

## FLOAT PLAN



### **Trip Leader**

Name \_\_\_\_\_

Signature \_\_\_\_\_

### **Instructors(s).**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

### **Activity Details**

Departure Point:

Departure Date \_\_\_\_\_ ETD \_\_\_\_\_

Return Point :

Return Date \_\_\_\_\_ ETR \_\_\_\_\_

### **Route Details**

Navigation / Data Sheet No. \_\_\_\_\_ Title \_\_\_\_\_

### **Charts and Maps In Use:**

### **Communications and safety equipment carried**

#### **Radios Carried**

VHF – Call signs \_\_\_\_\_

27MHz – Call signs \_\_\_\_\_

Mobile Phones Carried -. No's. \_\_\_\_\_

#### **Other signaling devices - tick if carried.**

EPIRB/PLB \_\_\_\_\_ Red Handheld Flare \_\_\_\_\_ Orange Smoke Flare \_\_\_\_\_ Signal mirror \_\_\_\_\_

Dye marker \_\_\_\_\_ Red Parachute Flare \_\_\_\_\_ Flashlight Strobe Light \_\_\_\_\_

#### **Other group safety equipment - tick if carried.**

Spare Paddles \_\_\_\_\_ First Aid Kit \_\_\_\_\_ Weather Shelter - Tent/Tarp \_\_\_\_\_ Anchor / Rope \_\_\_\_\_

#### **First aid / medical - tick if present.**

Qualified First Aider In The Group \_\_\_\_\_ Doctor in the Group \_\_\_\_\_

#### **Onshore emergency contact.**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_