

Charter Comment Form - Marine Operations

CRUISE INFORMATION
Chief Scientist / PI:
Agency:
Vessel Chartered:
Cruise Dates / Cruise ID:
Type/s of Work Conducted:
Area of Operation:
Type of Research Conducted:
EVALUATOR'S INFORMATION
Name:
Role Served:
Email:
Institution:
ASSESSMENT Note: Score of 5 indicates excellent/high, score of 1 indicates poor/low 1.) To what extent were the planned scientific objectives met? SCORE: 5 4 3 2 1
ADDITIONAL COMMENTS



	Rate the effective				Operations	team's pre	-cruise supp	ort (planning,
	sco		5	4	3	2	1	
	ADDITIONAL COMMENTS							
scie	Rate how well the entific objectives adition of lab spac	(equip	ment r	eadiness, co	ndition, liv	ing quarters	condition a	and habitability,
	sco	RE:	5	4	3	2	1	
	ADDITIONAL CO	MEN	TS .					
equ	Rate how well the ipment was approiliar with equipme	opriate ent etc	, opera	ational, read	ly for deplo	yment, doc	umentation,	
	SCC ADDITIONAL CON		5	4	3	2	1	
Shi	p Equipment Used	d:						
Ма	rine Ops-Provide	d Scien	tific E	quipment Us	sed:			