

APPENDIX X

DRAFT POST CRUISE ASSESSMENT REPORT (9/17/96)

Please complete and E-Mail to Prince@mlml.calstate.edu and unols@gsosun1.gso.uri.edu

- 1) Ship's Name:
- 2) Cruise dates:
- 3) Chief Scientist:
Master:
Marine Technician:
- 4) Name of project/cruise, cruise or leg #:
- 5) Type of work:
- 6) Area of Operations:
- 7) Were the science objectives of this cruise met? yes no
Please explain, especially if objectives were not met
- 8) Number of days lost: Reasons for lost days:
- 9) Are there changes you would recommend before this ship is used again for this or similar projects that would improve either the safety of the operation or the results?
- 10) Any suggestions for improving the pre-cruise planning and coordination, logistics, shore support or living conditions on the vessel.
- 11) Any comments or praise regarding the vessel's operation, equipment, ship's personnel, technicians, shore support or science party.
- 12) Name/position of person completing this form:
- 13) Return e-mail address (or alternate method for response):
- 14) If there are important questions you would rather communicate orally please feel free to call the Marine Superintendent(phone #) or the executive director of UNOLS(401-874-6825).