



Bermuda Institute of Ocean Sciences (BIOS), Inc. Shipboard Scientific Personnel

R/V ATLANTIC EXPLORER

Cruise Number: _____

Voyage Start Date: _____ Chief Scientist: _____

Title (Dr., Ms.,Mr.) & Full Name: _____ Sex: M F

Affiliation (Inst./Employer): _____

Phone: (Bus.) _____ Email: _____

Position on Cruise: _____ Student? Please Check: Grad Undergrad

Business Address: _____

Place of Birth: _____ Date of Birth: _____

Citizen of: _____ Soc. Sec. No. _____ Passport No. _____

Person to Notify in _____ Passport Exp. Date: _____

Case of Emergency: _____ Relationship: _____ Phone: _____

Their Address: _____

Complete the following if it applies, PLEASE FILL OUT ACCURATELY

Is your work on this voyage part of the primary project, ancillary project, or other?
Full Title of Science Project: _____

Sponsoring Agency (NSF, ONR, etc.) _____

Grant/contract Number: _____ Discipline (Biology, etc.) _____

Principal Investigator: _____ Current Year Funding \$ _____

Method of Payment for Cruise Expenses: P.I. Purchase Order Credit Card Other

Payment Method Details: _____

Medical Information: The undersigned acknowledges that he/she has no physical defects or ailments which would prevent the performance of duties at sea for extended periods of time. If medication is required, adequate provision will be made prior to boarding the vessel for a supply of prescription drugs.

Not Applicable Prescription Drugs (type) _____

Insurance Coverage: Persons on board vessels operated by the Bermuda Institute of Ocean Sciences (BIOS), Inc. who are not employees or students of the Institution are considered SHIPBOARD GUEST INVESTIGATORS and are expected to make arrangements for all forms of insurance coverage while participating in research cruises. BIOS assumes no responsibility for non-employees; each must agree to hold BIOS harmless of all liability arising from participation in any voyage on a BIOS vessel.

Alcohol Policy: No alcoholic beverages of any type will be permitted on BIOS vessels. All personnel, including scientific staff from other institutions and visitors, are affected by this regulation and must abide by it.

Radioactive Materials Policy:No radio isotopes will be permitted aboard ship without express approval from BIOS Radiation Safety Officer.

Hazardous Material Policy: Scientists must provide ship with Material Safety Data Sheets (MSDS) for ALL Hazardous Materials.

Signature _____ Date: _____

Return this form to:
Marine Operations, Bermuda Institute of Ocean Sciences (BIOS), Inc., Ferry Reach, St. George's GE 01, Bermuda, two weeks **BEFORE THE CRUISE BEGINS.** FAX number (441) 297-1839 or email: ship.admin@bios.edu