

FLOAT PLAN

Persons Reporting Overdue ▼			
Name:		Phone:	
Address:			
Description of Boat ▼			
Registration / Documentation No.			
Length:	Make:	Type:	Hull Color:
Trim Color:	Fuel Capacity:	Engine Type:	No of Engines:
Distinguishing Features:			
Operator of Boat ▼			
Name:		Age:	Phone:
Address:		Health:	
Experience:			
Survival Equipment (check as appropriate) ▼			
<input type="checkbox"/> # _____ PFDs	<input type="checkbox"/> Flares	<input type="checkbox"/> Mirror	<input type="checkbox"/> Smoke Signals
<input type="checkbox"/> Raft or dinghy	<input type="checkbox"/> Paddles	<input type="checkbox"/> Water	<input type="checkbox"/> Anchor
			<input type="checkbox"/> Flashlight
			<input type="checkbox"/> EPIRB
			<input type="checkbox"/> Food
			<input type="checkbox"/> Other
Marine Radio ▶	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Trip Expectations ▼			
Depart from:		Depart date/time:	
Going to:		Arrival date/time:	
Vehicle Description ▼			
License No.		Make:	
Model:		Color:	
Where is vehicle parked?			
Persons on Board ▼			
Name	Phone	Age	Medical Condition
Remarks ▶			