**Sample Float Plan**

|  |  |
| --- | --- |
|  Name of vessel's operator:  |  |
|  Telephone Number:  |  |
|  Name of Vessel:  |  |
|  Registration No.:  |  |
|  Description of Vessel: |  |
| Type: |  |
| Make: |  |
| Color of Hull: |  |
| Color of Trim: |  |
| Identifiable Feature: |  |
|  Rafts/Dinghies: Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Radio: Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequencies Monitored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Number of persons onboard:  |
|  Name:  |  Age: |  Address & Telephone:  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  Note: List additional passengers on back.  |
|  Engine Type:\_\_\_\_\_\_\_\_\_\_\_\_\_ H.P.:\_\_\_\_\_\_\_\_\_\_ Normal Fuel Supply (days):\_\_\_\_\_\_\_\_\_\_  |
|  Survival equipment on board: (check as appropriate) |
| ☐Life Jackets | ☐Flares | ☐Smoke Signals | ☐Medical Kit |
| ☐EPIRB | ☐Paddles | ☐Anchor | ☐Loran/Gps |
| Food for \_\_\_\_\_\_\_\_ days  | Water for \_\_\_\_\_\_\_\_ days |
| Trip Date & Time of Departure: |
| Departure From:  |  |
| Departure To:  |  |
| Expected to arrive by:\_\_\_\_\_\_\_\_\_\_\_\_ In no case later than:\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Additional information:  |