

FLOAT PLAN



TRIP TITLE: _____ TRIP LEADER: _____

Anticipated trip grading: Basic / Intermediate / Advanced (please circle)

Start date:	Start time:	Finish date:	Finish time:
Number of participants:		Number of kayaks/canoes:	

TRIP PLAN

Starting point:	Finishing point:
Points en route and ETA:	
1.	2.
3.	4.

Trip logged with:	Time logged on:	Time logged off:
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MOTOR VEHICLE DETAILS

Make	Model	Colour	Rego No	Location

SHORE-BASED PHONE CONTACT DETAILS

Primary contact:	Home	Mob
Secondary contact:	Home	Mob
<u>INSTRUCTIONS TO SHORE-BASED CONTACT/S</u>		
<i>In the event that we have not contacted you or you have been unable to contact us (i.e. any one of those participating in the paddle) to establish our wellbeing within _____ hours of the indicated finishing time please contact (organisation) _____ on _____ immediately and advise that our return is overdue.</i>		

COMMUNICATIONS EQUIPMENT CARRIED

Telephone contact numbers: mobile / satellite (please circle)	Name	Number		
VHF radio/s; 27MHz (circle)	Call sign/s:			
Supplementary communications (please circle):				
EPIRB/PLB	SPOT	Flares	V-sheet	Mirror/s
NAVIGATION RESOURCES CARRIED (please circle)				
GPS	Compass	Maps/Charts (Name & ref no.s):		

EXPOSURE PROTECTION (please circle)

Tarps	Tents	Sleeping bags	Warm/dry clothes
Other (please specify):			

FOOD & WATER CARRIED

Number of days food:	Number of days water:	Stove: Yes / No (circle)
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FIRST-AID RESOURCES

No. of first-aid kits: Basic () / Intermediate () / Comprehensive ()	No. first-aiders:
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INSTRUCTIONS TO TRIP LEADER

The completed Float Plan and the related Participant Details form are to be left with shore-based contact/s. Trip leaders should carry a copy of both documents with them at all times.