



Non-Motorized Vessel Float Plan

Revised March 12, 2020

Date Submitted: _____

Submitted By: _____

VESSEL(S)

Vessel Type(s) and Quantity: _____ UMD Rental Personal

Vessel's Company/Institution/Owner: _____

PASSENGERS/PARTICIPANTS

Trip Leader: _____ Phone No.: _____

Name	Emergency Contact	Emergency Phone No.	UMD Affiliate?
1. _____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>
7. _____	_____	_____	<input type="checkbox"/>
8. _____	_____	_____	<input type="checkbox"/>

Please complete roster on another Float Plan sheet if needed

ITINERARY & ENVIRONMENTAL CONSIDERATIONS

Purpose of Trip: _____

	Date	Time	Location/Waypoint (Use marina/boat ramp names and addresses when applicable)
Depart			
Arrive			
Depart			
Arrive			
Depart			
Arrive			

Please complete itinerary on another Float Plan sheet if needed

Greatest Distance from Shore: _____ mi.

Water Classification: Flat Water Class I Class II Class III ≤ Class IV Intracoastal Inshore

Offshore Tidal Pattern: Diurnal Semidiurnal Mixed High Tide(s): _____ Low Tide(s): _____

Time of Sunrise: _____ Time of Sunset: _____

TOWING VEHICLE

Towing Vehicle Make/Model/Color: _____ Vehicle Tag: _____

Trailer Tag: _____ Parking Location of Vehicle and Trailer: _____

COMMUNICATION

Vessel Monitor: _____ Phone No.: _____

Trip/Passenger Contact #1: _____ Phone No.: _____

Trip/Passenger Contact #2: _____ Phone No.: _____

Check in with Vessel Monitor: at departure and arrival every 3 hours every 5 hours Other: _____

UMD Department Emergency Contact: _____ Phone No.: _____

Local Rescue Authority: _____ Phone No.: _____

(e.g. United States Coast Guard, Natural Resource Police, Park Police, etc.; must be applicable to location of boating activity)

SAFETY EQUIPMENT CHECK LISTS

University Required Safety Equipment

The Department of Environmental Safety, Sustainability, and Risk require that all vessels have a means of communication in the event of an emergency.

- Emergency Communication Device

Federally Required Safety Equipment

The following list is required safety equipment mandated by the United States Coast Guard while operating in federal waterways. The list below is for non-motorized vessels < 26 ft. in length. If a non-motorized vessel that is > 26 ft. in length is being used, federal law requires **THREE** Daytime Visual Distress Signal be carried on board.

Required Safety Equipment:

- PFDs: Type I, II, III, or V
Quantity: _____ (Do not count Type IV devices)
- Audible Distress Signaling Device (Per vessel)
- THREE** Nighttime Visual Distress Signals (Per vessel; Only required between sunset and sunrise or in restricted visibility)
- Navigation Lights (Per vessel; White flashlight or lantern for sailing vessels < 23 feet in length; Only required between sunset and sunrise or in restricted visibility)

State and Local Required Safety Equipment

If not operating a vessel in waterways not under the sovereignty of the United States Coast Guard, please check that all state and local laws and/or regulations are complied with. Please attach a copy of state and/or local required safety equipment/regulations with the submitted float plan if they vary from the Federal requirements. If not, please use the "Federally Required Safety Equipment List".

Following are recommendations for the above necessary safety requirements. All are not required.

Recommended Visual Distress Signals:

- Electric Distress Signal (night only)
- Flag (day only)
- Flare, Aerial (day and night)
- Flare, Handheld (day and night)
- Signal Mirror (day only)
- Smoke (day only)

Recommended Audible Distress Signals:

- Bell
- Horn
- Whistle

Recommended Emergency Communication Devices:

- VHF Radio
Monitored Channel: _____
- Cell Phone
- Satellite Phone

Additional Recommended Gear:

- | | | |
|---|---|---|
| <input type="checkbox"/> GPS Locator | <input type="checkbox"/> Rescue Throw Bag or Tow Rope | <input type="checkbox"/> Boat Plug and Bailing Device |
| <input type="checkbox"/> Spare Paddle(s) | <input type="checkbox"/> Flashlight/Searchlight | <input type="checkbox"/> Paddle Float |
| <input type="checkbox"/> Ring Buoy/Type IV PFD | <input type="checkbox"/> Tool Kit | <input type="checkbox"/> Charts and Compass |
| <input type="checkbox"/> Small Anchor with line | <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Food and Water |
| <input type="checkbox"/> Binoculars | <input type="checkbox"/> Sunscreen | |
| <input type="checkbox"/> Chem-Light Sticks | <input type="checkbox"/> Bug Repellant | |
| <input type="checkbox"/> Other: _____ | | |

****If diving activities are occurring off the vessel, Emergency Oxygen MUST be on board the vessel and listed under the "Other" option****

Is there an EPIRB Station (Emergency Position-Indicating Radio beacon) aboard? Yes No EPIRB UIN: _____

Are there any PLBs (Personal Locator Beacon) aboard? Yes No How many? _____

PLB UIN(s): _____

****EPIRB and PLB registration required by Federal regulations: <http://www.beaconregistration.noaa.gov/>****