

FLOAT PLAN

Vessel: _____ Grant/Fund Account #: _____

Boat Operator: _____ Authorizing Signature: _____

Purpose of Operation: _____

MSC Estimated Time departure: _____ estimated return: _____

Actual Launch – Date: _____ Time: _____ Location: _____

Actual 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 7/8 3/4 5/8 1/2 3/8 1/4 1/8** Fuel Level In: **Full 7/8 3/4 5/8 1/2 3/8 1/4 1/8**

Engine Oil Level **OK Low** Bottom Machine working **Y N** Radio working **Y N** Steering Working: **Y N**

Bilge Pump Working: **Y N N/A** Anchor & Line: **Y N** Dock Lines: Qty.: _____ Boat Hook: **Out In** _____

Life Jackets Qty.: **Out In** _____ Life Ring Qty.: **Out In** _____ Throwable Cushions Qty.: **Out In** _____

Key _____ Registration _____ Flares _____ Pig _____ Fire Extinguisher _____

1st Aid Kit _____ Whistle _____

Trailer Checklist (circle which applies)

Lights **Working:** **Y N** Wheel Bearings Greased: (See MSC Staff) Lug Bolts/Nuts Tight: **Y N**

Engine Support Engaged: **Y N** Safety Chains Hooked: **Y N** Boat Plug Installed: **Y N N/A**

All Tire Pressure: **Ok Low** Trailer Ball Coupler Locked: **Y N**

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 N/A**

Maintenance, lost, or broken items needed: _____

Parts/Items Installed & Repairs Completed: _____

Items Installed and Repairs Completed By: _____ Date: _____

Float Plan Reviewed By: _____ Date: _____