

Sample Float Plan

Name of vessel's operator:	
Telephone Number:	
Name of Vessel:	
Registration No.:	
Description of Vessel: Type: Make: Color of Hull: Color of Trim: Most distinguishing identifiable feature:	

Rafts/Dinghies: Number: _____ Size: _____ Color: _____

Radio: Type: _____ Frequencies Monitored:

Number of persons onboard:

Name:	Age:	Address & Telephone:

Note: List additional passengers on back.

Engine Type: _____ H.P.: _____ Normal Fuel Supply (days): _____

Survival equipment on board: (check as appropriate)

<input type="checkbox"/> Life Jackets	<input type="checkbox"/> Flares	<input type="checkbox"/> Smoke Signals
<input type="checkbox"/> Medical Kit	<input type="checkbox"/> EPIRB	<input type="checkbox"/> Paddles
<input type="checkbox"/> Anchor	<input type="checkbox"/> Loran/Gps	_____

Food for _____ days - Water for _____ days

Trip:

Date & Time of Departure:

Departure From:

Departure To:

Expected to arrive by: _____ In no case later than: _____

Additional information: