**EPA FLOAT PLAN**

This form is completed before going out on our vessel and left with a reliable person who can be depended upon to notify the Coast Guard or other rescue organization in case we don’t return as scheduled. Before notifying the Coast Guard the person on shore shall make every effort to contact the people on the boat (by cell phone etc.) in order to avoid an unnecessary search!

|  |  |
| --- | --- |
|  | Name of person filling this plan: |
|  | Telephone #: |
|  | Description of boat: | Registration number:  |  |
|  | Type:  | Color: | Length: |
|  | Make: | Name: | Name: |
|  | Name of persons onboard: | Age: | Address: | Telephone#: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Description of engine: | Type: | Horsepower: |
| #of engines:  | Fuel capacity:  |
|  | Survival equipment aboard. Check as appropriate. |
|  | ⁭ Life preservers | ⁭Flares  | ⁭ Flashlights  | ⁭ Signal mirror | ⁭ EPIRB | ⁭ Anchor(s) |
|  | ⁭ Smoke signals | ⁭ Horn | ⁭Water | ⁭ Paddles | ⁭ Raft or dignity | ⁭ Food |
|  | Radio | ⁭ Yes  | ⁭No | Type: | Call sign:  |
|  | Cell | ⁭ Yes | ⁮ No | #: |
|  | Trip expectations |
|  | Leaving from: | Going to: |
|  | Departing on:  | Returning: date / time  ⁭am ⁭pm |
|  | And, in no event, returning later than: |  date / time  ⁭am ⁭pm |
|  | Other pertinent information:  |
|  | Description of automobile: | Trailer License#: |
|  | Make: | Color: | License# |
|  | Where parked  |
|  | If not returned by date / time  ⁭am ⁭ pm  | Call: |
|  | U.S. Coast guard telephone#:  |
|  | Local authority: | Telephone#: |

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