



Float Plan Great Salt Lake

INSTRUCTIONS: Complete this plan before you go boating and leave it with a reliable person who can be depended upon to notify the appropriate rescue organization, should you not return or check-in as planned. If you have a change of plans after leaving, be sure to notify the person holding your Float Plan. For additional copies of this plan, see the Great Salt Lake Marina Office.

VESSEL INFORMATION

IDENTIFICATION	COMMUNICATION
Vessel Name: _____	Radio Type: <input type="checkbox"/> VHF <input type="checkbox"/> Cell <input type="checkbox"/> Ham <input type="checkbox"/> Other
Registration No: _____	Freq. Monitored _____
Year & Make: _____	Cell Phone No: _____
Length: _____ Sail/Motor _____ Hull Mat _____	Pager No: _____

PROPULSION	NAVIGATION (check all on board)
Primary: <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard	<input type="checkbox"/> Maps <input type="checkbox"/> Radar <input type="checkbox"/> Charts
Aux pwr: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard	<input type="checkbox"/> Compass <input type="checkbox"/> Sounder <input type="checkbox"/> GPS/DGPS

SAFETY & SURVIVAL

VISUAL DISTRESS SIGNALS	AUDIBLE DISTRESS SIGNALS	OTHER GEAR
<input type="checkbox"/> Day Only Type	<input type="checkbox"/> Horn / Whistle	<input type="checkbox"/> Life boat/raft <input type="checkbox"/> Flashlight
<input type="checkbox"/> Night Only Type	<input type="checkbox"/> Bell	<input type="checkbox"/> Dingy/Skiff <input type="checkbox"/> Signal Mirror
<input type="checkbox"/> Day & Night Type	_____	<input type="checkbox"/> Food/Water <input type="checkbox"/> Epirb
PFDs: (do not count type IV device)	GROUND TACKLE	<input type="checkbox"/> Foul Weather Gear
_____ Quantity On Board	_____ Anchor: Line Length _____	_____

PERSONS ON BOARD

OPERATOR:	Age	M/F	Notes: (Special medical condition, can't swim, etc)
Name: _____	_____	_____	_____
Address _____			Has experience w/Boat _____ w/Area _____
City: _____ St _____ Zip _____			Home Phone: _____
Vehicle _____			Vehicle License No: _____
Trailer _____			Trailer License No: _____
PASSENGERS/CREW: Name/Address	Age	M/F	Notes: (Special medical condition, can't swim, etc)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

ITENERARY

Departure Date _____ Departure Time _____ Departure Location _____
List Destinations and planned arrival times to those destinations along with routes

Continue on the back of this page if necessary

Date you expect to conclude voyage _____
Time you expect to conclude voyage _____
Expected final arrival location _____
Contact 1: _____ Phone Number: _____
Contact 2: _____ Phone Number: _____