APPENDIX 2

CRUISE PLAN R/V OCEANUS

Oregon State University College of Earth, Ocean & Atmospheric Sciences

FILING DATE:
CRUISE NUMBER:
TITLE:
CONTRACT/GRANT NUMBER:
PRINCIPAL INVESTIGATOR(S):
PURPOSE: (Short, non-technical statement on how cruise relates to overall project)
ITINERARY: (Include station positions and route waypoints.)
WILL RADIOACTIVE METHODS BE USED? YES NO
If so, list OSU radiation use authorization number:
WILL YOU BE BRINGING HAZARDOUS MATERIALS ABOARD? YES NO If so, you are responsible for providing the Master with an Inventory of such materials & associated MSDS sheets.
It so, you are responsible for providing the master with an inventory of such materials & associated misps sheets.
SAMPLING PLAN:
EQUIPMENT REQUIRED: (Should be included on Shared-Use Equipment request form)

Appendix 2

SCIENTIFIC PERSO	ONNEL TO BE ONB	OARD:	(Provide ful	ll legal nam	e, gender &	affiliation)	
Scientist in Charge:							
Co-Chief Scientist(s):							
Party Chief:							
Technicians:							
Grad Students:							
Undergraduate Studen	ts:						
Observers:							
OSU Marine Technic	cian(s) Assigned to C	ruise:					
USER SUPPLIED E	OHPMENT:						
Vans/Containers:	QUI MEM.						
Number:							
Size:							
Estimated Weight:							
Location:							
OTHER BULKY HE	AVY ITEMS:						
Location:							
Estimated Weight:							
BILLING INFORMA	ATION:						_
Name:							
Address:							
City, State, Zip							
Phone:							
Account Number (or n	umber to reference):						

Appendix 2 CRUISE PLAN R/V OCEANUS

Primary Project Discipline: (Select all that apply)	
 ☐ Physical Oceanography ☐ Acoustics ☐ Chemical Oceanography ☐ Biological Oceanography ☐ Environmental Ecology ☐ Fish Investigation ☐ Climate/Meteorology 	Geology & Geophysics Mapping/Charting Ocean Engineering Training Transit/Non-science Pollution Assessment Other

Additional Cruise Info:

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SCIENTIFIC PERSONNEL TO BE ONBOARD:

	Full Legal Name	Gender	Affiliation	Function
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