

**VIRGINIA INSTITUTE OF MARINE SCIENCE  
FLOAT PLAN – NON INSTITUTE OWNED VESSELS**

DATE(S) OF VOYAGE \_\_\_\_\_

NAMES/ VIMS PERSONNEL

_____	_____
_____	_____
_____	_____

NON-VIMS VESSEL NAME \_\_\_\_\_

VESSEL OWNER/OPERATOR \_\_\_\_\_

VESSEL CONTACT NUMBER (Cell Phone/Satellite Phone) \_\_\_\_\_

Vessel Departing From: \_\_\_\_\_, Departure Time \_\_\_\_\_

Vessel Returning To: \_\_\_\_\_, Anticipated Return Time \_\_\_\_\_

Sampling Site(s) – Purpose of trip:

Name and phone number of shore based contact: \_\_\_\_\_

**\*Remember to close out your float plan!!!!!!!!!!!!**

**\*Update your float plan with your shore-based contact if delay or modifications are made to the original float plan.**

**\*For “day” trips, if two hours have elapsed beyond the anticipated time of return, request your land-based contact to notify the Port Captain or Marine Superintendent.**

**Provide the following Emergency Contact numbers to your shore-based contact:**

Sharon Miller (Port Captain)

Day (804) 684-7055, cell (804) 832-0394, eve (804) 725-0369

George Pongonis (Marine Superintendent)

Cell (757) 898-4364