

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: *

*(click on boat name for
drop box for more options)*

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 Check-In: *

Shore communication Contact Name: *

During normal working hours use Stacey Vestal (904-256-7766). 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 Dr. White (904-635-3997) or designated person.

Approvals:

Submitted: *

Principal Investigator

Captain

Approved: *

Marine Science Director

Project number to be charged

***Indicates required field**