

ATLANTIC ZONE -- VESSEL OPERATION REPORT

MISSION NUMBER: _____ DATE: _____ TO: _____

VESSEL: _____ CLIENT DEPT.: _____

Form C (2 of 3) To be completed by ships personel and Senior Scientist in co-operation

Section to be filled out by Ship's Personnel					
1. OPERATIONS PROFILE	DAYS	TOTAL TIME	COMMENTS		
Total Time Allotted		100%			
On Task		%			
In Transit to/from Task Area		%			
SAR Mission		%			
Other Sea Time (specify)		%			
Turnaround/Provisioning		%			
Directed Alongside		%			
Weatherbound		%			
Other (specify)		%			
Sections 2, 3 and 4 to be filled out by Senior Scientist					
2. OPERATION	EXCEEDS	MEETS	ACCEPT	UNACCEPT	COMMENTS
Program Fulfilled					
Program-related Assistance by Ship's Officers/Crew					
3. VESSEL CONDITION					
Accommodation					
Food					
Laboratories					
Deck Space					
Hook-ups					
Boarding Craft					
Other (specify)					
4. VESSEL PERFORMANCE					
Did the vessel and vessel equipment (including fishing gear) function satisfactorily, and are any repairs necessary?					
Does any scientific equipment need servicing or repairs?					
Any improvements which would held to deliver your program requirements?					
CLIENT DEPARTMENT	OPERATING DEPARTMENT				
Program Representative: _____ Date: _____	Captain: _____ Date: _____			Additional Comments: _____ _____ _____ Date: _____	

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