

**Appendix 2**

**SMALL BOAT FLOAT PLAN**

(Leave a copy with the Cognizant Person, a copy with Smith Lobby, and a copy with the small boat program coordinator and take a copy with you)

Boat Name: \_\_\_\_\_

Boat Operator: \_\_\_\_\_

Trip Participants & Their Roles:

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

Cognizant Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Departure Time and Date: \_\_\_\_\_

Estimated Time of Return (ETR) and Date: \_\_\_\_\_

Local USCG sector contact info: \_\_\_\_\_

Nature of work:

Area of work:

Travel Routes:

Scuba Diving Plans: Yes\* \_\_\_ No \_\_\_ Depth \_\_\_ No. Dives \_\_\_

\*plan **MUST** be authorized by WHOI Dive Safety Officer

Equipment Checklist:

- |  |                                       |
|--|---------------------------------------|
| ___ Fuel level at departure                    | ___ Cell Phone (No. _____)            |
| ___ Oil level                                  | ___ Radio, GPS                        |
| ___ PFD's**                                    | ___ Navigation Aids (charts, compass) |
| ___ Fire Extinguisher                          | ___ Paddles, Bailer, Anchor           |
| ___ First Aid Kit                              | ___ Navigation lights functional      |
| ___ Test engine & steering before leaving dock |                                       |

Operator Signature: \_\_\_\_\_

Operator's signature acknowledges that operator and all participants understand their roles for the cruise

\*\*State and Federal required safety gear, USCG recommends and WHOI requires that all persons wear PFD at all times.  
**When the water temperature is below 50F, use of thermal buoyant worksuits are encouraged**