Skidaway Institute of Oceanography
UNIVERSITY OF GEORGIA

MOCNESS REQUEST FORM

System Contact

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Skidaway Institute of Oceanography
10 Ocean Science Circle
Savannah, Georgia 31411

Date Submitted _____

Latest Revision Date _____

Vessel Point of Contact

Name _____

Institution _____

Title _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone (mobile) _____

Phone (office) _____

Science Point of Contact
(Person responsible for care of system)

Name _____

Institution _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone (mobile) _____

Phone (office) _____

Cruise Itinerary

Vessel _____

Cruise ID _____

Chief Scientist _____

Chief Sci. Email _____

Load Port _____

Load Date _____

Unload Port _____

Unload Date _____

Cruise Departure Date _____

Cruise Return Date _____

MOCNESS Shipping Info

Ship To:

Attention of: _____

Phone (mobile) _____

Phone (office) _____

Email _____

Full Ship-to Address

Nets

- ☐ 64 µm Quantity Needed _____
- ☐ 202 µm Quantity Needed _____
- ☐ 333 µm Quantity Needed _____
- ☐ 950 µm Quantity Needed _____

Codends

- ☐ Non-filtering
- ☐ Filtering

System Components

Check all that apply

Standard CTD Components

- ☑ Seabird SBE9 CTD
- ☑ ECO FLNTU-RTD CHL fluorometer
- ☑ SBE 43 dissolved oxygen sensor
- ☑ C-star 25cm transmissometer

Available Upon Request

- ☐ SBE11 Deck Unit
- ☐ Monitor
- ☐ Rack mounted PC

Project Info

Project Name _____

Funding Source _____

Deepest Cast Planned (m) _____

Project Objectives

Questions/Comments

Technical Support Requirements

- ☐ Onboard Tech Support – Marine technician assistance during the cruise, if available.
- ☑ Remote Tech Support

Office Use Only

Approved By _____

Title _____

Date _____