

**Ship Observations Team
National Report for 2012**

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| 1. | Country | BRAZIL |
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| 2. | Prepared by | Cdr Angela Maria Vieira Fernandes – Navy Hydrographic Center |
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3. **Contributing national marine organizations:**

Insert as applicable – VOS / SOOP / ASAP – Include additional detail where appropriate e.g (data management).

| | |
|---------------------|---|
| Organization | Navy Hydrographic Center |
| Programmes # | VOS |
| Website URL | http://www.mar.mil.br/dhn/chm/meteo |

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| Organization | |
| Programmes # | |
| Website URL | |

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| Organization | |
| Programmes # | |
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| Programmes # | |
| Website URL | |

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| Organization | |
| Programmes # | |
| Website URL | |

4. **List of National Focal Points for SOT / VOS / SOOP / ASAP** (see Appendix 1):
5. **List of Port Meteorological Officers** (see Appendix 2):
6. **Programme Reports**

Appendix 1: List of National Focal Points for SOT / VOS / SOOP / ASAP

BRAZIL

| Focal Point * | SOT | VOS | |
|-----------------------|---|---|--|
| Name | Cdr. Emma Giada Matschinske | Cdr. Angela Maria Vieira Fernandes | |
| Title | Head of Meteorology and Oceanography Superintendence | Head of Environmental Predictions Division | |
| Agency | Navy Hydrographic Center | Navy Hydrographic Center | |
| Postal Address | Centro de Hicrografia da Marinha Rua Barão de Jaceguay, s/n, Ponta da Armação. Niterói - RJ, Brasil. CEP: 24048-900. | Centro de Hicrografia da Marinha Rua Barão de Jaceguay, s/n, Ponta da Armação. Niterói - RJ, Brasil. CEP: 24048-900. | |
| Email | emma@smm.mil.br , emma@chm.mar.mil.br | angela@smm.mil.br , angela@chm.mar.mil.br | |
| Telephone | 55-21-2189-3024 | 55-21-2189-3027 | |
| Facsimile | 55-21-2620-8861 | 55-21-2620-8861 | |

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|-----------------------|--|--|--|
| Focal Point * | | | |
| Name | | | |
| Title | | | |
| Agency | | | |
| Postal Address | | | |
| Email | | | |
| Telephone | | | |
| Facsimile | | | |

* Insert as appropriate - SOT / VOS / SOOP / ASAP

Appendix 2: List of Port Meteorological Officers

BRAZIL

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|-----------------------|--|--|--|
| Port / Office | | | |
| Name | | | |
| Title | | | |
| Postal Address | | | |
| Email | | | |
| Telephone | | | |
| Facsimile | | | |
| Comment | | | |

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|-----------------------|--|--|--|
| Port / Office | | | |
| Name | | | |
| Title | | | |
| Postal Address | | | |
| Email | | | |
| Telephone | | | |
| Facsimile | | | |

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|-----------------------|--|--|--|
| Port / Office | | | |
| Name | | | |
| Title | | | |
| Postal Address | | | |
| Email | | | |
| Telephone | | | |
| Facsimile | | | |

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|-----------------------|--|--|--|
| Port / Office | | | |
| Name | | | |
| Title | | | |
| Postal Address | | | |
| Email | | | |
| Telephone | | | |
| Facsimile | | | |