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# FLOAT PLAN

INSTRUCTIONS: Complete this plan before you go boating and leave it with a reliable person who can be depended upon to notify the Coast Guard, or other rescue organization, should you not return or check-in as scheduled. If you have a **change of plans** after leaving, be sure to notify the person holding your Float Plan.

Do **NOT** file this plan with the Coast Guard.



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## VESSEL

### VESSEL:

Name & Port \_\_\_\_\_  
 Document / Registration No. \_\_\_\_\_  
 Length \_\_\_\_\_ (ft) Type \_\_\_\_\_  
 Hull & Trim Color \_\_\_\_\_  
 PROPULSION: (Check all that apply)  
 Paddle  Gas  Diesel  Electric  
 Inboard  Outboard  Inboard/Outboard  
 Fuel: Capacity \_\_\_\_\_ (gal.) Cruising Range \_\_\_\_\_ (max.)  
 Year / Make \_\_\_\_\_  
 Mfgr. Hull ID No. \_\_\_\_\_

### COMMUNICATIONS: (Check all onboard & supply requested information)

Cockpit Radio: Type \_\_\_\_\_ Freq. Monitored \_\_\_\_\_  
 Call Sign \_\_\_\_\_  
 Handheld Radio: Type \_\_\_\_\_ Freq. Monitored \_\_\_\_\_  
 Call Sign \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 EPIRB \_\_\_\_\_ (Specify: Class A, Class B or 406 MHz)  
 \_\_\_\_\_

### NAVIGATION: (Check all onboard)

None  Charts  Compass  Navigation Rules  
 GPS  Radar  Loran C  \_\_\_\_\_

## SAFETY & SURVIVAL

### PFDs: (Specify quantity)

\_\_\_\_ Type I \_\_\_\_\_ Mirror (Day only)  
 \_\_\_\_ Type II \_\_\_\_\_ Red or Orange Distress Flag (Day only)  
 \_\_\_\_ Type III \_\_\_\_\_ Orange Smoke, Floating (Day & Night)  
 \_\_\_\_ Type IV \_\_\_\_\_ Red Distress Flares (Day & Night)  
 \_\_\_\_ Type V \_\_\_\_\_ Electric distress light (Night only)

### VISUAL DISTRESS SIGNALS: (Specify quantity)

### AUDIBLE DISTRESS SIGNALS:

Horn / Whistle  
 Bell  
 \_\_\_\_\_

### MEDICAL KIT:

First Aid  
 Trauma  
 \_\_\_\_\_

### GROUND TACKLE: (Check all onboard & supply requested information)

Working Anchor - line length \_\_\_\_\_ ft.  
 Storm Anchor - line length \_\_\_\_\_ ft.

### OTHER GEAR:

Survival Suit(s)  Flashlight / Searchlight  
 Safety Harness  Sea Anchor  
 Dinghy / Life Raft  \_\_\_\_\_  
 Fire Extinguisher  \_\_\_\_\_

## PERSONS ON BOARD

### OPERATOR:

Name _____	Age _____	Sex _____	Notes (Medical Condition, Can't Swim, etc.) _____
Address _____			Home Phone _____
City _____ State _____ Zip code _____			Drivers License _____
Vehicle (Year, Make & Model) _____			License No. _____
Where will trailer be parked? _____			License No. _____

### CREW:

	Name & Home Phone	Age	Sex	Notes (Medical Condition, Can't Swim, etc.)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

## ITINERARY

	DATE	TIME	LOCATION	MODE OF TRAVEL	REASON FOR STOP	CHECK-IN TIME
Depart						
Arrive						
Depart						
Arrive						
Depart						
Arrive						
Depart						
Arrive						
Depart						
Arrive						

In the event I fail to CHECK-IN at one of the times indicated above, please contact the personnel below in the order listed:

1. \_\_\_\_\_ Phone Number \_\_\_\_\_  
 2. \_\_\_\_\_ Phone Number \_\_\_\_\_

If you are concerned for the safety or welfare of the "Persons On Board", go to the **Boating Emergency** web page for a step-by-step guide on what to do. The World Wide Web address is:

<http://www.uscgaux.org/~0853302/BoatingEmergencyProtocol.htm>