

Hull Lifesaving Museum

FLOAT PLAN/SAFETY LOG

DESIGNATED WORRIER (DW): _____

DW Telephone #: _____

Coxswain _____

Day _____

Cox # _____

Date _____

From _____

To _____

Depart Time _____

Return Time _____

Return No Later Than: _____

Approved By _____

Actual Time of Return: _____

(Administrative Coxswain: Ed, Lory, Corinne)

EQUIPMENT

CREW

Boat/s _____

1. _____ 8. _____ 15. _____

PFDs _____ Bailers _____

2. _____ 9. _____ 16. _____

Cox Box _____ Flashlight _____

3. _____ 10. _____ 17. _____

Communication Method _____

4. _____ 11. _____ 18. _____

CONDITIONS

5. _____ 12. _____ 19. _____

High Tide _____ Low Tide _____

6. _____ 13. _____ 20. _____

Tide Direction _____

7. _____ 14. _____ 21. _____

Wind Speed _____ Wind Direction: N S E W NE NW SE SW

Visibility: Clear Mist Fog Cloudy Rain

Sea Conditions: Flat Waves 1 - 3 White Caps

Boat _____ Boat _____ Boat _____ Boat _____

Any injuries to people or equipment: _____

Any incidents: _____

Coxswain's Signature: _____