

# Float Plan

If we do not report in by \_\_\_\_\_ AM/PM on \_\_\_\_\_,   
 Time Date

please call: \_\_\_\_\_ : \_\_\_\_\_   
 Emergency/Search Agency Phone

Report us as overdue and provide the following information:

### KAYAKERS:

Names \_\_\_\_\_  
Age/Gender \_\_\_\_\_  
Phone \_\_\_\_\_  
Kayak colors (deck/hull) \_\_\_\_\_  
PFD colors \_\_\_\_\_  
Paddling clothes colors (top/pants) \_\_\_\_\_  
Skill level \_\_\_\_\_  
Medical info \_\_\_\_\_

### GEAR CARRIED ONBOARD:

#### SIGNALLING DEVICES

- Handheld flares
- Aerial flares
- Laser signal flare
- Smoke
- Strobe
- Flashlights
- Chemical light sticks
- Camera flash
- Signal mirror
- Markers
- EPIRB/PLB

#### COMMUNICATIONS

- VHF radio \_\_\_\_\_
- Cell phone: Number \_\_\_\_\_  
Hours of daily monitoring \_\_\_\_\_

#### EQUIPMENT

- Tent(s) colors \_\_\_\_\_
- First-aid kit
- Fire-starting materials
- Water for \_\_\_\_\_ days
- Food for \_\_\_\_\_ days

LAUNCH SITE: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Time AM/PM

VEHICLE: \_\_\_\_\_  
License number

\_\_\_\_\_ Year/make/model/color

FINAL LANDING SITE: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Time AM/PM

SHUTTLE VEHICLE (if applicable): \_\_\_\_\_  
License number

\_\_\_\_\_ Year/make/model/color

PROPOSED ROUTE, CAMPSITES, AND ALTERNATIVES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_