

R/V ATLANTIC EXPLORER PRE-CRUISE PLANNING FORM

Instructions: Please complete this form and email to: 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.):

Diving: Yes No

Shipboard Equipment and Instruments Required: _____

XBT: Yes No

Any Special Electrical Requirements? _____

Raw Sea Water Hook up? Yes No

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

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

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

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)

Religious Restrictions (Provide names and details)

Vegetarian (Vegan) (Provide names and details)

Any additional information:

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

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 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.

A large rectangular box containing 20 horizontal lines for text entry, intended for the user to provide details regarding their radiation safety training and experience.

BIOS Marine Warehouse Storage Request Form

Storage is limited, inquire in advance - Contact 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:

Method of Payment:

BIOS Account # _____ Credit Card - Provide details when invoiced

Invoice the following email address: _____

Charges (if applicable):

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

COMMENTS: _____

**** 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 ³	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**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

<i>Medical Forms & 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
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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

Bermuda Institute of Ocean Sciences
Ferry Reach, St. George, GE 01, Bermuda

Release and Assumption of Risk Form

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

FROM: _____

I desire to participate in activities (for example, but not limited to: scientific, research, educational, recreational, volunteer and other activities; hereinafter referred to as the "Activities") in conjunction with the Bermuda Institute of Ocean Sciences; and I fully understand and appreciate certain dangers and risks may occur, including but not limited to hazards of accident or illness, SCUBA diving, snorkeling, transportation by air, land or sea, dock operations, laboratory operations, potential exposure to dangerous weather, animals, plants, minerals, chemicals, equipment, surfaces, furniture, fixtures and fittings, temperatures, radiation and other dangers, hazards and risks inherent in the Activities, including risks associated with the transportation to and from the Activities and risks in any independent Activities I undertake as a participant in the Activities, which could also include serious and even mortal injuries and/or property damage.

Knowing the particular dangers, hazards, and risks of such Activities, and in consideration of being permitted to participate in the Activities, on behalf of myself, my family, heirs, personal representatives, I, the undersigned, agree to assume all the risks and responsibilities involved with and surrounding my participation in the Activities, transportation to and from the Activities, and in any independent Activities undertaken as a participant thereto, and in advance, I release, waive, forever discharge, and covenant not to sue RELEASEES, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage or injury, including, but not limited to suffering and death, that may be sustained to me or any property belonging by me, whether caused by the negligence or carelessness of the RELEASEES, or otherwise, while in, on, or in transit to or from the premises where the Activities, or any adjunct to the Activities, occurs or is being conducted.

I understand and agree that RELEASEES do not have medical personnel available at the location of the Activities. I understand and agree that RELEASEES are granted permission to authorize emergency medical treatment, if necessary, and that such action by RELEASEES shall be subject to the terms of this Agreement. I understand and agree that RELEASEES assume no responsibility for any injury, damage or death, which might arise out of or in connection with any attempted emergency medical treatment, including unauthorized, incompetent, incomplete or negligent treatment.

It is my express intent that this Agreement shall bind members of my family and spouse, my estate, family, heirs, personal representatives, or 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 my family or me, 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 fully informed myself of the content of this Agreement by reading it before I sign it, 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 risks and despite this release. I further state that I am at least 18 years of age and fully competent to 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.

PARTICIPANT:

WITNESS:

Signature of Participant

Signature of Witness

Print Name

Print Name

Date

Date

Participant Home Address: _____

In case of accident or illness notify:

Name & Address: _____

Phone #: _____ E-Mail: _____

Student (or parent/guardian) signature

Date

Date of Birth