

# Float Plan

safetyfirstmarine.ca



If we don't report in by: \_\_\_\_\_ AM/PM on: \_\_\_\_\_  
TIME DATE

Please call: \_\_\_\_\_ ( ) \_\_\_\_\_  
EMERGENCY SEARCH AGENCY PHONE

Departure Site: \_\_\_\_\_ Final Destination: \_\_\_\_\_  
DATE TIME (AM / PM) DATE TIME (AM / PM)

Boat: \_\_\_\_\_ Tow Vehicle: \_\_\_\_\_  
(TYPE / MAKE) (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