FLOAT PLAN

INSTRUCTIONS: Complete this plan before you go boating and leave it with a reliable person who can be depended upon to notify the Coast Guard, or other rescue organization, should you not return or check-in as planned. If you have a change of plans after leaving, be sure to notify the person holding your Float Plan. For additional copies of this plan, visit: **www.floatplancentral.org**

www.cgaux.org

www.uscgboating.org

Do NOT file this plan with the U.S. Coast Guard

VESSEL

IDENTIFICATION:

Name & Hailing Port _____

Document / Registration No._____ HIN_____

Year & Make _____

Length _____ Type _____ Draft _____ Hull Mat._____

Color _____

Prominent Features _____

COMMUNICATION:

Radio Call Sign _____

DSC MMSI No. _____

Radio-1: Type _____ Ch./ Freq. Monitored _____

Radio-2: Type _____ Ch./ Freq. Monitored _____

Cell / Satellite No. _____

E-mail _____

PROPULSION:

Primary-- Type _____ No. Eng.___ Fuel Capacity _____

Auxiliary--Type _____ No. Eng.___ Fuel Capacity _____

NAVIGATION: (Check all on board)

☐ Maps ☐ Charts ☐ Compass ☐ GPS / DGPS

☐ Radar ☐ Sounder ☐ _____

SAFETY & SURVIVAL

VISUAL DISTRESS SIGNALS:

☐ Electric S-O-S Light

☐ Orange Flag

☐ Orange Smoke

☐ Red Flares

PFDs: (Do not count Type IV devices)

_____ Quantity On Board

AUDIBLE DISTRESS SIGNALS:

☐ Bell

☐ Horn / Siren

☐ Whistle

GROUND TACKLE:

☐ Anchor: Line Length_____

OTHER GEAR:

☐ Drogue / Sea Anchor

☐ EPIRB _____

☐ Fire Extinguisher

☐ Flashlight / Searchlight

☐ Food & Water for _____ days

☐ Foul Weather Gear

☐ Life raft / Dinghy

☐ Personal Locator Beacon

☐ Signal Mirror

☐ _____

☐ _____

☐ _____

PERSONS ONBOARD

OPERATOR:

Name _____ Age____ Gender____ Notes (Special medical condition, can't swim, etc.) _____

Address _____ Has experience: ☐ with this Vessel ☐ with Area

City _____ State _____ Zip Code _____ Home phone _____

Vehicle (Year, Make & Model) _____ Vehicle License No. _____

Trailer will be parked at:_____ Trailer License No. _____

PASSENGERS / CREW: Name & Address   Age Gender Notes (Special medical condition, can't swim, etc.)

1. _____ ____ ____ _____
2. _____ ____ ____ _____
3. _____ ____ ____ _____
4. _____ ____ ____ _____
5. _____ ____ ____ _____

Attach "Supplemental Passenger List" if additional passengers or crew on board.

ITINERARY

	DATE	TIME	LOCATION / WAYPOINT	MODE OF TRAVEL	REASON FOR STOP	CHECK-IN TIME
Depart						
Arrive						
Depart						
Arrive						
Depart						
Arrive						
Depart						
Arrive						
Depart						
Arrive						

Attach "Supplemental Itinerary" if there are additional locations or waypoints.

Contact 1: _____ Phone Number _____

Contact 2: _____ Phone Number _____

If you have a genuine concern for the safety or welfare of any persons on board the Vessel described above, who have not returned or checked-in in a reasonable amount of time, then follow the step-by-step instructions on the *Boating Emergency Guide™* included with this float plan, or on the Internet at:

www.floatplancentral.org/help/BoatingEmergencyGuide.htm

BOATING EMERGENCY GUIDE™

You will need the following items before you begin: 1) the **Float Plan** if one was given to you, 2) **Pen** or **Pencil**, 3) Clean sheet of **Pape**r or **Writing Tablet**, and 4) your local **Telephone Directory**. Begin with Step 1 below.

Step 1: Do you have a genuine concern for the safety or welfare of any persons who have not returned or checked-in in a reasonable amount of time?

If YES, then continue with **Step 2**, otherwise **STOP**, no further action is required.

