Appendix 1

Friday Harbor Laboratories Float Plan

*Please submit to BSO (Kristy Kull) personally, or IF previous communication has been established, this form may be deposited in the Fernald mailbox marked “Kitaeff/Kull” or emailed to kjkull@uw.edu.*

Name of person filling out this form: ______________________ email address: ________________

Cell phone number: _______________________ will you have this phone with you on the boat? _____

Names of other passengers on the boat: ___________________________________________________

Which boat are you planning to take? (Auklet / Coot / Bufflehead / Grebe) ___________________

What is your destination? (if multiple, please list in the order you plan to visit them)
___________________________________________________________________________________

Date of planned trip (if multiple, please list): _____________________________________________

When are you leaving and at what time do you plan to be back? ______________________________

What is the purpose of your trip (include name of class or ongoing project if applicable)?
___________________________________________________________________________
___________________________________________________________________________

Please make sure you have completed the following pre-trip safety inspection, a check mark next to each of these items confirms that you have personally made sure it is adequate/on board:

- Fuel: how many tanks will you have with you? ___________________________
- Oil: will you check the level if taking the Grebe? ___________________________
- Communications device: **VHF now required!** ___________________________
- Anchor on board with appropriate amount of line? ___________________________
- Lifejackets: at least one for each passenger? ___________________________
- First Aid Kit, flares, foghorn? ___________________________
- List of emergency numbers (inside first aid kit) ___________________________
- Dive safety items, if applicable (flag, O2 kit w/ **2 bottles**) ______________
- Chart – inside the First Aid Kit OR other source? ___________________________
- Weather – please list the source that you’ll check ___________________________

Any other pertinent information??
___________________________________________________________________________________

Who has approved this float plan/trip?

Name:_______________________________________________________ Date:_____________