



Appendix L
Request for safety assessment of non-TAMUG-owned vessels

Please provide the names of TAMUG personnel, with their corresponding Emergency Contacts, participating in this voyage.

Principal Investigator _____ Phone Number _____

Email _____ Date Submitted _____

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 email address)

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 David Klaproth, 409-740-7190 or email dklaproth@tamug.edu.