

**R/V ATLANTIC EXPLORER PRE-CRUISE PLANNING FORM**

Instructions: Please complete this form and email to: [marine@bios.edu](mailto:marine@bios.edu) 90 days in advance of the cruise.

Name: \_\_\_\_\_

Chief Scientist: \_\_\_\_\_

Principle Investigator (Ancillary User): \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Scientific Title, Purpose and Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNOLS Ship Time Request (STR) Status:**

Funded?  Not Funded?

Sponsoring Agency? \_\_\_\_\_

Grant or Contract Number: \_\_\_\_\_

Current Year Funding \$ \_\_\_\_\_

**Financial Information:**

Payment Method - Cruise Expenses: Purchase Order  Credit Card  Other

Method of Payment Additional Details: \_\_\_\_\_

**ANCILLARY USERS** - The following information must be provided for all ancillary projects and users.

Project Title: \_\_\_\_\_

PI: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Institution: if more than one list primary institution \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Grant # if available: \_\_\_\_\_

Names and positions of all participating individuals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIMARY PROJECT REQUIREMENTS:**

Number of ship days: \_\_\_\_\_

Number of dock days before cruise: \_\_\_\_\_

Number of dock days after cruise: \_\_\_\_\_

Requested Cruise Dates: \_\_\_\_\_

Acceptable Alternatives: \_\_\_\_\_

Area of Operations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe Requirements for Cruise Mobilization and Demobilization (Number of days; Dockside testing of equipment? Will you need a fork truck or dockside crane, etc.):

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Diving: Yes  No

Shipboard Equipment and Instruments Required: \_\_\_\_\_

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XBT: Yes  No

Any Special Electrical Requirements? \_\_\_\_\_

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Raw Sea Water Hook up? Yes  No

Supporting Personnel Required From Ship (Technicians/Deck Hands):

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Underway and/or Station Requirements (Attach Sampling Plan if Available):

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**SURFACE DEPLOYED EQUIPMENT (FLOATING ARRAYS):**

Do you intend to deploy surface floating equipment? Yes  No

Note: All floating arrays deployed from R/V ATLANTIC EXPLORER must be fitted with a radio beacon and a strobe light.

**ACOUSTICS:**

Do you plan to use undersea sonic emitters, dragged devices or explosive charges?

Yes  No

If yes, the BIOS Marine Superintendent is required to forward such information to the Commander, Naval Oceanographic Command at least two weeks prior to any such operation.

**HAZARDOUS MATERIALS AND CHEMICALS:**

Do you plan to have equipment or materials on board which are flammable, explosive, toxic or radioactive?

Yes  No

A Material Safety Data Sheet must be provided listing all hazardous, chemical and radio active material that will be brought aboard and used on the cruise. You must also provide chemical spill clean-up supplies adequate to respond to your worst case possible spill.

<u>No.</u>	<u>Item</u>	<u>Qty on Board</u>	<u>Location</u>

If more space is needed to list hazardous materials, please attach a separate page.

A completed HazMat Form (CM Sec 504) must be submitted prior to departure.

**Cruise Plan Personnel List**

Please list below, all members of your science party noting the status of each person: Chief Scientist, Scientist, Post - Doc, Graduate, Undergraduate or K-12 Student, Observer, Foreign Observer, K-12 Teacher, Higher Education Instructor or Technician.

<u>No.</u>	<u>Full Name</u>	<u>Status on Cruise</u>	<u>Institution</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____
11)	_____	_____	_____
12)	_____	_____	_____
13)	_____	_____	_____
14)	_____	_____	_____
15)	_____	_____	_____
16)	_____	_____	_____
17)	_____	_____	_____
18)	_____	_____	_____
19)	_____	_____	_____
20)	_____	_____	_____

Each person must complete a Personal Information Form (CM Sec 508) and a Release and Assumption of Risk Form (CM Sec 510). Both forms are fillable pdf forms and after being completed digitally should be emailed to [marine.operations@bios.edu](mailto:marine.operations@bios.edu)

If there are any special dietary needs of which R/V *Atlantic Explorer* should be made aware, please ensure this information is provided in the Special Needs Request section below.

