



safety is simple

# Have A Plan

 **FLOAT PLAN** 

**INSTRUCTIONS:** Complete this plan before you go 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 or check-in as scheduled. If you have a change of plans after leaving, be sure to notify the person holding your Float Plan.

**Do NOT file this plan with the Coast Guard.**

**VESSEL:**

Name & Port \_\_\_\_\_  
Document / Registration No. \_\_\_\_\_  
Length \_\_\_\_\_ ft Type \_\_\_\_\_  
Hull & Trim Color \_\_\_\_\_

**PROPULSION:** (check all that apply)  
 Paddle  Gas  Diesel  Electric  
 Outboard  Inboard  Outboard/Outboard

Fuel Capacity \_\_\_\_\_ gal Cruising Range \_\_\_\_\_ miles  
Year / Make \_\_\_\_\_  
Mfg. Hull ID No. \_\_\_\_\_

**COMMUNICATIONS:** (check all relevant & supply requested information)  
 VHF Radio: Type \_\_\_\_\_ Freq. Monitored \_\_\_\_\_  
Call Sign \_\_\_\_\_  
 Handheld Radio: Type \_\_\_\_\_ Freq. Monitored \_\_\_\_\_  
Call Sign \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 EPIRB \_\_\_\_\_ (Specify Class A, Class B or 406 MHz)

**NAVIGATION:** (check all relevant)  
 None  Charts  Compass  Navigation Rules  
 GPS  Radar  Loran C

**SAFETY & SURVIVAL:**

**PFDs:** (Specify quantity) \_\_\_\_\_  
Type I \_\_\_\_\_  
Type II \_\_\_\_\_  
Type III \_\_\_\_\_  
Type IV \_\_\_\_\_  
Type V \_\_\_\_\_

**VISUAL DISTRESS SIGNALS:** (Specify quantity)  
Mirror \_\_\_\_\_  
Red or Orange Distress Flag \_\_\_\_\_  
Orange Smoke Floating \_\_\_\_\_  
Red Distress Flares \_\_\_\_\_  
Electric Distress Light \_\_\_\_\_

**GROUND TACKLE:** (check all relevant & supply requested information)  
 Working Anchor - lbs length \_\_\_\_\_ ft  
 Storm Anchor - lbs length \_\_\_\_\_ ft

**AUDIBLE DISTRESS SIGNALS:**  
 Horn / Whistle  
 Bell  
 \_\_\_\_\_

**MEDICAL KIT:**  
 First Aid  
 Trauma  
 \_\_\_\_\_

**OTHER GEAR:**  
 Survival Suits  Flashlight / Searchlight  
 Safety Harness  Sea Anchor  
 Drogue / Life Raft  
 Fire Extinguisher

**PERSONS ON BOARD:**

**OPERATOR:** Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Notes: Medical Condition, Can't Swim, etc. \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Driver's License \_\_\_\_\_  
Vehicle (car, boat & motor) \_\_\_\_\_ License No. \_\_\_\_\_  
Where will Yacht be parked? \_\_\_\_\_ License No. \_\_\_\_\_

**CREW:** Name & Home Phone \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Notes: Medical Condition, Can't Swim, etc. \_\_\_\_\_  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_

**ITINERARY**

DATE	TIME	LOCATION	MODE OF TRAVEL	REASON FOR STOP	CALLER'S PHONE
Depart					
Arrive					
Depart					
Arrive					
Depart					
Arrive					
Depart					
Arrive					
Depart					
Arrive					

In the event of an emergency, please contact the person named below or the other listed phone numbers.

