

Florida State University Coastal & Marine Laboratory
Float Plan for Offshore and Off-Site Trips with non-FSU boats
For FSUCML faculty, staff or students that are not working with another field stations float plan.
This plan is approved for one year if it is the same boat, owner, and crew.

Directions: To be completed by P.I.. Email or hand deliver to the FSUCML Marine Ops staff member one week before the trip.

Boat Owner/ Captain	Boat type and size	Boat State/registration #	VHF-Radio
Route: Depart: From – To - Date		Return: From - To - Date	
		Onshore contact phone number	
Departure Port/Landing for Boat trips		How many trips a day will you be doing	
Name & Location of Lodging:		EPIRB, SAT Phone with number or secondary communications number.	

List of all Passenger's.					
No.	Name	Cell #	Emergency Contact & Relationship	EC Number	FSU
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

By signature below, I confirm that my vessel is a registered vessel, all necessary safety equipment (PFD's, flares, whistle, etc.) are on board and up to date. I am solely responsible for the people on board and will abide by all federal and state laws while any FSUCML person is on my vessel.

Boat

Operator _____
(Print Name)
(Signature)
(Date)

To be completed by FSUCML Staff

Liability Waivers Provided by User	Y N	Check in call leaving dock	
Time & Date of Departure		Check in call returned to dock	
Time & Date of Return		Specific Activity	

I certify that the I have talked to lead researcher/P.I. about when and where they will be going. I have a description of the vessel and know the name of the owner and or captain so I can relay all information to the United States Coast Guard if need be.

Signature of FSUCML staff checking researcher out: _____

Signature of FSUCML staff checking researcher in: _____