Anyone appearing to be intoxicated aboard ship will not be allowed to stand a watch or perform any duties that affect the safety of the vessel or other personnel aboard. |
| Drugs | — | The "zero tolerance" policy on illegal drugs, implemented by the U.S. Coast Guard and the U.S. Customs Service, is supported by the University and is strictly observed aboard its research vessels. The possession or use of illegal drugs is forbidden. |
| | — | The use of prescription drugs or narcotics that may impair ability to function normally is prohibited without the knowledge and approval of the Master. |
| | — | When reasonable cause to suspect use or possession of drugs exists, searches may be performed. |
| | — | If illegal drugs are found in the possession of any person embarked on the ship, the person responsible will immediately be turned over to the proper authorities. |
| Smoking | — | In accordance with Washington State Clean Indoor Air Act, and because of the ship's fire protection alarm system sensitivity to smoke, smoking is not permitted within the ship. |
| | — | Smoking is only authorized on weather decks and in the staging bay when it does not interfere with work or the science mission. |
| Testing | — | Any person embarked who is directly involved in a serious marine incident (defined in 46 CFR 4.03) will be required to provide specimen samples for chemical testing for alcohol and dangerous drugs. |

Please indicate by signing below that you have read this policy statement and will comply with its contents.

Signature

Date

**REPORT ON USE OF RADIOACTIVE MATERIAL ON UNIVERSITY OF WASHINGTON
RESEARCH VESSELS OR OTHER RESEARCH VESSELS**

RSO FORM 180 (5/92)

COMPLETE AND RETURN TO RADIATION SAFETY OFFICE GS-05 AFTER EACH MAJOR CRUISE

1. Principal Investigator	2. Authorized User (<i>if UW investigator</i>)
3. Project Title	4. Isotope(s)
5. Vessel	6. Captain
7. Cruise Description or Title of Cruise	8. Dates
9. Waters (<i>Describe standard map locations or latitude and longitude and jurisdiction</i>)	
10. Radioactive Material Taken on Board (<i>Isotope, mCi, and Chemical/Physical Form</i>)	
11. Description of Use of Radioactive Material (<i>Include Experimental Procedures & Safety Practices</i>)	
12. Associated Personnel	
13. On Board Radiation Surveys	
14. Survey Instruments on Board	
15. Radioactive Material Returned to UW as Samples or Stock Soln (<i>Isotope and mCi</i>)	
16. Radioactive Material Returned to Other Institutions (<i>Name Institutions</i>)	
17. Waste Returned to UW (<i>Isotope, mCi, and Chemical/Physical Form</i>)	
18. Waste Disposed Overboard (<i>Report Location, Date, Activity, and Isotope</i>)	
19. Final Monitoring and Clean Up Assured	
Signature of Principal Investigator	Date

**APPLICATION FOR AUTHORIZATION TO USE
RADIOACTIVE MATERIAL ON VESSELS**

Docket Number _____

Form RSC 13V (7/90)

Page 1 of 2

1. Name: _____ **Title/Position:** _____
Address: _____ **Period of Use:** From _____
To _____

2. Individual(s) who will handle licensed material. A current RSC 20 form must be attached for each person listed below, including applicant.

OFFICE USE

Full Name	Title/Position	20
CLASS		
a) _____	a) _____	_____

b) _____	b) _____	_____

c) _____	c) _____	_____

3. Radioactive Material to be Used:

Element and Mass Number	Chemical and/or Physical Form	Maximum Number of Millicuries Which Will Be Possessed
a) _____	_____	

b) _____	_____	

c) _____	_____	

d) _____	_____	

e) _____	_____	

4. Use of Material. Describe the proposed use of each item in Item 3. (Include Waste Disposal Methods.)

REPORT ON USE OF RADIOACTIVE MATERIAL ON UNIVERSITY OF WASHINGTON
RESEARCH VESSELS OR OTHER RESEARCH VESSELS

Complete and return to Radiation Safety
Office, GS-05 --- After each major cruise

Form RSO 180 (11/87)

<i>PRINCIPAL INVESTIGATOR:</i>	<i>AUTHORIZED USER (If UW Investigator):</i>
<i>PROJECT TITLE:</i>	<i>ISOTOPE(S):</i>
<i>VESSEL:</i>	<i>CAPTAIN:</i>
<i>CRUISE DESCRIPTION OR TITLE:</i>	<i>DATES:</i>
<i>WATERS (Describe standard map locations or latitude and longitude and jurisdiction):</i>	
<i>RADIOACTIVE MATERIAL TAKEN ON BOARD (Isotope, mCi, and Chemical and Physical form):</i>	
<i>DESCRIPTION OF USE OF RADIOACTIVE MATERIAL (Include Experimental Procedures & Safety Practices):</i>	
<i>ASSOCIATED PERSONNEL:</i>	
<i>ON BOARD RADIATION SURVEYS:</i>	
<i>SURVEY INSTRUMENTS ON BOARD;</i>	
<i>RADIOACTIVE MATERIAL RETURNED TO UW AS SAMPLES OR STOCK SOLN (Isotopes and mCi):</i>	
<i>RADIOACTIVE MATERIAL RETURNED TO OTHER INSTITUTIONS (Name Institutions):</i>	
<i>WASTE RETURNED TO UW (Isotope, mCi, and Form):</i>	
<i>WASTE DISPOSED OVERBOARD (Report Location, Date, Activity, and Isotope):</i>	
<i>FINAL MONITORING and CLEAN UP ASSURED:</i>	
<i>SIGNATURE OF PRINCIPAL INVESTIGATOR</i>	<i>DATE</i>

SHIP OPERATING PLAN

UNIVERSITY OF WASHINGTON	Ship:	Ch. Scientist:
SCHOOL OF OCEANOGRAPHY	Sc. Cr. No.:	Cr. Leader:

Itinerary

Status	Port	Start	Complete	Status	Port	Status	Complete
Outport							
Cruise							
Outport							
Cruise							

Funding and Use Data

Principal Investigator			
Grant/Contract No.			
Title			
Use Budget			
Charge Budget			
Pro-Rated Share			

SYNOPSIS OF SHIP OPERATION AND AREA OF INVESTIGATION: _____

PROGRAM DESCRIPTION: _____

Purpose of Cruise

B Bottom Sample	GS Coast Geodetic Survey	Sbp Sub-bottom Profiling
Ba Bathymetry	H Heat Flow	Sei Seismology
Be Benthos	I Ichthyology	Sm Swath Mapping
Bf Bottom Photography	Inst Instrument Development	St Student Training
Br Bathythermograph	M Meteorology	T Temperature
Ch Chemistry	Ma Magnetism	Ti Tides
Cu Currents	O Other	U Underwater Acoustics
F Fisheries	P Plankton	W Waves
G Gravity	Sa Salinity	

Plan prepared by	Date
Approved for Budget by	
Approved for Sailing by	

Dist: Manager, Marine Operations
 cc: Ch. Scientist
 Cr. Leader
 Prin. Investigator, Ship
 OTS

TO: Port Captain

SUBJECT: _____

To assist you in scheduling vessels and vessel operators, the following information is furnished:

A. Principal Investigator _____ Use Budget _____

B. Vessel operation data:

1. Vessel requested _____

2. Time and date of departing U of W _____

3. Time and date of return to U of W _____

4. Operating area _____

5. Operating time (time underway) per day _____ hours

6. Loading time required _____ hours

7. Special gear or special instructions _____

8. Will any diving operations be performed? _____ Yes _____ No

C. This cruise is (not) time dependent.

If yes, 1. Maximum time leeway _____ days.

2. Another vessel can (not) be substituted.

D. Commissary information:

1. There will be _____ persons in scientific crew.

2. We will require _____ breakfasts, _____ lunches, _____ dinners.

E. Cruise Leader _____ Phone _____

Senior Scientist _____ Phone _____

Prepared by _____

Port Captain action:

Date received _____

Crew assigned _____

Cruise scheduled _____

Remarks:

Port Captain _____

PLEASE SUBMIT TO PORT CAPTAIN TWO WEEKS IN ADVANCE OF REQUESTED SHIP USE TIME

TRAINING AND EXPERIENCE IN RADIATION WORK

RSO Form 20 (11/91)

AUR _____ BLDG _____ COM _____
TREQ _____ ROOM _____ BIOSY _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

1. Name First _____ Last _____

Birth Date _____ Sex: M F Soc Sec # _____

UW Title/Position _____ Phone _____

Department _____ Mail Stop _____

2. Principal Investigator (Whom labs are assigned to) _____

Supervisor _____

3. Did you take the UW's Radiation Safety Training Course? Date _____
(If not, please complete the following.)

Do you have other Formal Training in Radiation Safety? (Explain)

a) Principles and Practices of Radiation Protection:

