1. Date:

2. Principal Investigator:

3. Chief Scientist:

4. Phone/Fax:

5. Cruise Title:

### 6. Requested date and time of loading:

7. Requested date and time of departure from port: **6:55 A.M. on**

***SAFETY LECTURE AND FIRE DRILL WILL START ONCE THE ENTIRE SCIENCE PARTY IS ASSEMBLED ON THE MAIN DECK 10 MINUTES PRIOR TO DEPARTURE – SHIP WILL NOT LEAVE THE DOCK PRIOR TO COMPLETION OF THE LECTURE AND DRILL***

### 8. Requested date and time of return to port: **5:00 P.M. on**

### 9. Requested date and time of off-loading:

## YOU MUST OFF-LOAD WITHIN 24 HOURS OF RETURNING TO PORT

10. Are you planning on working in Canadian waters?

11. If you are planning on working in Canadian waters, do you have the necessary clearances?

12. **Attach** track chart showing station locations and coordinates, as per instructions on page 2 of the cruise manual. Please give coordinates in decimal minutes: DDº mm.dddʹ

13. Please provide detailed information on each station's activities. Attach separate sheets if necessary. Please estimate time on each station:

14. List the equipment and gear that will be brought aboard. For large items give the size and weight. Attach separate sheets if necessary:

15. List **ALL** chemicals brought aboard. Include type and quantity. Bring three copies of the Material Safety Data Sheets for each chemical to the boat (copies for the wet lab, dry lab and pilot house – and additional copy for the radioisotope van if it is in use):

***NOTE****: BRING ONLY THE QUANTITY OF CHEMICALS THAT YOU NEED. EXCESSIVE AMOUNTS SHOULD BE AVOIDED. PACKAGE EACH IN BREAK-PROOF CONTAINERS IF POSSIBLE.*

***NOTE:*** *UPON RETURN TO PORT, WASTE CHEMICALS SHOULD BE PROPERLY PACKAGED, LABELED, AND DISPOSED OF ACCORDING TO THE UNIVERSITY OF MINNESOTA’S HAZARDOUS CHEMICAL WASTE MANAGEMENT HANDBOOK.*

16. List all radioactive materials. Include volume, total activity, and chemical form of the isotope. Use of radioisotopes must be discussed with the ship’s manager prior to the cruise:

17. List shipboard scientific equipment (Niskin bottles, CTD profiler, etc.) and quantity of each that will be needed for each station. If using a ship-provided coring device, who is providing core liners?:

18. List deck equipment that will be needed at each station:

19. List refrigerator and freezer space needed for the cruise:

20. Water and Power needs:

21. Will fish trawling be performed?

If yes, **attach** a copy of a Minnesota DNR permit.

22. **List of scientific personnel.** Use separate sheets if necessary. Please indicate if any individual has any significant medical problems.

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| --- | --- |
| **Name and Title (e.g. Professor, graduate student, etc.)** | **Dates Aboard** |
| Marine Technician | all |
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23. List special dietary needs and/or preferences (i.e., diabetic, vegetarian, etc.):

**NOTE - FOR OVERNIGHT CRUISES:** Please give a copy of the **Medical Survey and Consent** form (found on the Blue Heron website) to each cruise participant prior to the cruise. Each member of your party should fill out the form and bring it to the vessel on the first day of the cruise. The form will be kept on the vessel in a lock-box and the information on the form will only be used in case of emergency. **If one of your science party has a potentially serious medical condition (e.g. heart condition, diabetes, pregnancy, etc.) we strongly suggest that they consult with their doctor regarding the advisability of participating on the cruise prior to boarding the ship.**

**Return the completed CRUISE PLANNING form to:**

e-mail: ricketts@d.umn.edu