



Scientific Diving and Small Boat Program - Research Office

Oregon State University, A312 Kerr Administration Building, Corvallis, Oregon 97331-2140

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Submission Date: _____

OSU FLOAT PLAN

Submitted by: _____

Instructions: Complete this form prior to your departure and email it to your Designated Shore Contact. Your designated shore contact is the initial point of contact for this float plan and should keep the OSU Boating Safety Officer (BSO), Kevin Buch (cell: 541-740-4577, email: kevin.buch@oregonstate.edu) informed regarding the status of a potentially overdue boat. Upon your return, you **MUST CLOSE YOUR FLOAT PLAN** with your Designated Shore Contact, complete the closure section, and submit the closed float plan to the BSO. Failure to close your float plan could result in a costly and unnecessary search.

VESSEL

IDENTIFICATION

Name: _____
Registration #: _____
Year/Model: _____
Length/Color: _____
Hull Type: _____
Unique Features: _____

COMMUNICATIONS

Radio Call Sign: _____
Cell Phone #1: _____
Cell Phone #2: _____
Cell Phone #3: _____

Propulsion Type:

- Motorized
- Float Craft
- PWC

NAVIGATION

- Charts
- Compass
- GPS

TRAILER

Parking Location: _____

License #: _____

VEHICLE

Yr/Make/Model: _____

License #: _____

SAFETY & SURVIVAL

PFD'S (quantity)

Type I: _____ (offshore)
Type II: _____ (near-shore)
Type III: _____ (flotation aid)
Type IV: _____ (throwable)
Type V: _____ (special-use)

VISUAL DISTRESS SIGNALS

- Mirror
- Red or Orange Distress Flag
- Orange Smoke Flare
- Pin Day Flare
- EPIRB

AUDIBLE DISTRESS

- Horn
- Bell

MEDICAL KIT

- First Aid
- Oxygen Kit

Prior to Departure:

- Checked Weather
- Checked Sea State/Tides

PERSONS ON BOARD

BOAT OPERATOR

Name: _____ Address: _____ Phone #: _____
Dept.: _____ Emergency Contact Name/#: _____

ADDITIONAL PERSONS ON BOARD

Name	Title (i.e. operator, crew, scientist)	Emergency Contact Name/#
1.		
2.		
3.		
4.		

ITINERARY

Departure Date and Time: _____ Will there be: Diving
Departure Point: _____ Swimming
Destination Point(s): _____ Snorkeling

Expected Return

Date & Time to

Date and Time: _____

Initiate Search: _____

General Description of Scientific Tasks: _____

DESIGNATED SHORE CONTACT

Name: _____	Phone: _____	Email: _____	OSU Dept./Lab: _____
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FLOAT PLAN CLOSURE

- Incidents to Report Total Time Underway _____ Designated Shore Contact Notified _____
- No Incidents to Report (hh:mm): _____ BSO Notified _____