



R/V F. G. WALTON-SMITH

Configuration Form & Cruise Planner

INSTRUCTIONS: Select box 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: maropsadm@miami.edu

Don Cucchiara, Manager

Cell: (954) 593-1187

dcucchiara@miami.edu

Jocy Morejon, Office Manager

Cell: (786) 282-8651

jmorejon@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):

<u>Port(s)</u>	<u>Dates</u>	<u>Port Purpose (loading, embarkation, etc.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 <https://www.earth.miami.edu/about-us/administration/marine-operations/f-g-walton-smith-vessel/cruise-planning/index.html>**

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 Altimeter
 Fluorometer Transmissometer: 25cm; 660nm
 Underwater PAR (2,000m depth) 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

- | | | |
|---|--|---|
| <input type="checkbox"/> GPS Position | <input type="checkbox"/> POSMV320 Inertial Nav | <input type="checkbox"/> Ship Speed |
| <input type="checkbox"/> Water depth | <input type="checkbox"/> Sea Surface Temperature | <input type="checkbox"/> Sea Surface Salinity |
| <input type="checkbox"/> Barometric Pressure | <input type="checkbox"/> Air Temperature | <input type="checkbox"/> Relative Humidity |
| <input type="checkbox"/> Solar Radiation PSP | <input type="checkbox"/> Solar Radiation TUV | <input type="checkbox"/> Solar Radiation PIR |
| <input type="checkbox"/> Wind Speed | <input type="checkbox"/> Wind Direction | |
| <input type="checkbox"/> Fluorometer, Chlorophyll | <input type="checkbox"/> Fluorometer, C-DOM | |

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: _____

Length Needed (meters): _____

Intended Use: _____

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 <https://www.earth.miami.edu/about-us/administration/marine-operations/f-g-walton-smith-vessel/cruise-planning/index.html>

Email the Dive approved Plan to maropsadm@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).

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

*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 maropsadm@miami.edu