

# Do You Have A Plan?


Nobody goes looking for trouble. But when you get into trouble, you'll want someone to come looking for you. That means you'll need a plan—a float plan.

The "Millennium Edition" Float Plan™ contains the critical information Search And Rescue personnel need to locate you quickly.


The reverse side features the exclusive Boating Emergency Guide™, the only guide available to assist the holder of the plan in beginning the Search And Rescue process.

Now you've got a plan.

To obtain free copies of the plan, and to learn more about preparing and using float plans, contact your local U.S. Coast Guard Auxiliary or visit our web site: <http://www.uscgaux.org/~floatplan/>



## FLOAT PLAN



**INSTRUCTIONS:** Complete this plan before you go boating and leave it with a reliable person who can be depended upon to notify the Coast Guard, or other rescue organization, should you not return or check-in as scheduled. If you have a **change of plans** after leaving, be sure to notify the person holding your Float Plan.  
**Do NOT file this plan with the Coast Guard.**

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**VESSEL:**

Name & Port \_\_\_\_\_

Document / Registration No. \_\_\_\_\_

Length (ft) Type \_\_\_\_\_

Hull & Trim Color \_\_\_\_\_

**PROPULSION:** (Check all that apply)

Paddle  Gas  Diesel  Electric

Inboard  Outboard  Inboard/Outboard

Fuel Capacity (gal) \_\_\_\_\_ Cruising Range (max) \_\_\_\_\_

Year / Make \_\_\_\_\_

Mfr. Hull ID No. \_\_\_\_\_

**COMMUNICATIONS:** (Check all onboard & supply requested information)

Cockpit Radio: Type \_\_\_\_\_ Freq. Monitored \_\_\_\_\_

Call Sign \_\_\_\_\_

Handheld Radio: Type \_\_\_\_\_ Freq. Monitored \_\_\_\_\_

Call Sign \_\_\_\_\_

Cell Phone \_\_\_\_\_

EPIRB \_\_\_\_\_ (Specify Class A, Class B or 406 MHz)

\_\_\_\_\_

**NAVIGATION:** (Check all onboard)

None  Charts  Compass  Navigation Rules

GPS  Radar  Loran C  \_\_\_\_\_

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**PFDs:** (Specify quantity)

\_\_\_\_ Type I

\_\_\_\_ Type II

\_\_\_\_ Type III

\_\_\_\_ Type IV

\_\_\_\_ Type V

**VISUAL DISTRESS SIGNALS:** (Specify quantity)

\_\_\_\_ Mirror (Day only)

\_\_\_\_ Red or Orange Distress Flag (Day only)

\_\_\_\_ Orange Smoke, Floating (Day & Night)

\_\_\_\_ Red Distress Flares (Day & Night)

\_\_\_\_ Electric distress light (Night only)

**AUDIBLE DISTRESS SIGNALS:**

Horn / Whistle

Bell

\_\_\_\_\_

**MEDICAL KIT:**

First Aid

Trauma

\_\_\_\_\_

**GROUND TACKLE:** (Check all onboard & supply requested information)

Working Anchor - line length \_\_\_\_\_ ft

Storm Anchor - line length \_\_\_\_\_ ft

**OTHER GEAR:**

Survival Suit(s)  Flashlight / Searchlight

Safety Harness  Sea Anchor

Dinghy / Life Raft \_\_\_\_\_

Fire Extinguisher  \_\_\_\_\_

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**PERSONS ON BOARD**

OPERATOR:	Age	Sex	Notes (Medical Condition, Carri Stern, etc.)
Name _____	_____	_____	_____
Address _____	_____	_____	Home Phone _____
City _____ State _____ Zip code _____	_____	_____	Drivers License _____
Vehicle (Year, Make & Model) _____	_____	_____	License No. _____
Where will trailer be parked? _____	_____	_____	License No. _____

CREW:	Name & Home Phone	Age	Sex	Notes (Medical Condition, Carri Stern, etc.)
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____

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**ITINERARY**

	DATE	TIME	LOCATION	MODE OF TRAVEL	REASON FOR STOP	CHECK-IN TIME
Depart						
Arrive						
Depart						
Arrive						
Depart						
Arrive						
Depart						
Arrive						
Depart						
Arrive						

In the event of an emergency, CHECK-IN at one of the times indicated above, please contact the personnel below in the order listed.