



FIELD CARD FOR PARTICIPANT

Fieldwork and
Research cruises

Date:
27.01.11

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Name: _____ Institution: _____

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

Name of project/purpose: _____

Location: _____ Duration: From: _____ To: _____

Means of communication: _____

NAME OF ACADEMIC LEADER (FAGLIG ANSVARLIG): _____

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 Department.