

R/V BAY EAGLE FLOAT PLAN

DATE(S) OF CRUISE \_\_\_\_\_ DEPARTURE TIME \_\_\_\_\_

SCIENTIFIC/VESSEL ACTIVITY \_\_\_\_\_.

LOCATION OF FIELD WORK (give brief outline of planned cruise tract)

ESTIMATED TIME OF ARRIVAL AT DOCK AT END OF DAY \_\_\_\_\_

NAMES OF SCIENTIFIC PERSONNEL ONBOARD:

- |    |    |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Will you have any non-state employees onboard? If so, they will need to sign a liability release **PRIOR** to departure and filed along with this plan.

Safety Orientation Completed By \_\_\_\_\_.

Float Plan Completed By \_\_\_\_\_.

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PRE DEPARTURE INSPECTION INDICATES ALL COMMUNICATION, NAVIGATION, SAFETY, AND MECHANICAL SYSTEMS ARE OPERATIONAL. FLOAT PLAN COMPLETED AND FILED WITH VESSEL SERVICE CENTER OFFICE..

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R/V Captain

(date)