R/V ATLANTIC EXPLORER PRE-CRUISE PLANNING FORM

Instructions: Please complete this form and email to: <u>marine@bios.edu</u> 90 days in advance of the cruise.

Name:
Chief Scientist:
Principle Investigator (Ancillary User):
Address:
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	on:			
Payment Method - C	Order	Other		
following informatio users.	n must be provided for all ar	ncillary projects and		
Project Title:				
PI:	Phone #:	Email:		
Address:				
			_	
Institution: if more	than one list primary institut	tion		
Sponsoring Agency:				
Grant # if available:				
	of all participating individua			
			_	
			_	
			_	
			_	
PRIMARY PROJECT I	REQUIREMENTS:			
Number of ship days	•			

Form (080ct2012)

Number of d	lock days befo	re cruise:		
Number of d	lock days after	r cruise:		
Requested C	ruise Dates:			_
Acceptable A	Alternatives:			_
Area of Ope	rations:			
(Number of		e testing of equi	zation and Demob pment? Will you n	
	_			
Diving:	Yes	No		
Shipboard E Required:	quipment and	d Instruments		

XBT:	Yes No
Any Specia	al Electrical Requirements?
	
Raw Sea W	/ater Hook up? Yes No
	d samples is to be exported out of Bermuda a export pern applied for by using this form.
Supporting	g Personnel Required From Ship (Technicians/Deck Han
	
	
Underway Available)	and/or Station Requirements (Attach Sampling Plan if:
, , , , , , , , , , , , , , , , , , , ,	

SURFACE DEP	LOYED EQUIPMENT	(FLOATING ARRAYS):	
Do you intend to deploy surfa	ace floating	equipment?	Yes N
Note: All floating arrays dep be fitted with a radio beacon		ANTIC EXPLORER must	
ACOUSTICS: Do you plan to use undersea charges?	sonic emitters, dragg	ged devices or explosive	
Yes No If yes, the BIOS Mari information to the Command two weeks prior to any such	ler, Naval Oceanogra	required to forward such phic Command at least	
HAZARDOUS MATERIALS AN	D CHEMICALS:		
Do you plan to have equipme flammable, explosive, toxic		oard which are	
Yes No			
A Material Safety Data Sheet chemical and radio active ma on the cruise. You must also adequate to respond to your	aterial that will be bo provide chemical sp	rought aboard and used ill clean-up supplies	
No. Item	Qty on Board	<u>Location</u>	

6)

7)

Form (080ct2012)		
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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 <u>digitally</u> should be emailed to <u>marine.operations@bios.edu</u>

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:			

Form (080ct2012)	RVAE_CM_502_R/V Attantic Explorer Pre-Cruise Planning Form (080ct2012)		
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