

# FLOAT PLAN

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. _____	_____	_____

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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 \_\_\_\_\_