



FLOAT PLAN



24Marine.com
Consultants & Surveyors

Reference taken from USCG

1 Person Reporting Vessel Overdue

Name:	Phone:
Address:	

2 Description of the Boat

Name:	
Reg Number:	Length:
Make:	Type:
Hull Color:	Trim Color:
Fuel Capacity:	Engine Type:
No of Engines:	
Another Feature:	

3 Operator of Boat

Name:	Age:
Health:	Phone:
Address:	
Operator Experience	

4 Survival Equipment

# Life Jackets	<input type="checkbox"/>	Flares	<input type="checkbox"/>	Mirror	<input type="checkbox"/>	Smoke Signals	<input type="checkbox"/>
Paddles	<input type="checkbox"/>	Dinghy	<input type="checkbox"/>	Flashlight	<input type="checkbox"/>	Water	<input type="checkbox"/>
Food	<input type="checkbox"/>	Anchor	<input type="checkbox"/>	EPIRB	<input type="checkbox"/>	Others	<input type="checkbox"/>

5 Radio:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Type	Freq:
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6 Trip Expectation:

Depart from:	Depart Date:	Depart Time:
Destination:	Arrival Date:	Arrival Time:
If not return by Date:	Time:	Call Authorities, Marina:

7 Vehicle Description:

License No:	Make:	Model:
Parked at:		

8 Persons on Board:

Name:	Gender:	Age:	Phone:
Name:	Gender:	Age:	Phone:
Name:	Gender:	Age:	Phone:
Name:	Gender:	Age:	Phone:
Name:	Gender:	Age:	Phone:
Name:	Gender:	Age:	Phone:
Name:	Gender:	Age:	Phone:
Name:	Gender:	Age:	Phone:

9 Additional Information:
