

APPENDIX 2
Float Plan

All vessels operating under the auspices of the OM must, at the minimum, be in compliance with local, state and USCG regulations

Date: _____ Departure time: _____ Estimated return: _____

Name & description of vessel: _____

_____ # of people on board _____

Names: _____ Contact # _____

Area of operations. (be specific): _____

Type of activity: _____

Point of departure: _____

Description of tow vehicle if applicable _____

If overdue, contact: _____ Contact # _____

Emergency plan, including activation time: _____

Local information & emergency numbers		
Emergency USCG	911	Monitors VHF 16