

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 (904-777-7666) 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