

Appendix L
Request for safety assessment of non TAMUG owned vessels

Date Submitted _____

Principal Investigator _____ Phone Ext. _____ Email _____

Project Title _____

Funding Source _____

Contract/Grant Administrator _____

Proposed Field Dates _____

Brief narrative of scope of work _____

Geographical Location of Field Work _____

Vessel Name _____

Vessel Owner/Operator Contact Information (telephone and/or email address)

Please provide the names of TAMUG personnel participating in this voyage.

In order to ensure that non-TAMUG owned vessels used for research and educational projects under the auspices of the OSP meet reasonable safety standards, the owners/operators of the vessels you intend to use will be contacted to establish compliance. Should you have any questions, contact Allan Post, ext. 4477 or email posta@tamug.edu.