



## APPENDIX D FAU FLOAT PLAN

Please submit float plan to Diving and Boating Coordinator (DBC) or Designee via email or fax.

### Operations Plan:

Principal Investigator/Supervisor: \_\_\_\_\_ Index/Grant No: \_\_\_\_\_  
Primary Vessel Operator: \_\_\_\_\_ Alternate Vessel Operator: \_\_\_\_\_  
Crew/Passengers: \_\_\_\_\_

Continue on back if necessary

Purpose: \_\_\_\_\_

Date of Operation: \_\_\_\_\_ Expected Departure \_\_\_\_\_ Expected Return \_\_\_\_\_ / \_\_\_\_\_ Initiate Search \_\_\_\_\_  
Time: Date/Time: Time:

Route: \_\_\_\_\_

Operational Area/Station: \_\_\_\_\_

Special Equipment Required: \_\_\_\_\_

### Vessel and Towing Vehicle Details:

Vessel Name: \_\_\_\_\_ Length: \_\_\_\_\_ ft FL Numbers: \_\_\_\_\_ Hull Color: \_\_\_\_\_  
No. Engines: \_\_\_\_\_ Inboard/Outboard: \_\_\_\_\_ Est. Range: \_\_\_\_\_ miles Point of Departure: \_\_\_\_\_  
Towing Vehicle Make/Model: \_\_\_\_\_ Tag: \_\_\_\_\_ Color: \_\_\_\_\_ Trailer Tag: \_\_\_\_\_

### Communication Plan:

Primary Vessel Contact Cell: \_\_\_\_\_ Alt. Vessel Contact Phone No.: \_\_\_\_\_ Radio Ch. \_\_\_\_\_  
Communication Schedule: 2 hours 4 hours Other \_\_\_\_\_  
Primary Shore Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

In the event of missed check-in, Shore Contact should contact the Boating Safety Officer at 561-239-4293 or 772-766-1159. For local incident/accidents contact USCG Rescue Coordination Center Miami at 305-415-6800 or, Everglades NPS 24-hour Search and Rescue at 305-247-7272 or, FWC at 888-404-3922, or CG Channel 16.

### Approvals:

\_\_\_\_\_  
Principal Investigator/Supervisor Date DBC or Designee Date

Will this outing involve any diving? \_\_\_\_\_ snorkeling? \_\_\_\_\_

If so a dive plan must be filed with the Diving and Boating Coordinator or Designee.