R/V JOANNE DAIBER – Float Plan

Date of Use: _____ Account to be charged: _____

Person in charge of Boat: _____ Cell Phone Number: _____

Principal Investigator: _____ Cell Phone umber: _____

Work Area Description: _____

Point and Time of Departure and Expected Return: _____

Actual on the water usage time: _____ Gallons of Fuel Used:_____

Persons Aboard·

Name	*Age*	*Swim*	*Pertinent Medical Conditions*	*Emergency Contact #*

Risk Assessment completed by PIC / crew: _____

Deficiencies noted _____

Post form on Marine Operations Float Plan clipboard or email to: **dwalter@udel.edu and jharms@udel.edu**

Points of Contact:

R/V JOANNE DAIBER Captain – Evan Falgowski: Cell: (610) 563-1040; E-Mail: evanfal@udel.edu
Marine Operations Business Administrator – Joy Harms: (302) 645-4292; E-Mail: jharms@udel.edu
Director Marine Operations – Dave Walter: Cell: (503) 927-8515 E-Mail: dwalter@udel.edu
BoatUS Membership #21046779 Phone: 800-391-4869

Upon return to the dock outside normal business hours, send an email or text to Dave Walter