

### FLOAT PLAN

Vessel: \_\_\_\_\_ Grant/Fund Account #: \_\_\_\_\_

Boat Operator: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_

Purpose of Operation: \_\_\_\_\_

Estimated Time of Return: \_\_\_\_\_

Launch – Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Recovery – Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Personnel on Board (if more than 6 list on back):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**Vessel Checklist (circle which applies)**

Fuel Level **Out**: Full  ¾  ½  ¼  Fuel Level **In**: Full  ¾  ½  ¼   
 Oil Level or Mixture: OK? **Y**  **N**  **N/A**  Oil Added: Type \_\_\_\_\_ Qty \_\_\_\_\_  
 Electronics: Bottom Machine? **Y**  **N**  Radio? **Y**  **N**   
 Steering Working: **Y**  **N**  Dock Lines: Qty \_\_\_\_\_ Anchor & Line: **Y**  **N**   
 Life Jackets **Out**: Qty \_\_\_\_\_ Life Jackets **Returned**: Qty \_\_\_\_\_  
 Throwable Cushions **Out**: Qty \_\_\_\_\_ Throwable Cushions **Returned**: Qty \_\_\_\_\_  
 Pig : **Y**  **N**  Pig **Returned**: **Y**  **N**   
 Boat Box: Key \_\_\_\_\_ Registration \_\_\_\_\_ Flares \_\_\_\_\_  
 1<sup>st</sup> Aid Kit \_\_\_\_\_ Whistle \_\_\_\_\_ Fire Extinguisher \_\_\_\_\_

**Trailer Checklist (circle which applies)**

Lights **Working**: Left  Right  Tail  Lights **Not Working**: Left  Right  Tail   
 Trailer **Ball Size**: 1 7/8"  2"  2 5/16"  Trailer **Coupling Size**: 1 7/8"  2"  2 5/16"   
 Wheel Bearings Greased: **Y**  **N**  Lug Bolts/Nuts Tight: **Y**  **N**   
 Engine Support Engaged: **Y**  **N**  Safety Chains Hooked: **Y**  **N**  Boat Plug Installed: **Y**  **N**   
 Tire Pressure: **LF** ok  low  **RF** ok  low  **LR** ok  low  **RR** ok  low

**Return Checklist**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_  
 Engine Flushed: How Long \_\_\_\_\_ Boat/Trailer/Axles/Hubs: Rinsed **Y**  **N**  Scrubbed **Y**  **N**   
 Gear Returned & Stored Properly: **Y**  **N**  Battery Turned Off: **Y**  **N**  Boat Plug Removed: **Y**  **N**   
 Maintenance or Items Needed: \_\_\_\_\_

Parts/Items Installed & Repairs Completed: \_\_\_\_\_

Items Installed and Repairs Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Float Plan Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_