

MLML SMALL BOATS CRUISE PLAN

1. General Information

Cruise Date: _____ Departure Time: _____ Estimated Time of Return: _____

Date and Time of Loading: _____ Diving? _____ (If yes, you **MUST** complete diving clearance with MLML Dive Officer)

a. Is your charter MLML Supported or Outside Funded? (Circle one)

b. Purpose? (Check one) Class _____ Thesis _____ Research _____ Other _____

Billing Information

Agency/Grant: _____ Account/PO# (Required): _____

Billing Address: _____

Billing Contact Person: _____ Phone: () _____

2. Participant Information

Chief Scientist: _____ Home Institution: _____ Phone: () _____

Boat Driver: (if other than person named above): _____

Boat Driver Affiliation: (Check one): MLML Student _____ CSU Student _____ Faculty/Staff _____ Other Affiliation: _____

List all persons in party

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. Float Plan

Area of Operation:

Type of Work:

Equipment/Boats/Technician Needed:

4. Shore Contact

This is a person who has knowledge of your Float Plan, and whom you will contact when you leave and return to the dock. **PLEASE PRINT**

Name: _____ Phone Number: (____) _____

5. Fish and Wildlife Information

CA Fish & Wildlife Permit holder name: _____ Permit #: _____

IMPORTANT: Permit holder is responsible for notifying CA F&W in advance of collection and must complete the catch composition report on the back.
Permit holder must be on board with the permit. (Monterey F & W Field Office #(831) 649-2870)

POST CRUISE REPORT

Date of Cruise _____ Time of Departure _____ Time of Return _____

Returned Small Boats/Firehouse Keys? YES or NO Called Shore Contact? YES or NO

Comments/Changes from cruise plan:

Name of Boat Driver: _____ Hours Use (to the nearest ½ hr.): _____

Hours of Engine Use (if different than above): _____ Engine Number: _____

Boat Used:

White Whaler Blue Whaler Navy Whaler Other
Small Achilles Red Achilles RHIB – Hurricane

Problems/Damage (Check all that apply):

Engine stalling/Poor Idle Engine Quit/Dead Cooling Water
Starting Problems/Won't Start Engine Dunked Damage to Boat
Engine Ran Aground Other

Please Describe Problem: _____

CATCH COMPOSITION REPORT *

| <u>SPECIES</u> | <u>APPROX. NUMBER</u> | <u>SEX (If Known)</u> | <u>DISPOSITION</u> |
|----------------|-----------------------|-----------------------|--------------------|
| | | | |
| | | | |
| | | | |

* Attach additional pages if necessary (Please submit to MLML Marine Ops when completed) Received _____

Signature of Captain/Boat Driver

Date

DO

DO NOT WRITE BELOW – OFFICE USE ONLY

INVOICE NUMBER: _____

SJSU RESEARCH FOUNDATION A/C #: _____

INVOICE DATE: _____

OBJECT CODE: _____

CUSTOMER ID: _____

QUANTITY (Hours): _____ HOURLY RATE: \$ _____

PO #: _____

TOTAL AMOUNT DUE \$ _____