

FLOAT PLAN

Department/Group:		
Date/Time of Trip:		
Trip/Event Coordinator:	x	
Shore Contact (if different):	x	
Operator/Supervisor:	x	
Passengers/Participants:	x	
2	x	
3	x	
4	x	
5	x	
6	x	
7	x	
8	x	
9	x	
10	x	

Date/Time Filed:	
Planned Activity:	
Weather Report:	
Conditions on Plan?	
11	x
12	x
13	x
14	x
15	x
16	x
17	x
18	x
19	x
20	x

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

1. PLAN RECEIVED AND APPROVED	[]	Reviewed
2. NOTICE OF DEPARTURE RECEIVED	[]	Log Opened
3. RETURN NOTIFICATION RECEIVED	[]	Log Closed
Date/Time _____		

Communication/Emergency Contacts:

VHF Channel		USCG	767-0363
UHF Channel		MMP	624-6571
CB Channel		Bowdoin	725-3500
Cell Number		SeaTow	772-6724

NOTES

1. HARD COPY OR EMAIL (secure@bowdoin.edu) PLAN TO COMM CENTER WITH SUFFICIENT NOTICE FOR REVIEW AND APPROVAL.
2. GREYED AREAS MUST BE COMPLETED FOR SECURITY REVIEW; PLAN WILL BE LOGGED AS AN "OPEN CALL" UPON ACTIVATION.
3. COMMUNICATIONS CENTER (x3314) MUST BE CONTACTED IMMEDIATELY PRIOR TO DEPARTURE AND IMMEDIATELY UPON RETURN.