#### **APPENDIX 2**

### **CRUISE PLAN R/V OCEANUS**

Oregon State University College of Earth, Ocean & Atmospheric Sciences

| FILING DATE:               |  |
|----------------------------|--|
| <b>CRUISE NUMBER:</b>      |  |
| 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 & ass | ociated MSDS sheets. |

**EQUIPMENT REQUIRED:** (Should be included on Shared-Use Equipment request form)

For additional space to list scientific personnel, see page 4.

| SCIENTIFIC PERSONNEL TO BE ONBOARD: (Provide full legal name, gender & affiliation) |  |  |  |  |
|---|--|--|--|--|
| Scientist in Charge:  |  |  |  |  |
| Co-Chief Scientist(s):  |  |  |  |  |
| Party Chief:  |  |  |  |  |
| Technicians:  |  |  |  |  |
| Grad Students:  |  |  |  |  |
| Undergraduate Students:   |  |  |  |  |
| Observers:  |  |  |  |  |

| USER SUPPLIED EQUIPMENT: |  |  |  |  |
|--------------------------|--|--|--|--|
| Vans/Containers:         |  |  |  |  |
| Number:                  |  |  |  |  |
| Size:                    |  |  |  |  |
| Estimated Weight:        |  |  |  |  |
| Location:                |  |  |  |  |

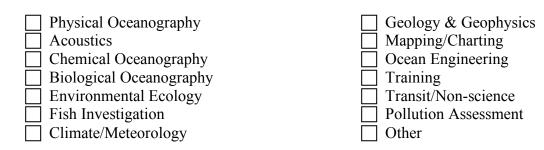
| OTHER BULKY HEAVY ITEMS: |  |  |  |  |
|--------------------------|--|--|--|--|
| Location:                |  |  |  |  |
| Estimated Weight:        |  |  |  |  |

| BILLING INFORMATION:                     |  |  |
|--|--|--|
| Name:                                    |  |  |
| Address:                                 |  |  |
| City, State, Zip                         |  |  |
| Phone:                                   |  |  |
| Account Number (or number to reference): |  |  |
|  |  |  |

| DO YOU WANT CELLULAR/INMARSAT PHONE ACCESS:                                    | YES | NO |
|--|-----|----|
| Chief Scientist will be responsible for all charges – dedicated science phone. |     |    |

### Appendix 2 CRUISE PLAN R/V OCEANUS

Primary Project Discipline: (Select all that apply)



Additional Cruise Info:

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# SCIENTIFIC PERSONNEL TO BE ONBOARD:

|          | Full Legal Name | Gender | Affiliation | Function |
|----------|-----------------|--------|-------------|----------|
| 1        |                 |        |             |          |
| 2        |                 |        |             |          |
| 3        |                 |        |             |          |
| 4        |                 |        |             |          |
| 5        |                 |        |             |          |
| 6        |                 |        |             |          |
| 7        |                 |        |             |          |
| 8        |                 |        |             |          |
| 9        |                 |        |             |          |
| 10       |                 |        |             |          |
| 11       |                 |        |             |          |
| 12       |                 |        |             |          |
| 13       |                 |        |             |          |
| 14       |                 |        |             |          |
| 15       |                 |        |             |          |
| 16       |                 |        |             |          |
| 17       |                 |        |             |          |
| 18       |                 |        |             |          |
| 19       |                 |        |             |          |
| 20       |                 |        |             |          |
| 21       |                 |        |             |          |
| 22<br>23 |                 |        |             |          |
|          |                 |        |             |          |
| 24       |                 |        |             |          |
| 25       |                 |        |             |          |
| 26       |                 |        |             |          |