

Jacksonville University Marine Science Program

Float Plan for Small Boat Operations

Operations Plan

Principle Investigator*:

Captain*:

Participants*:

Type of Operation*:

Single Operation Night/Weekend

Operation Site/Station*:

Date of Operation*:

Planned Route*:

Estimated Time of Departure: *

Estimated Time of Return: *

Equipment Details

Boat Used: *

Communications Requirements

A cell phone is required for all boat use. Cell phone number: *

Special Equipment Required:

Is SCUBA Required? * Yes No

***If yes, submit a dive plan to Dive Supervisor/attach copy to this float plan

Communication Schedule/Time of Checkin: *

Shore communication Contact Name