



FLOAT PLAN

This float plan was produced as a Word document, which will allow you to fill out the portions that will apply to each cruise you take, i.e. Boat name, emergency equipment, etc.

You can print out several of these and keep them in your car or on your boat to fill out at the marina prior to leaving, or to leave with a responsible friend or relative.

Even if you don't plan to venture far offshore, it's a good idea to fill one of these out and leave it with someone. Running out of gas, electrical problems or engine trouble can leave you stranded and unable to call for help.

Using this float plan adds an extra measure of security to get help on the way if you don't come back as planned.

And, PLEASE let your float plan keeper know you are back safely each time you go out, so not to waste the valuable time of our emergency services personnel and resources.

Be Safe.

The Nuts & Bolts Team.

FLOAT PLAN



YOUR NAME _____
PHONE #'S (HOME) _____ (CELL) _____
BOAT NAME _____ BOAT TYPE/MAKE _____
POWER OR SAIL (CIRCLE ONE)
HULL COLOR _____ BOAT LENGTH _____
REGISTRATION # _____ SAIL # _____
ENGINE TYPE _____ # ENGINES _____ #GAL. GAS _____

EMERGENCY EQUIPMENT ON BOARD

PFD'S: ADULT _____ TYPE _____ CHILD _____ TYPE _____
EPIRB: 406 _____ 406 W/GPS _____ MANUAL _____ AUTO _____
LIFERAFT: Y/N CAPACITY: _____
VHF: FIXED MOUNT _____ HANDHELD _____ CHANNEL MOST USED _____
CALL SIGN _____
OTHER COMMUNICATIONS: SSB, CB, CELLPHONE # _____
GPS: FIXED MOUNT _____ HANDHELD _____
SURVIVAL/ABANDON SHIP KIT : Y/N, WATER, FOOD, FIRST AID
FLARES: Y/N TYPE & QUANTITY _____

PEOPLE ON BOARD (INCLUDING YOURSELF)

	NAME	AGE	MEDICAL ISSUES
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

FLOAT PLAN PAGE 2

NAME _____

HOME PORT _____

DEPARTING DATE _____

DEPARTING LOCATION _____

TRIP DESTINATION _____

TRIP ROUTE A: _____

B: _____

C: _____

D: _____

RETURN DATE _____

RETURN TIME _____

AUTO MAKE/MODEL/YEAR _____

TRAILER TYPE MAKE/MODEL/YEAR _____

PERTINENT CONTACT INFO:

EMERGENCY CONTACT _____

PHYSICIAN CONTACT _____

NEAREST USCG STATION TO YOUR LOCATION _____

TOWING COMPANY MEMBERSHIP _____