**Special Needs Request:**

Name of Chief Scientist/ Cruise: \_\_\_\_\_

*Instructions: For each category, list name(s) and information*

**SPECIAL DIETARY NEEDS**

*The R/V ATLANTIC EXPLORER Galley provides 3 delicious, nutritious main meals daily while at sea. Our cook can accommodate any special dietary requirements if given advance notice.*

**Food Intolerances/Allergic reactions (Provide names and details)**

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**Religious Restrictions (Provide names and details)**

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**Vegetarian (Vegan) (Provide names and details)**

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Any additional information:

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# R/V Atlantic Explorer

## Hazardous Material Information Form

RYAE\_CM\_504\_Hazardous Material Information Form

Cruise ID or Name  Current Date  Chief Scientist  Location of Haz-Mat

UN or CAS Number	Chemical Name / Common Name	Type and Classification	Size and Quantity	User Name and contact
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1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> MSDS Provided	<input type="checkbox"/> Spill Response kit Provided	<input type="checkbox"/> Material Was Exhausted at Sea	<input type="checkbox"/> Material has been offloaded
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> MSDS Provided	<input type="checkbox"/> Spill Response kit Provided	<input type="checkbox"/> Material Was Exhausted at Sea	<input type="checkbox"/> Material has been offloaded
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> MSDS Provided	<input type="checkbox"/> Spill Response kit Provided	<input type="checkbox"/> Material Was Exhausted at Sea	<input type="checkbox"/> Material has been offloaded
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> MSDS Provided	<input type="checkbox"/> Spill Response kit Provided	<input type="checkbox"/> Material Was Exhausted at Sea	<input type="checkbox"/> Material has been offloaded
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> MSDS Provided	<input type="checkbox"/> Spill Response kit Provided	<input type="checkbox"/> Material Was Exhausted at Sea	<input type="checkbox"/> Material has been offloaded
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> MSDS Provided	<input type="checkbox"/> Spill Response kit Provided	<input type="checkbox"/> Material Was Exhausted at Sea	<input type="checkbox"/> Material has been offloaded
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> MSDS Provided	<input type="checkbox"/> Spill Response kit Provided	<input type="checkbox"/> Material Was Exhausted at Sea	<input type="checkbox"/> Material has been offloaded
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> MSDS Provided	<input type="checkbox"/> Spill Response kit Provided	<input type="checkbox"/> Material Was Exhausted at Sea	<input type="checkbox"/> Material has been offloaded

I have read the RVSS and Ships Cruise manual sections on Hazardous Material use on ships

Your Name



**R/V ATLANTIC EXPLORER**

**Request for Isotope Use on Vessel**

Chief Scientist:	Primary Project Name:
Cruise Number:	Ancillary Project name:
Cruise Dates:	Funding Agency:

Institution:	Telephone:
PI Name:	Email:
Authorized User Name:	Email:

In the table below provide the information for each Isotope you are requesting to use. At this time, BIOS only has permits for C14, H3 and S35. For a Sealed Source (SS) isotope - in addition to this form provide the manufacturer's name, model, serial number, specifications and date of the most current leak test. Describe the device and how/where it will be used.

Isotope Name	Activity (mCi)	Physical form (sol, Liq, Gas, SS)

**Protocol** - Describe in detail the protocols for each isotope being requested for use. Alternatively, you may also email your protocols to [ship.tech@bios.edu](mailto:ship.tech@bios.edu)

**Location** - All isotope use on the R/V *Atlantic Explorer* is confined to the UNOLS Shared Use Isotope Van. If additional locations are being requested contact [ship.tech@bios.edu](mailto:ship.tech@bios.edu) well in advance of the cruise dates.

**Authorized User** - Provide a description of your current level of Radiation Safety Training including dates and training facility. Indicate all previous experience with the isotopes including quantities, activities and a brief description of protocols and procedures. Include any information that you feel will help the Radiation Safety Committee evaluate your request.

Form area containing horizontal lines for text entry.

## BIOS Marine Warehouse Storage Request Form

Storage is limited, inquire in advance - Contact [ship.tech@bios.edu](mailto:ship.tech@bios.edu)

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

Primary Project Number or Name: \_\_\_\_\_ Funding Agency: \_\_\_\_\_

Ancillary Project Name: \_\_\_\_\_ Funding Agency: \_\_\_\_\_

Responsible Person Phone & Email \_\_\_\_\_

Name, address and Institute of  
Party responsible for billing:

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### Method of Payment:

BIOS Account # \_\_\_\_\_  Credit Card - Provide details when invoiced

Invoice the following email address: \_\_\_\_\_

Charges (if applicable):

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Please list contents / items on Storage Details form - next page.

