R/V F. G. WALTON-SMITH
Configuration Form & Cruise Planner

INSTRUCTIONS: Select the shaded box and type ‘X’ or provide the detailed information requested.

UM MARINE OPERATIONS CONTACT INFO

This form cannot encompass all the possible variations of your cruise’s configurations. We encourage all science participants to call and address any concerns, potential conflicts or special considerations. We will make every attempt to satisfy your requests.

Marine Operations Phone - (305) 421-4832
Email: MarOps@rsmas.miami.edu

George Pellissier, Director
Cell: (786) 877-4796
gep44@rsmas.miami.edu

Miguel McKinney, Assistant Director
Cell: (305) 781-1988
mmckinney@rsmas.miami.edu

Date This Form Submitted (mm/dd/yy): ______
Cruise Number (WSyy###) (yy = year   ### = julian date for 1st day of cruise): WS_____
Cruise Title : ______
Cruise Start Date (mm/dd/yy): ______
Principal Investigator: ______
Institution: ______
Funding Agency: ______
CHIEF SCIENTIST CONTACT INFORMATION

Chief Scientist: _____ Institution: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Country: _____
Office phone#: _____ Alternate phone: _____
E-Mail: _____

Co-Investigator: _____ Institution: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Country: _____
Office phone#: _____ Alternate phone: _____
E-Mail: _____

GENERAL CRUISE INFORMATION

Narrative of Cruise Objectives (not Grant Title): _____

Cruise Itinerary (Attach additional sheets, as necessary):

<table>
<thead>
<tr>
<th>Port(s)</th>
<th>Dates</th>
<th>Port Purpose (loading, embarkation, etc.)</th>
</tr>
</thead>
<tbody>
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</table>

Is foreign clearance required? (Note: Some clearances require at least 6 months advance notice.)

□ Yes □ No Country: _____

Hazardous Materials (include type & quantity)

  - Radioactive Material: _____
  - Explosives (incl. Gases): _____
  - Lithium batteries: _____
  - Other: _____

Science compliment must supply MSDS sheets for all hazardous materials listed above.

Total number in scientific party: _____
If any of the scientific party is handicapped, please provide the accommodations needed: _____

Please submit a UNOLS Cruise Personnel Manifest when you submit this Config Form. The UNOLS Manifest form is available on the F.G. WALTON SMITH Cruise Planning website at http://www.rsmas.miami.edu/resources/marine-department/cruise-planning-manual/
EQUIPMENT REQUEST LIST

Complete the following list as accurately as possible. Select the shaded box and type ‘X’ or provide the detailed information requested. If the form is incomplete, we cannot guarantee the equipment requested will be available for your cruise. Please note that equipment availability is limited. Conflicts for equipment requests are resolved by the date of receipt of this form.

SECTION I: SAMPLING, DATA & NAVIGATION SYSTEMS

CTD Systems/CAROUSEL Water Sampler
(Note: CTD equipment requires electromechanical cable; see Section II)

☐ 12ea 10L NISKIN bottles
☐ 24ea 10L NISKIN bottles*

(*Standard CTD aboard is 12-bottle system; 24-bottle may be available with ample notice.)

Approx number of Casts: _____ Max Depth (meters): _____

Auxiliary CTD Sensors
☐ Dissolved Oxygen
☐ Fluorometer
☐ Underwater PAR (2,000m depth)
☐ Altimeter
☐ Transmissometer: 25cm; 660nm
☐ Surface PAR (deck only)

Water Analysis
☐ Salinity No. of Samples: _____

MOCNESS System (1 m)
☐ MOC 1 (Note: Requires Electromechanical .322” cable; See Sect. II)

Approx number of Tows: _____ Max Depth (meters): _____

Net mesh size: ☐ 153 micron; # of nets _____ ☐ 335 micron; # of nets _____

(NOTE: A full complement is 9 nets.)

Auxiliary sensors: ☐ Fluorometer ☐ Transmissometer: 25cm; 660nm

(NOTE: Temperature, conductivity and pressure are included, unless otherwise noted.)

Oceanographic Coring Equipment

☐ Benthos Gravity Corer (Note: Liners and caps to be provided by user)

No. of drops: _____

☐ Bottom Grab

No. of drops: _____
Other Systems/Auxiliary Sensors

- Virtual Integrated Data System, (VIDS) – Data Acquisition System
  - GPS Position
  - Water depth
  - Barometric Pressure
  - Solar Radiation PSP
  - Wind Speed
  - Fluorometer, Chlorophyll
  - POSMV320 Inertial Nav
  - Sea Surface Temperature
  - Air Temperature
  - Solar Radiation TUV
  - Wind Direction
  - Fluorometer, C-DOM
  - Ship Speed
  - Sea Surface Salinity
  - Relative Humidity
  - Solar Radiation PIR

- CHIRP Depth Sounder
  - 3.5 kHz
  - 28 kHz
  - 200 kHz
  - Max Depth (meters): ______
  - Estimated Use Time (Hrs): ______

- Acoustic Doppler Current Profilers (ADCP)
  - Frequencies:
    - 600 kHz Broadband
    - 75 kHz Ocean Surveyor
    - 1200 kHz Workhorse (Note: Requires pole mount; See Section II)

- XBT System (Note: Probes to be supplied by user)
  - No. of probes: ______
  - Probe Model #: ______

- Portable Autoclave/Sterilizer

- Fume Hood (Wet Lab)
  - Chemicals to be Used: ______
  - Quantity: ______
  - Chemicals to be Used: ______
  - Quantity: ______
  - Chemicals to be Used: ______
  - Quantity: ______

  Bring respective MSDS sheets for each chemical to be used.

