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

☐ **Inland** ☐ **Offshore**
What are the forecasted conditions?

Water Surface: _____
Water Current: _____
Wind: _____ / _____
(velocity) (direction)

☐ **Day** ☐ **Night**
(Nav Lights & Rescue Lights Required)

Visibility: _____
(Distance NM) **(Clear / Fog / Haze / Rain)**

Sunrise: _____ Sunset: _____

High Tides	Low Tides
Height _____ Time _____ Height _____ Time _____	Height _____ Time _____ Height _____ Time _____

Mission Description

Specific Type of Operations:

_____
_____
_____
_____

Checklist

- ☐ **# _____ PFD's**
- ☐ **VDS- Flares & Non- Pyro**
- ☐ **Radio**
- ☐ **E.P.I.R.B.**
- ☐ **Cell # _____**
- ☐ **Anchor**
- ☐ **Bilge, Oil, antifreeze, fuel**
- ☐ **Maintenance log**
- ☐ **First Aid Kit**
- ☐ **O2 Kit if Scuba**
- ☐ **Flash Light**
- ☐ **Food**
- ☐ **Water**
- ☐ **Paddles**
- ☐ **_____**
- ☐ **_____**