

# Float Plan



If we do not report in by \_\_\_\_\_ AM/PM on \_\_\_\_\_ ,  
Time Date  
please call: \_\_\_\_\_  
Emergency/Search Agency Phone

Report us as overdue/missing and provide the following information:

## KAYAKERS:

Names	_____	_____	_____
Age/Gender	_____	_____	_____
Phone	_____	_____	_____
Kayak colours (deck/hull)	_____	_____	_____
PFD colours	_____	_____	_____
Paddling clothes colours	_____	_____	_____
Skill level	_____	_____	_____
Medical info	_____	_____	_____

## GEAR CARRIED ONBOARD:

### SIGNALING DEVICES

- Handheld flares
- Aerial flares
- Smoke
- Strobe
- Flashlights
- Chemical light sticks
- Camera flash
- Signal mirror
- Markers
- EPIRB

### COMMUNICATIONS

- VHF radio Call sign \_\_\_\_\_
- Mobile phone Number \_\_\_\_\_

### EQUIPMENT

- Tent(s) Colors \_\_\_\_\_
- First-aid kit
- Fire-starting materials
- Water for \_\_\_\_\_ days
- Food for \_\_\_\_\_ days

LAUNCH SITE: \_\_\_\_\_

FINAL LANDING SITE: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Time

\_\_\_\_\_ Date

\_\_\_\_\_ Time

## VEHICLE:

\_\_\_\_\_ Year/Make/Model/Colour

\_\_\_\_\_ Number Plate

## SHUTTLE VEHICLE: (if applicable)

\_\_\_\_\_ Year/Make/Model/Colour

\_\_\_\_\_ Number Plate

## PROPOSED ROUTE, CAMPSITES, AND ALTERNATIVES:

---

---

---

---

---