

FLOAT PLAN FOR A VESSEL

INSTRUCTIONS: COMPLETE THIS PLAN BEFORE YOU CAST OFF. GIVE IT TO A RESPONSIBLE PERSON WHO CAN BE DEPENDED UPON TO CALL THE COAST GUARD OR OTHER LOCAL MARINE RESCUE ORGANIZATION SHOULD YOU NOT RETURN AS SCHEDULED.

DO NOT FILE THIS PLAN WITH THE COAST GUARD

- Vessel Name _____ Length _____ ft. Color _____
Name of Vessel Operator _____ Age _____
Address _____ City _____ State _____ Zip _____
Tel No. _____ Cell No. _____ Pager _____
- Description of Vessel: Type _____ Registration No. _____
Make of Vessel _____ Year _____ Color of Canvas Top _____
Radar Aboard? _____ Tall Antennas? _____ Outriggers? _____
- Engine(s) Type _____ H.P. _____ No. of Engines _____
Gasoline or Diesel? _____ Fuel Capacity _____ gallons
Inboard Outboard Inboard/Outboard Navigational Lights
- Survival Equipment: PFD's Smoke Signals Paddles Anchor
Fire Extinguishers Bilge Blower Boarding Ladder Extra Clothing
Auxiliary Engine (O.B.) Flares Flashlights Spotlight Mirror
Drinking Water Raft or Dinghy Food VHF Radio Handheld VHF
EPIRB GPS Distress Flag Other Signaling Devices Charts
First Aid Kit Tool Kit Horn Bilge Pump Spare Parts Loud Hailer
- VHF Aboard Will monitor Channel No. _____
- Auto or Truck License: State _____ License No. _____
Type Vehicle _____ Color _____ Trailer License _____
Make of Vehicle _____ Model _____ Year _____ Where Parked? _____
Passengers Aboard (No.) _____
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____
Trip Expectations: Leave at _____ hours Date _____ From _____
Going To: _____ Expect to Return by _____ hours, Date _____
If not returned by: _____ hours, Date _____ call the Coast Guard at
Tel No. () _____ Coast Guard Station at: _____
Other Pertinent Information: _____
Name of Person Reporting Overdue Vessel: _____ Tel No. _____