

Chief Scientist:		Ph:	MPC:
Event #(s):		E-mail:	Date:
Cruise #:		When finished, click the Submit button on page 7. Your answers will be attached to a pre-addressed e-mail. If this does not work, save this PDF using the Save button and attach the file to an e-mail addressed to marinewriter@usap.gov .	
Planning Services			
	SIP process met expectations?		
	RSP helpful and timely?		
	POC responsive?		
Medical Services			
	Kits received on time?		
	Questions answered?		

Cruise #:
Date:

Travel Services	
	TRW available and understandable?
	Ticketing completed easily?
	Meet and assist service met requirements?

Environmental Issues	
	Sample permits received okay?
	ACA permits received okay?
	Waste handling needs met?

Cruise #:

Date:

Equipment Availability

Requested equipment available?

Damaged?

Late?

ECW gear in good condition?

Lab Space Adequate? (electrical needs, bench space, water, etc.)

Remote Sensing support needs met? (QFax, Terascan, etc.)

Cruise #:

Date:

Hotel Services

Cabins clean and neat?

Linens clean and in good condition?

Food quality and variety was good?

Research Objectives

All accomplished?
If not, please explain (weather, ice, equipment, personnel, etc.).

Cruise #:

Date:

Safe Practices

Please give us your feedback about safety onboard this USAP vessel. Please give as much detail as possible.

Future Cruises

If returning for another cruise, are there any additional equipment or support needs your group anticipates?

Anything you would like to see changed?

Cruise #:
Date:

Personnel Review	
ECO	
RPSC	

Other Issues	
Diving, Zodiac, E-mail support, interactions with stations, etc.).	

Cruise #:

Date:

Additional Comments/Overflow: