

## Woods Hole Oceanographic Institution – Shipboard Scientific Personnel Form

R/V \_\_\_\_\_ Voyage # \_\_\_\_\_ Chief Scientist: \_\_\_\_\_

Title (Dr., Ms., Mr.) & Full Name: \_\_\_\_\_ Sex: M F Phone (Bus.) \_\_\_\_\_  
(AS APPEARS ON PASSPORT)

Affiliation (Inst./Employer): \_\_\_\_\_ e-mail: \_\_\_\_\_

Position on Cruise: \_\_\_\_\_ Student: Grad UnderGrad

Business Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizen of: \_\_\_\_\_ Passport #: \_\_\_\_\_ Passport Exp. Date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_ Exp. Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(FOR DOMESTIC VOYAGES) (AS APPEARS ON LICENSE)

Person to Notify in Case of Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Their Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**The following information is REQUIRED. PLEASE FILL OUT ACCURATELY AND COMPLETELY**

Is your work on this voyage part of the: Primary project Ancillary project Other

Full Title of Science Project: \_\_\_\_\_

Sponsoring Agency (NSF, ONR, etc.): \_\_\_\_\_

Grant/Contract Number: \_\_\_\_\_ Discipline (Biology, etc.): \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Current Year Funding: \$ \_\_\_\_\_

Method of Payment for Cruise Expenses: P.I. Purchase Order Credit Card Other

Payment Method Details: \_\_\_\_\_

**Medical Information:** The undersigned affirms that I am qualified to perform the essential functions of shipboard duties at sea for extended periods of time, and that I have no physical defects, ailments or disability that prevent or limit the performance of these essential functions. If I require medication, I will insure that I have an adequate supply before boarding the vessel, recognizing always that the cruise schedule is subject to change without notice.

Not Applicable Prescription Drugs (type): \_\_\_\_\_

Food Allergies / Dietary Restrictions: \_\_\_\_\_

Past or present medical history and health problems: \_\_\_\_\_

Actions to be taken by others in the event I am unable to provide for my own emergency care: \_\_\_\_\_

**Alcohol Policy:** No person, including but not limited to scientific party, crew, employees, guests, visitors and others may bring, possess or consume alcohol aboard an Institution vessel. No person shall report for duty under the influence of alcohol whether the vessel is in port or at sea. The vessel's Master is legally authorized and empowered to search any part of the ship (including staterooms and personal effects) at any time, upon reasonable suspicion or information, for alcoholic beverages or other contraband. Any person in violation of this policy is subject to immediate removal from the vessel and further administrative and legal penalties.

**Drug Policy:** Woods Hole Oceanographic Institution is a Zero Tolerance organization. The possession or use of any controlled substance is forbidden and will not be tolerated. The vessel's Master is legally authorized and empowered to search any part of the ship (including staterooms and personal effects) at any time, upon reasonable suspicion or information, for illegal drugs or other contraband. If illegal drugs are found on any vessel the responsible person(s) will be immediately turned over to the proper authorities. State and federal authorities have promulgated extensive regulations regarding alcohol and chemical testing. You may be subject to alcohol and chemical testing pursuant to law or in the event of a "Serious Marine Incident".

**Radioactive Materials Policy:** No radio isotopes will be permitted aboard ship without express approval from WHOI's Radiation Safety Committee and adherence to WHOI's Isotope User's Manual.

**Hazardous Material Policy:** Scientists must provide ship with Material Safety Data Sheets (MSDS) for ALL Hazardous Materials.

**Staying Aboard Vessel:** Cruise participants are allowed to move aboard two nights before departure if away from WHOI (one night before departure if located at WHOI). Science party will move off the day after arrival.

I have read, understood and agree to the terms and conditions stated on this "Shipboard Scientific Personnel form, Waiver of Liability, Indemnity and Consent Agreement"

Signature of Cruise Participant \_\_\_\_\_ Date \_\_\_\_\_

Please email return this form to: Kimberly Ray kray@whoi.edu or by mail to: Kimberly Ray, Marine Operations, MS#37, Woods Hole Oceanographic Institution, 266 Woods Hole Road, Woods Hole, MA 02543. ONE MONTH BEFORE THE CRUISE BEGINS.