

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: *

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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 *

During normal working hours use Stacey Vestal (904-777-766) During other time periods, designate a friend or family member. In the event of an emergency, the designated contact point must contact 911 or Coast Guard (CH- 16 or 904 564-7511) as well as notify DWhite (904-635-3997) or designated person.

Approvals

Submitted*:

Principal Investigator

Captain

Approved*:

Marine Science Director

Project number to be charged

* Indicates required field