Float Plan

Complete this form before going 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 as scheduled.

Do not file this plan with the Coast Guard. Remember to contact your friend in case of delay and when you return.

1. Person Reporting Overdue
   Name________________ Phone__________________
   Address_____________________________________

2. Description of Boat
   Name_______________________________________
   Registration/Documentation No. ______ Length_____
   Make_________________ Type ____
   Hull Color______________ Trim Color_____________
   Fuel Capacity___ Engine Type___ No. of Engines___
   Distinguishing Features___________________________________________

3. Operator of Boat
   Name_______________________________________
   Age ________________________________________
   Health __________________ Phone _____________
   Address _____________________________________
   ___________________________________________
   Operator's Experience _________________________

4. Survival Equipment (Check as Appropriate)
   ❏ #___PFDs ❏ Flares ❏ Mirror
   ❏ Smoke Signals ❏ Flashlight ❏ Food
   ❏ Paddles ❏ Water ❏ Anchor
   ❏ Raft or Dinghy ❏ EPIRB
   ❏ Others

5. Marine Radio: ❑ Yes ❑ No
   Type __________________ Freqs. ___________
   Digital Selective Calling (DSC) ❑ Yes ❑ No

6. Trip Expectations
   Depart from __________________________________
   Departure Date ___________ Time ______________
   Going to_____________________________________
   Arrival Date ___________ Time ______________
   If operator has not arrived/returned by:
   Date__________ Time ______________
   call the Coast Guard or Local authority at the following number:
   ___________________________________________
   ___________________________________________

7. Vehicle Description
   License No. ______________ Make ______________
   Model___________________ Color ______________
   Where is vehicle parked? _______________________
   ___________________________________________

8. Persons on Board
   Name       Age   Phone       Medical Conditions
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________

9. Additional Information
   ___________________________________________
   ___________________________________________
   ___________________________________________