

**UNOLS East Coast Van Pool**  
**Isotope Lab #1**  
**Sonic Barriers #625.5.02**  
**User Evaluation Form**

**Was the lab received in good condition?**

**Did the lab and installed equipment function satisfactorily during your cruise?**

**Was the documentation supplied with the lab sufficient?**

**Do you have any suggestions for improving the general usefulness of the lab?**

**Any other comments?**

Completed by: \_\_\_\_\_, Phone \_\_\_\_\_, email \_\_\_\_\_

Date completed: \_\_\_\_\_ Cruise: \_\_\_\_\_ on the R/V \_\_\_\_\_

Please return to Marine Operations, University of Delaware with the lab, email (deering@udel.edu), or by mail to College of Marine Studies, 700 Pilottown Road, Lewes, DE 19958, Attn: Timothy W. Deering. Thanks for taking the time to complete the form.