

Instruction to fill in the FORM4

Questionnaire for Regular Line Observation

Please inform us about your regular line observation. This information is useful for other researchers and research organizations to cooperate on ocean research. The collected information by this questionnaire will be publicized at the web page of the project office.

INFORMATION OF SHIP OPERATOR	
ORGANIZATION NAME	The name of organization which carries out the regular line observation
ADDRESS	Post-mail address of the organization
TEL	Telephone number of the organization
FAX	Facsimile number of the organization
E-MAIL	E-mail address of the organization
DETAIL OF REGULAR LINE OBSERVATION	
OBSERVATION NAME	Name of the regular line observation
OBJECT OF OBSERVATION	Please describe the object of the regular line observation
OBSERVED AREA	Observation area indicated by Lat/Long or name of location/area
FREQUENCY OF OBSERVATION	Frequency of observation, such as one time a year, one time a month etc.
TYPE OF OBSERVATION	Observation type such as water sampling, CTD, XBT, ADCP etc.
NUMBER OF OBSERVATION	Number of observation with suitable unit such as station, drops, days, mile, or during cruise, etc.