

**Float Plan**  
*National Oceanic and Atmospheric Administration*  
*National Marine Fisheries Service*  
*Northwest Fisheries Science Center*

Date: \_\_\_/\_\_\_/\_\_\_

Submitted By: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ Engine type/manufacturer: \_\_\_\_\_ Fuel capacity (hrs): \_\_\_\_\_

Vessel Description: Hull Material: \_\_\_\_\_ Color: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Registration #: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Draft: \_\_\_\_\_

Vessel Operator Name/Phone : \_\_\_\_\_ Experience Level \_\_\_\_\_ Health \_\_\_\_\_

Tow Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_ Location Parked: \_\_\_\_\_

**Itinerary**

| <u>Depart From:</u> | <u>Time:</u>      | <u>Arrive at destination:</u> | <u>Time:</u>                | <u>Will Arrive@ shop No Later Than:</u> |
|---------------------|-------------------|-------------------------------|-----------------------------|---|
| Destination/route:  | Purpose for trip: |                               | Weather condition by shore: | How Far out are you going?              |
|                     |                   |                               |                             |   |

Upon Return, vessel operator will check in with : **V.O.C. L. Scott Davidson** Backup: Shop Forman /**Jim Simmons**  
**Scott's Cell (509)531-4505 Jim's Cell (509)539-0502 Office Number (509)547-7518**

**Persons Aboard:**

| <u>Name</u> | <u>Age</u> | <u>Swim</u> | <u>Medical Conditions</u> | <u>Emergency Contact #</u> |
|-------------|------------|-------------|---------------------------|----------------------------|
|             |            |             |                           |                            |
|             |            |             |                           |                            |
|             |            |             |                           |                            |
|             |            |             |                           |                            |
|             |            |             |                           |                            |
|             |            |             |                           |                            |
|             |            |             |                           |                            |
|             |            |             |                           |                            |

**Equipment Checklist:**

|           |                    |             |                         |
|-----------|--------------------|-------------|-------------------------|
| # 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

Risk Assessment fully completed by operator / and crew: \_\_\_\_\_

Approved by V.O.C. \_\_\_\_\_ Dated: \_\_\_/\_\_\_/\_\_\_

**Fill out back of this sheet.**  
**This is your responsibility if you are the operator of vehicle/trailer/boat etc.**