Where _____ When _____

Instructor _____ Duration _____

b) Radioactivity Measurement Standardization and Monitoring Techniques and Instruments:

Where _____ When _____

Instructor _____ Duration _____

c) Mathematics and Calculation of Radioactivity:

Where _____ When _____

Instructor _____ Duration _____

d) Biological Effects of Radiation:

Where _____ When _____

Instructor _____ Duration _____

4. Radiation Work (Describe briefly your current work with radiation)

5. Education (List Degrees, Major Subject, Emphasis, Date, and School)

6. Experience (List work experience with radiation)

Date Used	Location	Isotope	mCi/Month	Type of
				Research

On-The-Job Training

This information is correct to the best of my knowledge. I agree to conform with the Rules and Regulations for Radiation Protection WAC-402 and UW Radiation Safety policies.

Signature _____

Date _____

(Print Name) First _____

Last _____

UNIVERSITY-NATIONAL OCEANOGRAPHIC LABORATORY SYSTEM

OFFICE
An association of institutions
for the coordination and support
RI 02874
of university oceanographic facilities

UNOLS
PO Box 392
Saundertown,

CAPTAIN'S POST CRUISE REPORT

1. Cruise, Expedition, Leg No., and/or Project Name: _____	
2. Dates of Cruise: _____	Length: _____ days _____ miles
3. Captain's Name: _____ Sr Tech's Name: _____	4. PI/SIC: _____
5. Ship: _____ Operating Institution: _____	
6. Areas of Operation: _____ _____	9. General Type of Work: _____ _____

8. In Captain's and Senior Technician's judgement, were published operational objectives of shipboard phase of project achieved?

| YES | NO

If not, what were the factors involved?

Ship's propulsion _____	Ship's scientific equipment _____
Electric power _____	Other _____
Crew _____	_____
Techs _____	_____
Scientific party and equipment _____	_____

9. Work days lost due to weather: _____
Work days lost due to ship's crew: _____
Work days lost due to Scientific equipment: _____

10. Organization of scientific party (planning, use of time, making needs known in advance, sufficient people, etc.)

Excellent Good Average Below Average Very Poor

11. Did Chief Scientist have reasonable expectations for the cruise? | YES | NO

12. Did Chief Scientist have reasonable expectations for the cruise? | YES | NO

13. Communications/liaison between scientific party and techs/crew:

Excellent Good Average Below Average Very Poor

14. Date that safety briefing was conducted for scientific party and crew: ____/____/____

15. List safety related problems recommended for follow-up:

16. Comments by both Captain and Senior Technician are encouraged. (Details of problems, suggestions; and praise where applicable.)

UNIVERSITY-NATIONAL OCEANOGRAPHIC LABORATORY SYSTEM

OFFICE
An association of institutions
for the coordination and support
RI 02874
of university oceanographic facilities

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Saundertown,

RESEARCH VESSEL CRUISE ASSESSMENT By Chief Scientist

1. PI/Chief Scientist: _____ 3. PI/Chief Scientist Institution: _____ 5. Cruise, Expedition, Leg No., and/or Project Name: _____ 6. Area of Operations: _____ _____ 8. Days Total: _____ 10. Days Stations: _____	2. Ship: _____ 4. General Type of Work: _____ Procedures Employed: _____ _____ 7. Dates of Cruise: _____ 9. Days Transit: _____ 11. Days Underway Surveying: P _____ 12. Was Cruise Successful in Terms of Your Scientific Project? (Please circle best choice) Fully Partially Marginally Successful Unsuccessful
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13. What ship did you request if not this one? _____

14. Were you given adequate advance information by the operating institution concerning equipment and technician services provided?

| YES | NO

15. Work lost because of weather: Days: _____ Stations: _____

16. Work lost because of ship, ship's scientific equipment, or ship's personnel: Days: _____ Stations: _____

17. Work lost because of scientific equipment: _____ Days: _____ Stations: _____

18. Factors adversely affecting cruise success (include percentage estimate if possible):

Main engine _____	Ship's technicians _____
Electric power _____	Pre-cruise liaison _____
Officers & crew _____	Scientific Equipment _____
Other (specify) _____	

19. Please check equipment used:

Crane or A-Frame _____	Computers _____
Winches _____	Other electronics _____
ADCP _____	Other (specify) _____

20. List safety related problems recommended for follow-up:

21. Comments, details of problems, suggestions, and praise, if appropriate, for both successful and unsuccessful cruises.

(Use other side and additional pages as necessary.)
