

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

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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**