



# Request for Safety Assessment of Vessel Services to be provided by non-VIMS 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 VIMS personnel participating in this voyage.

In order to ensure that non-Institute owned vessels used for research and educational projects under the auspices of VIMS/SMS 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 Sharon Miller, ext. 7055, or email [smiller@vims.edu](mailto:smiller@vims.edu).