UNIVERSITY-NATIONAL OCEANOGRAPHIC LABORATORY SYSTEM

An association of Institutions for "he coordination and support of iversity oceanographic facilities UNOLS Office P.O. Box 392 Saunderstown, RI 02874

RESEARCH VESSEL CRUISE ASSESSMENT By Chief Scientist

1.	PI/Chief Scientist:		2.	Ship:		
3.	PI/Chief Scientist Institution:		4.	4. General Type of Work:		
5.	Cruise, Expedition, Leg No., and/or Project N	ame:	-			
			Procedures Employed:			
6.	Area of Operations:					
			7.	Dates of Cruise:		
8.	Days Total:		9. Days Transit:			
10.	Days Stations:			11. Days Underway Surveying:		
12.	Was Cruise Successful in Terms of Your Scientific Control of Your Scientifi	entific Project? (Please circle t	est ch	oice)		
	Fully Partially	Marginally-Successful		Unsuccessful		
13.	What ship did you request if not this one?					
14.	Where you given adequate advance informat	ion by the operating institution	concer	ming equipment an	nd technician services provided?	
	Yes	No				
¹ 5.	Work lost because of weather.		Days	s:	Stations:	
J.	/ork lost because of ship, ship's scientific equipment or ship's personnel:		Days	s:	Stations:	
17.	Work lost because of user provided scientific equipment:		Days	s:	Stations:	
18.	Factors adversely affecting cruise success (include percentage estimate if possible):					
	Main engine Electric power		0	fficers & Crew	Other	
	Ship's Technicians Pre-cruise liaison		Scientific equipment			
19.	Please circle equipment used:					
	Crane or A-frame Winches	ADCP	Com	puters	Other electronics	
	Other (specify)					
20.	List safety related problems recommended for	or follow-up:				
21.	Comments, details of problems, suggestions		both si	accessful and unsu	uccessful cruises.	
	(Use other side and additional pages as nece	essary.)				
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Please forward this form to the UNOLS office via the operating institution's Marine Office—in the envelope provided. These evaluations will be used to assist operating institutions and funding agencies in their efforts to improve the quality of research vessel operations.