

## **MLML Guidelines for Research Travel**

This request for travel information is intended to assist in the process of planning, organizing and traveling both in and out of the country to carry out MLML research, thesis or class work. It is of utmost importance that safety be considered a first priority when undertaking travel/research while in the field, whether within the U.S or in a foreign location. MLML requirements are in addition to those included from SJSU. Please contact the Health and Safety Officer if you have questions or need additional information.

*Prior to travel the following information must be approved and on file with:*

*Please initial when all information is complete and approved*

- Faculty advisor (or Supervisor)\_\_\_\_\_
- MLML Health and Safety Officer (Jocelyn Douglas – 771-4451)\_\_\_\_\_
- Small Boat and/or Diving Operations as necessary\_\_\_\_\_

*Please complete the following at least two weeks prior to travel dates:*

- Dive plan (contact Diana Steller – 771-4440)
- Float plan (contact John Douglas – 633-7022)
- Travel itinerary
- Communication schedule
- Contact information in case of an emergency (destination & MLML/local)
- Vehicle information
- SJSU travel request form (International or Domestic)
- MLML/SJSU Student Informed consent
- SJSU Authorization to Use Privately Owned Vehicle for Official University travel
- Security - contacts and provisions for safety of life and property

Please ensure that all appropriate items are completed and checked.

**Information on participants**

Number of participants \_\_\_\_\_  
Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Faculty/Supervisor \_\_\_\_\_  
Activity or event \_\_\_\_\_  
\_\_\_\_\_

**Dive plan on file (diving and snorkeling) – attach copy**

**Float plan on file – attach copy**

**Travel itinerary**

Dates of travel - depart: \_\_\_\_\_ return: \_\_\_\_\_  
Estimated travel time (one way): \_\_\_\_\_  
Destination(s)/Date(s): \_\_\_\_\_  
\_\_\_\_\_

**Communication Schedule**

Name of contact \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Alternate phone \_\_\_\_\_  
Dates/schedule of contacts (should be at least twice per week) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Taking MLML satellite phone: YES/NO

**Emergency Information**

*Destination Contact:*  
Name \_\_\_\_\_  
Phone/Alternate phone \_\_\_\_\_  
Local Emergency Facilities if any (police, hospital) \_\_\_\_\_  
\_\_\_\_\_

*MLML/Local Contact:*  
Name \_\_\_\_\_  
Phone/Alternate Phone \_\_\_\_\_

**Vehicle Information**

*If using MLML vehicle:*

Vehicle ID number \_\_\_\_\_

- Copy of Defensive Driving certificate for all drivers (*please attach*)

*If using personal vehicle:*

Vehicle make, model, and license number \_\_\_\_\_

- Copy of Insurance card (*please attach*)
- Copy of Driver's license for all drivers (*please attach*)

**Security – Personal Contacts and Provisions**

Local contact available to aid in personal and/or equipment safety \_\_\_\_\_

Other safety equipment (lock box, first aid kit, spare tire kit, cell phone) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_