COMMENTS: \_\_\_\_\_

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*\*\* I confirm that all flammable and/or hazardous material has been documented and described on the Storage Details form\*\**

*\*\* I understand that Hazardous Materials must be stored in accordance with BIOS policy. Hazardous Materials will not be stored in the Marine Warehouse. Non-compliance with this policy will result in clean-up and/or disposal fees being levied\*\**

\_\_\_\_\_  
Signature or Scientist / Technician

\_\_\_\_\_  
Signature of Receiving Agent

REVISION 2

25 Sept 2012

**STORAGE DETAILS**

Scientist/Project:			<u>Warehouse Use Only</u>	
BOX #	DESCRIPTION / CONTENTS OF ITEM / BOX	FT <sup>3</sup>	ID #	POSITION

**R/V ATLANTIC EXPLORER Personal Information Form****Please complete & submit ELECTRONICALLY**Title & Full Name \_\_\_\_\_ Sex M  F  Phone (Bus.) \_\_\_\_\_  
(SURNAME, GIVEN NAME & MIDDLE NAME)

Affiliation (Inst./Employer) \_\_\_\_\_ Email \_\_\_\_\_

Position on Cruise \_\_\_\_\_ Student? Please check: Grad  Undergrad 

Business Address \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Passport # \_\_\_\_\_ Exp. Date \_\_\_\_\_

IF APPLICABLE - US VISA # \_\_\_\_\_ Expiry Date \_\_\_\_\_ Not Required 

Person to Notify in Case of Emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Their Address \_\_\_\_\_ Phone \_\_\_\_\_

CRUISE MANUAL: I have read the R/V *Atlantic Explorer* Cruise Manual YES  NO If NO, please do so before cruise departure. [http://www.bios.edu/ship\\_operations/cruise\\_manual.pdf](http://www.bios.edu/ship_operations/cruise_manual.pdf)**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 for a supply of prescription drugs must be made prior to boarding the vessel.*Complete and submit Medical History and Information Form - CM\_509*Not Applicable  OTC & Prescription Drugs (type) \_\_\_\_\_

Food Allergies / Dietary Restrictions \_\_\_\_\_

**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. *Complete and submit Release and Assumption of Risk Form - CM\_510.***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.**DRUG POLICY:** BIOS is a Zero Tolerance organization. The possession or use of any controlled substance will not be tolerated. Members of the embarked scientific party are subject to drug and alcohol testing under 46 CFR for reasonable cause and in the event of a "Serious Marine Incident" at the discretion of the Master. In accordance with U.S. and Bermuda Customs, Laws and procedures, the Master can routinely search the ship at any time, including staterooms. This search may include personal effects.**RADIOACTIVE MATERIALS POLICY:** No radio isotopes will be permitted aboard ship without express approval from BIOS Radiation Safety Officer.**HAZARDOUS MATERIALS POLICY:** Scientists must provide ship with Material Safety Data Sheets (MSDS) for ALL Hazardous Materials.

IF NOT DIGITALLY SIGNED - THIS FORM WILL BE VERIFIED AND SIGNED DURING SAFETY BRIEFING

*In signing this document, I acknowledge that I understand and will comply with the stated policies of the vessel as per above; all of which are detailed in the R/V Atlantic Explorer Cruise Manual found online.*

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

Return this form TWO weeks BEFORE THE CRUISE BEGINS. Submit to FAX (441) 297-1839 or email: [marine.operations@bios.edu](mailto:marine.operations@bios.edu)

<i>Medical Forms &amp; Instructions</i>	Title:	Prepared By: S. Brittner	Revision No: 5	Section: 509
		Approved By:	Edited:	Page:
		R. Harelstad	10/08/2012	1 of 3

### MAS Medical Profile (International Travel) Form Instructions

UNOLS vessels typically operate far from the availability and level of medical help people usually take for granted ashore. Individual crew members and scientists must therefore take personal responsibility for their health and safety as much as possible during their time on board. While we make every effort to provide a safe ship and work environment, it must be recognized that work at sea is inherently dangerous. If you become sick or injured at sea it is often critical that your medical history and information is complete, up-to-date and available to the medical personnel and caregivers assisting you.

