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 Number: _____

Work Area Description: _____

Point and Time of Departure and Expected Return: _____

Actual on the water usage time: _____

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: **jswallow@udel.edu**

Points of Contact:

R/V JOANNE DAIBER Captain: Cell: (610) 563-1040; E-Mail: evanfal@udel.edu
Marine Operations Administrative Office: (302) 645-4320; E-Mail: sharyn@cms.udel.edu
Director Marine Operations: Cell: (302) 396-8565 E-Mail: jswallow@udel.edu

Upon return to the dock outside normal business hours, send an email or text to jswallow@udel.edu and evanfal@udel.edu