



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: _____ Gallons of Fuel Used: _____

Persons Aboard:

<u>Name</u>	<u>Age</u>	<u>Swim</u>	<u>Pertinent Medical Conditions</u>	<u>Emergency Contact #</u>

Risk Assessment completed by PIC / crew: _____

Deficiencies noted _____

Post form on Marine Operations Float Plan clipboard or email to: jswallow@udel.edu and pwelch@udel.edu

Points of Contact:

- R/V JOANNE DAIBER Captain – Evan Falgowski: Cell: (610) 563-1040; E-Mail: evanf@udel.edu
- Marine Operations Business Administrator – Patty: (302) 645-4051; E-Mail: pwelch@udel.edu
- Director Marine Operations – Jon Swallow: Cell: (302) 396-8565 E-Mail: jswallow@udel.edu
- BoatUS Membership #20120429 Phone: 800-391-4869

Upon return to the dock outside normal business hours, send an email or text to Jon Swallow