

Florida State University Coastal & Marine Laboratory – Float Plan for Small Boats Launched from FSUCML

Directions: This float plan is for boats launched from the FSUCML and operated within state waters. To be completed by user, one plan per day. It can be filled out online. Complete all questions in the user section below that are applicable to your trip. Deliver the completed form to the FSUCML Marine Ops staff member assisting you on the day of the trip. Do Not E-Mail form.

User Name	Affiliation	Grant No.	Reservation No.

Trip Date (mmddyy)	Est. Time Depart	Est. Time Return	
2 nd trip, same day	Est. Time Depart	Est. Time Return	
Areas of operation			
Specific Activity			

Print all passenger names below. All volunteers must check "VOL" box by their name. Max. capacity pontoons = 15 people

No.	Name	VOL	No.	Name	VOL
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8					

By signature below, I confirm that I have completed the checklist for the designated boat, I will comply with all FSUCML boat operation policies and I have been checked out on the operation and communication procedures for proper use of the designated boat, trailer and vehicle. If diving, I confirm that I am an active AAUS Science Diver.

Boat Operator _____

(Print Name)
(Signature)
(Date)

To be completed by FSUCML Staff

Number of Individuals: _____ Weather _____ Wind Speed (mph) _____

Boat used-License Number (check appropriate boat)							
Pontoon 1 FL7620LP		Pontoon 2 FL2870LP		Pontoon 3 FL1803LE		Calcutta FL880NX	
Car. Skiff FL7949KR		Polar FL7028MW		Twin V FL4770PS		Zodiac FL5080PN	
Kayaks # Singles		Kayaks # Tandems					

Liability Waivers Provided by User (Yes or No)		If appropriate, Number of Hours used FSUCML Staff Boat Operator	
Time & Date of Departure (mmddyy)		Fuel Used (gallons)	
Time & Date of Return (mmddyy)		Specific Activity	
Trip cancellation	By Staff	By User	Reason

I certify that the above named Boat Operator (if not FSUCML Staff Boat Operator) has been checked out on the operation, safety, and communication procedures for proper use of the designated boat and/or vehicle

Signature of FSUCML staff checking vessel out _____

I certify that the data inserted above is accurate and complete.

Signature of FSUCML staff checking vessel in _____