

Boating Float Plan Form

Department/Group: _____	
Date/Time of Trip: _____	
Trip/Event Coordinator: _____	x
Operators/Supervisors: _____	x

Date/Time Filed: _____

Planned Activity: _____

Weather Report: _____

Conditions on Plan? _____

Passengers/Participants: _____		11	
2 _____		12	_____
3 _____		13	_____
4 _____		14	_____
5 _____		15	_____
6 _____		16	_____
7 _____		17	_____
8 _____		18	_____
9 _____		19	_____
10 _____		20	_____

Vessel/Motor Description:

Make _____	In/Outboard _____
Model _____	Motor Make _____
LOA (ft) _____	Motor HP _____
Hull Type _____	Fuel Type _____
Registration No.# _____	Fuel Capacity _____
Assigned Mooring _____	Trailer Needed? _____

Trip Description:

	Time	Location
ETD/Home Port	_____	_____
ETA/Stopovers	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
ETA/Return Port	_____	_____

Safety Equipment:

Type II/III PFDs (#) _____	VDS _____
Type IV PFD _____	SPD _____
VHF/UHF/CB/Cell Phone _____	First Aid _____
Loran/SatNav/GPS _____	Flashlight _____
Fire Extinguisher _____	Binoculars _____
Emergency Flare Kit _____	Compass _____

Security Communications Center	
	<input type="checkbox"/> Logged Out _____
CALL x3314 ON RETURN TO PORT!	<input type="checkbox"/> Logged In _____ Date/Time

NOTES

Communication/Emergency Contacts:

VHF Channel _____	USCG	767-0363
UHF Channel _____	MMP	725-1141
CB Channel _____	Bowdoin	725-3500
Cell Number _____	SeaTow	563-2850