Research vessels seldom carry a doctor and crew members have minimal first aid training and expertise. For this reason, UNOLS contracts with Medical Advisory Systems (MAS), a division of MedAire, Inc., an organization that provides 24/7 access to medical doctors specializing in ship and aircraft medical emergencies through the INMARSAT system or via Sat Phone. The ship carries an inventory of medical supplies recommended by MAS so that MAS doctors can provide directions to the care-givers on board for managing the particular emergency.

Filling out and submitting this form is voluntary. However, this information is intended to allow the MAS doctors to provide quick response to any medical emergency you may experience. It is intended for your protection.

Due to privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), no copy will be reviewed at BIOS. It is recommended but not required that you give a copy to the captain at the beginning of your cruise or on an annual basis if you make frequent cruises. If you wish to bring a copy aboard in your personal possession that is your choice.



Medical Advisory Systems  
Maritime Service



**Medical Profile** (International Travel)

**CREW MEMBER IDENTIFICATION:**

Name: \_\_\_\_\_ Passport #: \_\_\_\_\_ Country: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Vessel Name: \_\_\_\_\_

UNOLS Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**MEDICAL INFORMATION:**

Current Medications: \_\_\_\_\_

Allergies - Medications /foods /other: \_\_\_\_\_

Current Medical Problems: \_\_\_\_\_

Medical History (Major Operations & Procedures - include dates): \_\_\_\_\_

Blood Type /Positive or Negative: \_\_\_\_\_

**PERSONAL PHYSICIAN INFORMATION:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**DENTIST INFORMATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**EMERGENCY NOTIFICATION PURPOSES - EMERGENCY CONTACT (only contacted after UNOLS)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Medical Advisory Systems, A Service of MedAire  
80 East Rio Salado Parkway, Suite 610, Tempe, Arizona 85281  
Maritime Services Phone: (480) 333-3700 Maritime Services Fax: (480) 333- 3821  
Medical Emergency Phone: (480) 333-3876 E-mail: followup@mas1.com

PRINT DATE 4/25/2006

MAS, A Service of MedAire  
REV: 04/18/206

**Medical Profile Form**

SLD 01-11/RO  
Page 2 of 2

**IMMUNIZATION RECORDS:**

Immunizations marked with an asterisk (\*) are required to meet minimum international travel standards. Please provide the most recent date for any of the following immunizations that you have had. One or more of these immunizations may be recommended for people traveling to "high risk" areas of the world.

**IMMUNIZATIONS**

**PRIMARY CHILDHOOD**

Diphtheria-Tetanus-Pertussis (DPT)	YES	NO
Polio	YES	NO
Mumps-Measles-Rubella (MMR)	YES	NO

**PRIMARY ADULT**

**Date Rec'd**

**SECONDARY ADULT**

**Date Rec'd**

*Diphtheria /Tetanus (dT)		Typhoid (if recommended) Choose 1	
*Polio		Oral Typhoid	
*Measles		Typhim Vi (injection)	
*Hepatitis A (after age 18)		Wyeth Typhoid (injection)	
First in Series		Yellow Fever	
Second in Series or Booster		Meningococcal	
Hepatitis B (after age 18 if no previous immunization)		Japanese Encephalitis	
First in Series		Rabies	
Second in Series		Pre-exposure	
Third in Series or Booster		Post-exposure-if had pre-exposure immunization	
Varicella		Post-exposure - if did not have any immunization	
TB Skin Test		Cholera	
Influenza (Flu)		Malaria Prophylaxis	
Pneumococcal		Other:	
Rubella		Other:	

To the best of my knowledge, the above Medical History Information is accurate and complete. I authorize release of this information to Medical Advisory Systems.

In the event of a medical incident, I authorize Medical Advisory Systems to release the information set forth in this form to such health care providers as it may deem necessary; and I direct Medical Advisory Services to notify the persons listed under "For Emergency Notification Purposes" of the occurrence and nature of the incident, recommend medical treatment, and from whom further information may be obtained. Medical Advisory Services may, in its sole discretion, request assistance for me from an international assistance provider or refer my care directly to a physician and/or hospital and/or other medical provider. Medical Advisory Systems may require that any health care provider set forth in the previous sentence furnish reports on my status to Medical Advisory Systems or the international assistance provider. By completing and returning this form, I agree to the above two statements.