- Reagent Grade Water (Meets and exceeds CAP or NCCLS Type I Ultra-pure water)
  - Estimated quantity (gal): ______
SECTION II: SHIPBOARD SCIENTIFIC SUPPORT EQUIPMENT

☐ Pole Mount Assembly (MAX SHIP SPEED < 5 knots WHEN DEPLOYED)
   Intended Use: ______
   Science supplied equipment to be used: ______

☐ Electromechanical Cable, .322” Three Conductor
   Intended Use: ______
   Length Needed (meters): ______
   Estimated Maximum Payload: ______

☐ Light Trawling Wire, 3/8” 3X19
   Intended Use: ______
   Length Needed (meters): ______
   Estimated Maximum Payload: ______

☐ Request other cable or wire
   Size: ______
   Intended Use: ______
   Length Needed (meters): ______
   Estimated Maximum Payload: ______

☐ Small Boats

☐ 16’ RHIB or 15’ foam collar, both center console with 90 hp outboard

☐ 15’ Boston Whaler center console with 40 hp outboard

   Intended Boat Use: ______

   Will there be any night usage? ☐ Yes  ☐ No  Estimated daily hours of night operations: ______

   Science Party Supplied Boats? ☐ Yes  ☐ No
   How many boats? ______
   Intended Usage? ______
   Science Party Boat details (make/model/weight/fuel type/etc.) ______

☐ Special Refrigeration or Freezer Requirements. (Note: Standard upright fridge/freezers onboard.)
   Requirements: ______
Dive Operations

NOTE: A UM Dive Safety Office approved Dive Plan MUST BE submitted 30 days in advance of the cruise. Dive Plan information can be found on the Cruise Planning website at http://www.rsmas.miami.edu/resources/marine-department/cruise-planning-manual/. Email the Dive approved Plan to marops@rsmas.miami.edu. No diving will occur from the F.G. WALTON SMITH unless the approved dive plan is received by Marine Operations.

Briefly Describe the Dive Operations: _____

# of divers: _____    AAUS Divers?    ☐ Yes    ☐ No
Diving Compressor Needed    ☐ Air    ☐ Nitrox    ☐ None
# of Dive Tanks Needed    ☐ Air    ☐ Nitrox

SECTION III: SCIENCE SUPPLIED EQUIPMENT

Please list and describe ANY and ALL equipment which requires special consideration (e.g. electrical, water, welding, etc.) and provide specific details. UNOLS’ Research Vessel Safety Standards (RVSS) require science supplied winches and tension members be accompanied by appropriate documentation. Attach additional documentation as necessary.

☐ Additional Winch/Tension Member Requirements
   Intended Use:
   Type of Wire/Cable: _____    Diameter: _____
   Length, meters: _____    Maximum Payload: _____
   Does winch or tension member meet all UNOLS RVSS requirements?    ☐ Yes    ☐ No

☐ Other Science Compliment Supplied Equipment

Briefly Describe Equipment:

________________________________________________________________________

________________________________________________________________________

Electrical Req:    Volts_________    Amps_________    Phase_______    Frequency_______    Watts_______
Deck Equipment Info:    Length_________    Width_________    Height_______    Weight_________

Other considerations:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**SECTION IV: EXPORT CONTROLLED ITEMS**

You must supply information on all Export Controlled Items. Contact your institution’s Export Control office or General Counsel for assistance with export controlled items. Examples of export controlled items include, but not limited to: accelerometers, sensors, transducers, underwater acoustics, SONAR, night vision goggles, etc.

**Note: Must supply copies of required export license(s).**

<table>
<thead>
<tr>
<th>Detailed Item Description</th>
<th>ECCN or Category</th>
<th>Export License #</th>
<th>License Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMPLE:</strong> Unmanned submersible vehicle, capable of operating at depths exceeding 1,000m with fiber optic data link.</td>
<td>8A001.c.2</td>
<td>EAR0987654321</td>
<td>04/28/2018</td>
</tr>
<tr>
<td><strong>EXAMPLE:</strong> Honeywell QA-3000 accelerometer.</td>
<td>VIII(e)</td>
<td>ITAR0987654321</td>
<td>05/17/2018</td>
</tr>
</tbody>
</table>

The above items are EXAMPLES only for the purpose of reference in how to complete the required fields. Please consult with your institution’s export control office or general counsel for assistance.

*Attach additional sheets if necessary.

Is any of the research or activities taking place for military specific research?  □ YES  □ NO
Is any of the research or activities taking place considered classified or highly restrictive? □ YES  □ NO
If yes, will you require a secured/privacy room to work on equipment or analyze data? □ YES  □ NO

Please email this completed Config Form to MarOps@rsmas.miami.edu