

Boating Safety Float Plan

Date(s): _____ Departure Time: _____ Return Time: _____

Vessel(s): _____
(Name / State #'s or Documentation #'s / Length and Type / Color Description)

Departing From: _____ Launch/Recovery Site: _____

Transit Area: _____ Vehicle(s) Description: _____

Mooring Location: _____ Vehicle(s) License #: _____

Area(s) of Research: _____
(Latitude & Longitude and /or Name with Physical Description)

If operator has not returned or made contact as arranged please call the following emergency number:

(List the local USCG or Rescue Authority for your area of research)

Operator and Crew Information

1) Operator: _____ Phone #: _____

Additional Persons On Board:

(Name / Affiliation / Phone#)

- 2) _____
 3) _____
 4) _____
 5) _____

Weather Conditions & Forecast

<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <input type="radio"/> Inland <input type="radio"/> Offshore </div> <p>What are the forecasted conditions?</p> <p>Water Surface: _____</p> <p>Water Current: _____</p> <p>Wind: _____ / _____ <small>(velocity) (direction)</small></p>	<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <input type="radio"/> Day <input type="radio"/> Night </div> <p style="text-align: center;"><small>(Nav Lights & Rescue Lights Required)</small></p> <p>Visibility: _____ <small>(Distance NM)</small> (Clear / Fog / Haze / Rain)</p> <p>Sunrise: _____ Sunset: _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%; text-align: center;">High Tides</th> <th style="width: 50%; text-align: center;">Low Tides</th> </tr> </thead> <tbody> <tr> <td>Height _____ Time _____</td> <td>Height _____ Time _____</td> </tr> <tr> <td>Height _____ Time _____</td> <td>Height _____ Time _____</td> </tr> </tbody> </table>	High Tides	Low Tides	Height _____ Time _____	Height _____ Time _____	Height _____ Time _____	Height _____ Time _____
High Tides	Low Tides						
Height _____ Time _____	Height _____ Time _____						
Height _____ Time _____	Height _____ Time _____						

Mission Description	Checklist
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<p>Specific Type of Operations:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> # _____ PFD's <input type="checkbox"/> VDS- Flares & Non- Pyro <input type="checkbox"/> Radio <input type="checkbox"/> E.P.I.R.B. <input type="checkbox"/> Cell # _____ <input type="checkbox"/> Anchor <input type="checkbox"/> Bilge, Oil, antifreeze, fuel <input type="checkbox"/> Maintenance log 	<ul style="list-style-type: none"> <input type="checkbox"/> First Aid Kit <input type="checkbox"/> O2 Kit if Scuba <input type="checkbox"/> Flash Light <input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Paddles <input type="checkbox"/> _____ <input type="checkbox"/> _____
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