SIGNATURE

DATE



## Release and Assumption of Risk Form

TO: The Bermuda Institute of Ocean Sciences, its Board of Trustees, Officers, Employees, and Agents ("RELEASEES")

PRINT YOUR NAME: \_\_\_\_\_

I wish to participate in activities (for example, but not limited to: science, research, education, internship, training, recreation, volunteering, transportation, accommodation, dining and other activities; hereinafter referred to as the "Activities") in conjunction with the Bermuda Institute of Ocean Sciences; and I fully understand and appreciate that certain hazards and risks may occur, including but not limited to: exposure to hazards and risks of property damage, accident, suffering, disease-causing organisms, illness and death; SCUBA and Rebreather diving; snorkeling; transportation by air, land or sea; dock operations; laboratory operations; exposure to weather, humans, animals, plants, other life forms, natural and artificial structures, foods, drinks, irritants, allergens, toxins, minerals, chemicals, equipment, surfaces, furniture, fixtures, fittings, temperatures and radiation.

Being aware of the hazards and risks of such Activities, and in consideration of being permitted to participate in the Activities, on behalf of myself, my family, dependents, heirs, estate, personal representatives and assigns, I, the undersigned, agree to assume all the risks and responsibilities involved with and relating to my participation in the Activities, I understand that I am responsible for evaluating, understanding and mitigating the risks associated with engaging in the Activities.

I acknowledge and agree to comply with all applicable Bermuda Government and Center for Disease Control COVID-19 related guidelines. I understand that the Activities may be suspended, postponed, converted to remote participation or cancelled, without advance notice and at any time by BIOS for safety or legal compliance reasons.

I confirm that I am in good health, free of infectious disease, fit to participate in the Activities and have adequate personal medical/travel insurance for the Activities. I release, waive, forever discharge, and covenant not to sue or prosecute RELEASEES for any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature, whether caused by the negligence or carelessness of the RELEASEES, or otherwise, that may hereafter accrue to myself, my family, dependents, heirs, estate, personal representatives and assigns, arising out of or related to any loss, damage or injury, including, but not limited to suffering, death, disability and economic loss, that may be sustained by me or others during or in conjunction with the Activities.

It is my express intent that this Agreement shall bind myself, my family, dependents, heirs, estate, personal representatives and assigns, and shall be deemed as a release, waiver, discharge, and covenant not to sue RELEASEES. I further agree to save and hold harmless, indemnify, and defend RELEASEES from any claim by myself, my family, dependents, heirs, estate, personal representatives and heirs, arising out of my participation in any Activities.

I understand that the acceptance of this release and waiver of liability by the RELEASEES shall not constitute nor be construed as a waiver, in whole or in part, of any rights by said RELEASEES. I agree that, in the event that any part of this Agreement is determined to be unenforceable or ineffective, it shall not affect the continuation and enforceability of other parts of this Agreement as a whole

In signing this release, I acknowledge and represent that I have read and fully informed myself of the content of this Agreement and referenced material before I sign, and I understand that I sign this document as my own free act and deed. I understand that the RELEASEES do not require me to participate in any Activities, but I want to do so despite the possible hazards and risks and notwithstanding this release. I further state that I am at least 18 years of age and fully competent to sign this Agreement or, if I am under 18 years of age that I have received the permission of my parent or legal guardian, who will also sign this Agreement, and that I execute this release for full adequate and complete consideration fully intending to be bound hereby.

This Agreement is subject to Bermuda Law and the exclusive jurisdiction of the Courts of Bermuda.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN THAT YOU UNDERSTAND IT BEFORE SIGNING.**

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Participant (if over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Parent/Guardian (if under 18)

\_\_\_\_\_  
Signature of Parent/Guardian

**In case of accident or illness notify:**

\_\_\_\_\_  
Name, Relationship, Address

\_\_\_\_\_  
Phone Number

***This form must be completed, signed, and returned no later than 2 weeks before scheduled cruise. Please email completed form to:***

***[marine.operations@bios.edu](mailto:marine.operations@bios.edu)***