

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 _____.

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

R/V Captain

(date)