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.

1. Person Reporting Overdue
Name_____Phone_____
Address_____
._____

2. Description of Boat
Registration/Documentation No _____
Length_____Make_____Type_____
Hull Color_____Trim Color_____
Fuel Capacity_____Engine Type____No 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 _____

6. Trip Expectations
Depart from _____
Departure Date_____Time_____
Going To_____
Arrival Date_____Time_____
If operator has not arrived/returned by: Date_____
And 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 Condition _____

Name _____ Age ____ Phone_____

Medical Condition _____

Name _____ Age ____ Phone_____

Medical Condition _____

Name _____ Age ____ Phone_____

Medical Condition _____

Name _____ Age ____ Phone_____

Medical Condition _____

Name _____ Age ____ Phone_____

Medical Condition _____

Name _____ Age ____ Phone_____

Medical Condition _____

REMARKS: