



FIELD CARD FOR ACADEMIC LEADER

Fieldwork and
Research cruises

Date:
27.01.11

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PART 1:

Name: _____ Institution: _____

INFORMATION ABOUT THE (put x) FIELD WORK _____ or RESEARCH CRUISE _____:

Name on project/purpose: _____

Location: _____ Duration: From: _____ To: _____

Means of communication: _____

NAME OF FIELDWORK/RESEARCH CRUISE LEADER (if appointed): _____ Means of communication: _____

NEXT-OF-KIND (name, address, phone): _____

___ I confirm that I have read UiB's Guidelines for health, safety and environment (HSE) at fieldwork and research cruises.

___ I confirm that I will follow the current precautionary HSE procedures, and behave in a safe manner for myself and others.

Place/Date: _____ Signature: _____

The completed card must be stored at the Dept. A copy is to be kept by academic leader and if appointed fieldwork/research cruise leader.



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PART 2:

Participants (name and institution, means of communication on fieldwork/research cruise, next-of-kind):

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Place/Date: _____ Signature: _____

The completed card must be stored at the Dept. A copy is to be kept by academic leader and if appointed fieldwork/research cruise leader.