



Let others know before you go.



# FLOAT PLAN

A float plan should be filled out and left with a reliable person before you leave on all boating trips. The plan lets other know where you are going, when you expect to return, who is going with you, and what emergency measures or rescue organization should be notified in the event you do not return as scheduled. Remember to contact the person you left the float plan with when you return. This float plan is from the Coast Guard's *Federal Requirements & Safety Tips for Recreational Boats* booklet.

*Please make sure to include as much information as possible.*

## 1. Who you're leaving the float plan with and YOU:

### a. Person reporting overdue

*(person you are leaving the float plan with)*

Name \_\_\_\_\_  
Phone number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Email \_\_\_\_\_

### b. Person completing float plan

*(your information)*

Name \_\_\_\_\_  
Phone number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Email \_\_\_\_\_

## 2. Description of the boat

Name \_\_\_\_\_  
Registration/Doc. number \_\_\_\_\_  
Length/Make \_\_\_\_\_  
Type \_\_\_\_\_  
Hull color \_\_\_\_\_ Trim color \_\_\_\_\_  
Fuel capacity \_\_\_\_\_ Engine type \_\_\_\_\_  
Number of engines \_\_\_\_\_  
Distinguishing features \_\_\_\_\_  
\_\_\_\_\_

## 3. Operator of Boat

Name Age \_\_\_\_\_  
Health Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Email \_\_\_\_\_  
Operator experience \_\_\_\_\_  
\_\_\_\_\_



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## 4. Survival equipment *(check all that apply)*

- ☐ Life jacket for each person on the boat  
*(wear them while boating.)*
- ☐ Smoke Signals
- ☐ Paddles
- ☐ Raft or dinghy
- ☐ Flares
- ☐ Flashlight
- ☐ Drinking water
- ☐ Mirror *(to signal for help)*
- ☐ Food
- ☐ Anchor
- ☐ EPIRB *(Emergency Position Indicating Radio Beacon, an EPIRB is meant to help rescuers locate you in an emergency situation)*

Other equipment:

## 5. Marine Radio ☐ Yes ☐ No

Type

Frequencies

Digital Selective Calling (DSC) ☐ Yes ☐ No

## 6. Trip Expectations

Depart from

Departure date

Departure time

Going to

Arrival date

Arrival time

If operator has not arrived/returned by:

Date Time

Call the Coast Guard or local emergency force  
at the following number:

## 7. Vehicle Description

License number

Make

Model

Color

Where is vehicle parked?

## 8. Persons on Boat Trip *(onboard boat)*

Include each person's name, age, phone number,  
and medical condition:

## 9. Additional Information