Float Plan

National Oceanic and Atmospheric Administration National Marine Fisheries Service Northwest Fisheries Science Center

Later Than:	Date://	_		Subn	nitted By:						
Registration #: Length: Width: Draft:	Vessel Name:		_ Engine type/manufacturer:				Fuel capacity (hrs):				
Tow Vehicle: Make	Vessel Description:	Hull Material:	Color: _			Manufacturer:					
Tow Vehicle: MakeModelColorPlate #Location Parked:	Registration #:		Leng	gth:		Width:		Draft:			
Destination/route: Purpose for trip: Arrive at destination: Time: Will Arrive@ shop Later Than:	Vessel Operator Na	ame/Phone :				_ Expe	rience Level	l]	Health		
Depart From:: Time: Arrive at destination: Time: Will Arrive@ shop Later Than:	Γow Vehicle: MakeN		Model		Color	Plate #		Location Parked:			
Depart From:: Time: Arrive at destination: Time: Will Arrive@ shop Later Than:	Itinerary										
Upon Return, vessel operator will check in with : V.O.C.					Arrive at destination		<u>Time:</u>		Will Arrive@ shop Later Than:		
Scott's Cell (509)531-4505 Jim's Cell (509)539-0502 Office Number (509)547-7518 Persons Aboard: Name Age Swim Medical Conditions Emergency Contact # Equipment Checklist: # PFDs Medical Kit Flashlight: Emergency contact List: Paddles or oars: # Flares: Fire Extinguisher: Anchor: Paddles or oars: Cell Phone # Proper scale charts corrected, reviewed & aboard? Radio Type: VHF/CB/othe	Destination/route: Purp		urpose for trip:					Weather condition by shore:		How Far out are you going?	
# PFDs Medical Kit Flashlight: Emergency contact List: Flares: Fire Extinguisher: Anchor: Paddles or oars: Cell Phone # Proper scale charts corrected, reviewed & aboard? Radio Type: VHF/CB/other.			Age	Swim	<u>Medi</u>	Medical Conditions		Emergency Contact #			
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Cell Phone # Proper scale charts corrected, reviewed & aboard? Radio Type: VHF/CB/othe					Flashlight:		Emergency con		act List:		
	# Flares:	Fire Extinguis	Fire Extinguisher:		Anc	Anchor:		Paddles or or			
RISK Assessment fully completed by operator / and crew:						l, reviewe	ed & aboard	? Radio	Type: <u>VH</u>	F/CB/other	
Approved by V.O.C Dated://			erator /	and cre		l· /	/		_		

Fill out back of this sheet.

Tthis is your responsibility if you are the operator of vehicle/trailer/boat etc.