Step 2: Were you given a prepared Float Plan by anyone on board the vessel?

If YES, then continue with **Step 3**, otherwise got to **Step 5**.

Step 3: On the Float Plan, locate the two Contact lines at the bottom of the page. Call Contact number 1…

IF CONTACT #1	THEN
Answers phone	Take notes during your conversation. 1. Let the person know you are responding to a late return or check-in by the individuals designated on the Float Plan. 2. Determine if the person you are talking to, or anyone else at that location, has recently had contact with anyone on the vessel, and when and where that contact occurred. 3. Are you still concerned about the safety or welfare of any persons on board the vessel? {IF / THEN table}
Does not answer phone	Continue with **Step 4**.

Inner table for Contact #1:

IF	THEN
Yes	Continue with **Step 4**.
No	**STOP**. No further action is required.

Step 4: Call Contact number 2…

IF CONTACT #2	THEN
Answers phone	Take notes during your conversation. 1. Let the person know you are responding to a late return or check-in by the individuals designated on the Float Plan. 2. Determine if the person you are talking to, or anyone else at that location, has recently had contact with anyone on the vessel, and when and where that contact occurred. 3. Are you still concerned about the safety or welfare of any persons on board the vessel? {IF / THEN table}
Does not answer phone	Continue with **Step 6**.

Inner table for Contact #2:

IF	THEN
Yes	Continue with **Step 6**.
No	**STOP**. No further action is required.

Step 5: Take a moment to jot down the facts you know about each item in the checklist below.

> DO NOT SPECULATE. Speculation about a detail may mislead Search And Rescue personnel, add to the overall search and rescue time, and adversely affect the outcome.

- ❑ Period of time the vessel has been overdue.
- ❑ Purpose of the trip or voyage.
- ❑ Description of the Vessel (type, size, color, features, etc.)
- ❑ Vessels departure point and destination.
- ❑ Places the Vessel planned to stop during transit.
- ❑ Navigation equipment on board (such as GPS, Loran C, Radar, Compass, Sounder, etc.)
- ❑ Number of people aboard the Vessel, as well as personal habits e.g. dependability, reliability, etc.
- ❑ Was the Vessel already moored, or did a vehicle tow it to the launch point?
- ❑ License plate number and description of the tow vehicle, and/or passenger transport vehicle.
- ❑ Communications equipment aboard, including type of radio and frequencies monitored, cellular or satellite telephone numbers of individuals, etc.
- ❑ Additional points of contact along the vessels planned route.
- ❑ Where there any pending commitments e.g. work, appointments, etc.

Continue with **Step 6**.

Step 6:

1. Contact your local Law Enforcement agency (Police or Sheriff).
2. Let the dispatcher know that you are responding to a late return or check-in by the persons on board the vessel.
3. The dispatcher will instruct you from here.

> **Note:** The dispatcher will provide you with the necessary contact or agency connection to get a search and rescue mission started. This is usually handled this way because it puts you closest to the agency conducting the actual search and rescue, eliminating an unnecessary middleman.
>
> If the dispatcher would like a follow-up call from you on the outcome of the rescue, they will let you know.

4. Continue with **Step 7**.

Step 7: Be patient… you've done everything you can possibly do for now. It is important to keep the telephone available, so emergency personnel can contact you with additional information and/or questions concerning the search and rescue effort.

STOP -- End of Guide
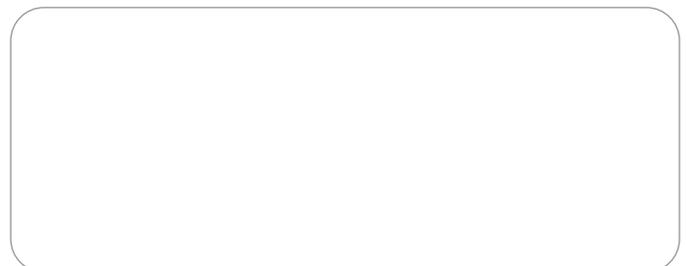
Float Plan Central™ is a service of the U.S. Coast Guard Auxiliary
www.floatplancentral.org