

Float Plan



If we don't report in by: _____
TIME

AM/PM on: _____
DATE

Please call: _____
EMERGENCY SEARCH AGENCY

() _____
PHONE

Departure Site: _____
DATE TIME (AM / PM)

Final Destination: _____
DATE TIME (AM / PM)

Boat: _____
(TYPE / MAKE)

Tow Vehicle: _____
(if applicable): (YEAR / MAKE / MODEL / COLOUR)

License # (if applicable): _____

License #: _____

Details of Proposed Route, Campsites, and Alternatives:

Crew & Passengers

Name(s): _____

Age/Gender: _____

Phone: _____

PFD Colours: _____

Clothing Colours: _____
(TOP PANTS)

Experience: _____
(BEG, INT, ADV)

Medical Conditions: _____

Emergency Contacts: _____

Gear Carried Onboard:

SIGNALLING DEVICES:

- Handheld Flares
- Aerial Flares
- Smoke Flares
- Strobe
- Flashlight
- Chemical Light Stick
- Signal Mirror
- EPIRB
- Dye Markers

COMMUNICATIONS:

- VHF Radio Call Sign: _____
- Cell Phone Number: () _____
- Satellite Phone: () _____

EQUIPMENT:

- Tent Colours: _____
- First-Aid Kit: _____
- Fire-Starting Materials
- Water for _____ days
- Food for _____ days