

FLOAT PLAN



If we do not report in by _____ am/pm on _____,
Time Date

Please call: _____ (____) _____
Emergency Search & Rescue Agency Phone

VESSEL OWNER'S DETAILS

Name: _____ Address: _____

Telephone Number: (____) _____

Emergency Contact Name: _____

Emergency Contact Number(s): (____) _____ / (____) _____
Home Cell

VESSEL DETAILS

Boat's Name: _____

Boat Licence Number: _____ Sail Power

Boat Length & Type: _____

Boat Colour: _____
Hull Deck Cabin

Other Distinguishing Features: _____

Boat's Engine: Outboard Inboard/Outboard Inboard

TRIP DETAILS

Leaving From: _____ Final Destination: _____

Date: _____ Time of Departure (am/pm): _____ Date: _____ Time of Arrival (am/pm): _____

Proposed Route, Marina Stop overs, and Alternates:

Number of People Onboard: _____

Radio Channels Monitored: HF _____ VHF _____ MF _____

SAFETY EQUIPMENT CARRIED ONBOARD:

Signalling Devices:

- Handheld Flares: # _____
- Aerial Flares: # _____
- Smoke Flares: # _____
- Strobe
- Flashlight
- Signal Mirror
- EPIRB
- Dye Markers

Communications:

- VHF Radio Call Sign: _____
- Cell Phone Number: (____) _____
- Satellite Phone: (____) _____

Equipment:

- Lifejacket/PFD: # _____
- First-Aid Kit
- Life Rafts/Dinghy: colour _____
- Water for _____ days
- Food for _____ days